
DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FOURTH EDITION

DSM-IV™

AMERICAN PSYCHIATRIC ASSOCIATION

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PUBLISHED BY THE
AMERICAN PSYCHIATRIC ASSOCIATION
WASHINGTON, DC

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Manufactured in the United States of America on acid-free paper

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1400 K Street, N.W., Washington, DC 20005

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The correct citation for this book is American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

Library of Congress Cataloging-in-Publication Data

Diagnostic and statistical manual of mental disorders : DSM-IV. — 4th ed.

p. cm.

Prepared by the Task Force on DSM-IV and other committees and work groups of the American Psychiatric Association.

Includes index.

ISBN 0-89042-061-0 (hard : alk. paper). — ISBN 0-89042-062-9 (paper : alk. paper)

1. Mental illness—Classification. 2. Mental illness—Diagnosis.

I. American Psychiatric Association. II. American Psychiatric Association. Task Force on DSM-IV. III. Title: DSM-IV.

[DNLM: 1. Mental Disorders—classification. 2. Mental Disorders—diagnosis. WM 15 D536 1994]

RC455.2.C4D54 1994

616.89'075—dc20

DNLM/DLC

for Library of Congress

94-6304

CIP

British Library Cataloguing in Publication Data

A CIP record is available from the British Library.

First printing 150,000, May 1994

Text Design—Jane H. Davenport
Manufacturing—R. R. Donnelly & Sons Company

311 Depressive Disorder Not Otherwise Specified

The Depressive Disorder Not Otherwise Specified category includes disorders with depressive features that do not meet the criteria for Major Depressive Disorder, Dysthymic Disorder, Adjustment Disorder With Depressed Mood (see p. 623), or Adjustment Disorder With Mixed Anxiety and Depressed Mood (see p. 624). Sometimes depressive symptoms can present as part of an Anxiety Disorder Not Otherwise Specified (see p. 444). Examples of Depressive Disorder Not Otherwise Specified include

1. Premenstrual dysphoric disorder: in most menstrual cycles during the past year, symptoms (e.g., markedly depressed mood, marked anxiety, marked affective lability, decreased interest in activities) regularly occurred during the last week of the luteal phase (and remitted within a few days of the onset of menses). These symptoms must be severe enough to markedly interfere with work, school, or usual activities and be entirely absent for at least 1 week postmenses (see p. 715 for suggested research criteria).
2. Minor depressive disorder: episodes of at least 2 weeks of depressive symptoms but with fewer than the five items required for Major Depressive Disorder (see p. 719 for suggested research criteria).
3. Recurrent brief depressive disorder: depressive episodes lasting from 2 days up to 2 weeks, occurring at least once a month for 12 months (not associated with the menstrual cycle) (see p. 721 for suggested research criteria).
4. Postpsychotic depressive disorder of Schizophrenia: a Major Depressive Episode that occurs during the residual phase of Schizophrenia (see p. 711 for suggested research criteria).
5. A Major Depressive Episode superimposed on Delusional Disorder, Psychotic Disorder Not Otherwise Specified, or the active phase of Schizophrenia.
6. Situations in which the clinician has concluded that a depressive disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance induced.

Bipolar Disorders

This section includes Bipolar I Disorder, Bipolar II Disorder, Cyclothymia, and Bipolar Disorder Not Otherwise Specified. There are six separate criteria sets for Bipolar I Disorder: Single Manic Episode, Most Recent Episode Hypomanic, Most Recent Episode Manic, Most Recent Episode Mixed, Most Recent Episode Depressed, and Most Recent Episode Unspecified. Bipolar I Disorder, Single Manic Episode, is used to describe individuals who are having a first episode of mania. The remaining criteria sets are used to specify the nature of the current (or most recent) episode in individuals who have had recurrent mood episodes.

Bipolar I Disorder

Diagnostic Features

The essential feature of Bipolar I Disorder is a clinical course that is characterized by the occurrence of one or more Manic Episodes (see p. 328) or Mixed Episodes (see

p. 333). Often individuals have also had one or more Major Depressive Episodes (see p. 320). Episodes of Substance-Induced Mood Disorder (due to the direct effects of a medication, other somatic treatments for depression, a drug of abuse, or toxin exposure) or of Mood Disorder Due to a General Medical Condition do not count toward a diagnosis of Bipolar I Disorder. In addition, the episodes are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified. Bipolar I Disorder is subclassified in the fourth digit of the code according to whether the individual is experiencing a first episode (i.e., Single Manic Episode) or whether the disorder is recurrent. Recurrence is indicated by either a shift in the polarity of the episode or an interval between episodes of at least 2 months without manic symptoms. A shift in polarity is defined as a clinical course in which a Major Depressive Episode evolves into a Manic Episode or a Mixed Episode or in which a Manic Episode or a Mixed Episode evolves into a Major Depressive Episode. In contrast, a Hypomanic Episode that evolves into a Manic Episode or a Mixed Episode, or a Manic Episode that evolves into a Mixed Episode (or vice versa), is considered to be only a single episode. For recurrent Bipolar I Disorders, the nature of the current (or most recent) episode can be specified (Most Recent Episode Hypomanic, Most Recent Episode Manic, Most Recent Episode Mixed, Most Recent Episode Depressed, Most Recent Episode Unspecified).

Specifiers

The following specifiers for Bipolar I Disorder can be used to describe the current Manic, Mixed, or Major Depressive Episode (or, if criteria are not currently met for a Manic, Mixed, or Major Depressive Episode, the most recent Manic, Mixed, or Major Depressive Episode):

- Mild, Moderate, Severe Without Psychotic Features, Severe With Psychotic Features, In Partial Remission, In Full Remission** (see p. 376)
- With Catatonic Features** (see p. 382)
- With Postpartum Onset** (see p. 386)

The following specifiers apply only to the current (or most recent) Major Depressive Episode only if it is the most recent type of mood episode:

- Chronic** (see p. 382)
- With Melancholic Features** (see p. 383)
- With Atypical Features** (see p. 384)

The following specifiers can be used to indicate the pattern of episodes:

- Longitudinal Course Specifiers (With or Without Full Interepisode Recovery)** (see p. 387)
- With Seasonal Pattern** (applies only to the pattern of Major Depressive Episodes) (see p. 389)
- With Rapid Cycling** (see p. 390)

Recording Procedures

The diagnostic codes for Bipolar I Disorder are selected as follows:

1. The first three digits are 296.

2. The fourth digit is 0 if there is a single Manic Episode. For recurrent episodes, the fourth digit is 4 if the current or most recent episode is a Hypomanic Episode or a Manic Episode, 6 if it is a Mixed Episode, 5 if it is a Major Depressive Episode, and 7 if the current or most recent episode is Unspecified.
3. The fifth digit (except for Bipolar I Disorder, Most Recent Episode Hypomanic, and Bipolar I Disorder, Most Recent Episode Unspecified) indicates the following: 1 for Mild severity, 2 for Moderate severity, 3 for Severe Without Psychotic Features, 4 for Severe With Psychotic Features, 5 for In Partial Remission, 6 for In Full Remission, and 0 if Unspecified. Other specifiers for Bipolar I Disorder cannot be coded. For Bipolar I Disorder, Most Recent Episode Hypomanic, the fifth digit is always 0. For Bipolar Disorder, Most Recent Episode Unspecified, there is no fifth digit.

In recording the name of a diagnosis, terms should be listed in the following order: Bipolar I Disorder, specifiers coded in the fourth digit (e.g., Most Recent Episode Manic), specifiers coded in the fifth digit (e.g., Mild, Severe With Psychotic Features, In Partial Remission), as many specifiers (without codes) as apply to the most recent episode (e.g., With Melancholic Features, With Postpartum Onset), and as many specifiers (without codes) as apply to the course of episodes (e.g., With Rapid Cycling); for example, 296.54 Bipolar I Disorder, Most Recent Episode Depressed, Severe With Psychotic Features, With Melancholic Features, With Rapid Cycling.

Note that if the single episode of Bipolar I Disorder is a Mixed Episode, the diagnosis would be indicated as 296.0x Bipolar I Disorder, Single Manic Episode, Mixed.

Associated Features and Disorders

Associated descriptive features and mental disorders. Completed suicide occurs in 10%–15% of individuals with Bipolar I Disorder. Child abuse, spouse abuse, or other violent behavior may occur during severe Manic Episodes or during those with psychotic features. Other associated problems include school truancy, school failure, occupational failure, divorce, or episodic antisocial behavior. Other associated mental disorders include Anorexia Nervosa, Bulimia Nervosa, Attention-Deficit/Hyperactivity Disorder, Panic Disorder, Social Phobia, Substance-Related Disorders.

Associated laboratory findings. There appear to be no laboratory features that distinguish Major Depressive Episodes found in Major Depressive Disorder from those in Bipolar I Disorder.

Associated physical examination findings and general medical conditions. An age at onset for a first Manic Episode after age 40 years should alert the clinician to the possibility that the symptoms may be due to a general medical condition or substance use. There is some evidence that untreated thyroid disease worsens the prognosis of Bipolar I Disorder.

Specific Culture, Age, and Gender Features

There are no reports of differential incidence of Bipolar I Disorder based on race or ethnicity. There is some evidence that clinicians may have a tendency to overdiagnose

Schizophrenia (instead of Bipolar Disorder) in some ethnic groups and in younger individuals.

Approximately 10%–15% of adolescents with recurrent Major Depressive Episodes will go on to develop Bipolar I Disorder. Mixed Episodes appear to be more likely in adolescents and young adults than in older adults.

Recent epidemiological studies in the United States indicate that Bipolar I Disorder is approximately equally common in men and women (unlike Major Depressive Disorder, which is more common in women). Gender appears to be related to the order of appearance of Manic and Major Depressive Episodes. The first episode in males is more likely to be a Manic Episode. The first episode in females is more likely to be a Major Depressive Episode. Women with Bipolar I Disorder have an increased risk of developing subsequent episodes (often psychotic) in the immediate postpartum period. Some women have their first episode during the postpartum period. The specifier *With Postpartum Onset* may be used to indicate that the onset of the episode is within 4 weeks of delivery (see p. 386). The premenstrual period may be associated with worsening of an ongoing Major Depressive, Manic, Mixed, or Hypomanic Episode.

Prevalence

The lifetime prevalence of Bipolar I Disorder in community samples has varied from 0.4% to 1.6%.

Course

Bipolar I Disorder is a recurrent disorder—more than 90% of individuals who have a single Manic Episode go on to have future episodes. Roughly 60%–70% of Manic Episodes occur immediately before or after a Major Depressive Episode. Manic Episodes often precede or follow the Major Depressive Episodes in a characteristic pattern for a particular person. The number of lifetime episodes (both Manic and Major Depressive) tends to be higher for Bipolar I Disorder compared with Major Depressive Disorder, Recurrent. Studies of the course of Bipolar I Disorder prior to lithium maintenance treatment suggest that, on average, four episodes occur in 10 years. The interval between episodes tends to decrease as the individual ages. There is some evidence that changes in sleep-wake schedule such as occur during time zone changes or sleep deprivation may precipitate or exacerbate a Manic, Mixed, or Hypomanic Episode. Approximately 5%–15% of individuals with Bipolar I Disorder have multiple (four or more) mood episodes (Major Depressive, Manic, Mixed, or Hypomanic) that occur within a given year. If this pattern is present, it is noted by the specifier *With Rapid Cycling* (see p. 390). A rapid-cycling pattern is associated with a poorer prognosis.

Although the majority of individuals with Bipolar I Disorder return to a fully functional level between episodes, some (20%–30%) continue to display mood lability and interpersonal or occupational difficulties. Psychotic symptoms may develop after days or weeks in what was previously a nonpsychotic Manic or Mixed Episode. When an individual has Manic Episodes with psychotic features, subsequent Manic Episodes are more likely to have psychotic features. Incomplete interepisode recovery is more common when the current episode is accompanied by mood-incongruent psychotic features.

Familial Pattern

First-degree biological relatives of individuals with Bipolar I Disorder have elevated rates of Bipolar I Disorder (4%–24%), Bipolar II Disorder (1%–5%), and Major Depressive Disorder (4%–24%). Twin and adoption studies provide strong evidence of a genetic influence for Bipolar I Disorder.

Differential Diagnosis

Major Depressive, Manic, Mixed, and Hypomanic Episodes in Bipolar I Disorder must be distinguished from episodes of a **Mood Disorder Due to a General Medical Condition**. The diagnosis is Mood Disorder Due to a General Medical Condition for episodes that are judged to be the direct physiological consequence of a specific general medical condition (e.g., multiple sclerosis, stroke, hypothyroidism) (see p. 366). This determination is based on the history, laboratory findings, or physical examination.

A **Substance-Induced Mood Disorder** is distinguished from Major Depressive, Manic, or Mixed Episodes that occur in Bipolar I Disorder by the fact that a substance (e.g., a drug of abuse, a medication, or exposure to a toxin) is judged to be etiologically related to the mood disturbance (see p. 370). Symptoms like those seen in a Manic, Mixed, or Hypomanic Episode may be part of an intoxication with or withdrawal from a drug of abuse and should be diagnosed as a Substance-Induced Mood Disorder (e.g., euphoric mood that occurs only in the context of intoxication with cocaine would be diagnosed as Cocaine-Induced Mood Disorder, With Manic Features, With Onset During Intoxication). Symptoms like those seen in a Manic or Mixed Episode may also be precipitated by antidepressant treatment such as medication, electroconvulsive therapy, or light therapy. Such episodes may be diagnosed as a Substance-Induced Mood Disorder (e.g., Amitriptyline-Induced Mood Disorder, With Manic Features; Electroconvulsive Therapy-Induced Mood Disorder, With Manic Features) and would not count toward a diagnosis of Bipolar I Disorder. However, when the substance use or medication is judged not to fully account for the episode (e.g., the episode continues for a considerable period autonomously after the substance is discontinued), the episode would count toward a diagnosis of Bipolar I Disorder.

Bipolar I Disorder is distinguished from **Major Depressive Disorder** and **Dysthymic Disorder** by the lifetime history of at least one Manic or Mixed Episode. Bipolar I Disorder is distinguished from **Bipolar II Disorder** by the presence of one or more Manic or Mixed Episodes. When an individual previously diagnosed with Bipolar II Disorder develops a Manic or Mixed Episode, the diagnosis is changed to Bipolar I Disorder.

In **Cyclothymic Disorder**, there are numerous periods of hypomanic symptoms that do not meet criteria for a Manic Episode and periods of depressive symptoms that do not meet symptom or duration criteria for a Major Depressive Episode. Bipolar I Disorder is distinguished from Cyclothymic Disorder by the presence of one or more Manic or Mixed Episodes. If a Manic or Mixed Episode occurs after the first 2 years of Cyclothymic Disorder, then Cyclothymic Disorder and Bipolar I Disorder may both be diagnosed.

The differential diagnosis between **Psychotic Disorders** (e.g., Schizoaffective Disorder, Schizophrenia, and Delusional Disorder) and Bipolar I Disorder may be difficult (especially in adolescents) because these disorders may share a number of presenting symptoms (e.g., grandiose and persecutory delusions, irritability, agitation,

and catatonic symptoms), particularly cross-sectionally and early in their course. In contrast to Bipolar I Disorder, Schizophrenia, Schizoaffective Disorder, and Delusional Disorder are all characterized by periods of psychotic symptoms that occur in the absence of prominent mood symptoms. Other helpful considerations include the accompanying symptoms, previous course, and family history. Manic and depressive symptoms may be present during Schizophrenia, Delusional Disorder, and Psychotic Disorder Not Otherwise Specified, but rarely with sufficient number, duration, and pervasiveness to meet criteria for a Manic Episode or a Major Depressive Episode. However, when full criteria are met (or the symptoms are of particular clinical significance), a diagnosis of **Bipolar Disorder Not Otherwise Specified** may be made in addition to the diagnosis of Schizophrenia, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

If there is a very rapid alternation (over days) between manic symptoms and depressive symptoms (e.g., several days of purely manic symptoms followed by several days of purely depressive symptoms) that do not meet minimal duration criteria for a Manic Episode or Major Depressive Episode, the diagnosis is **Bipolar Disorder Not Otherwise Specified**.

■ Diagnostic criteria for 296.0x Bipolar I Disorder, Single Manic Episode

- A. Presence of only one Manic Episode (see p. 332) and no past Major Depressive Episodes.

Note: Recurrence is defined as either a change in polarity from depression or an interval of at least 2 months without manic symptoms.

- B. The Manic Episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Specify if:

Mixed: if symptoms meet criteria for a Mixed Episode (see p. 335)

Specify (for current or most recent episode):

Severity/Psychotic/Remission Specifiers (see p. 378)

With Catatonic Features (see p. 382)

With Postpartum Onset (see p. 386)

■ **Diagnostic criteria for 296.40 Bipolar I Disorder, Most Recent Episode Hypomanic**

- A. Currently (or most recently) in a Hypomanic Episode (see p. 338).
- B. There has previously been at least one Manic Episode (see p. 332) or Mixed Episode (see p. 335).
- C. The mood symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Specify:

Longitudinal Course Specifiers (With and Without Interepisode Recovery) (see p. 387)

With Seasonal Pattern (applies only to the pattern of Major Depressive Episodes) (see p. 389)

With Rapid Cycling (see p. 390)

■ **Diagnostic criteria for 296.4x Bipolar I Disorder, Most Recent Episode Manic**

- A. Currently (or most recently) in a Manic Episode (see p. 332).
- B. There has previously been at least one Major Depressive Episode (see p. 327), Manic Episode (see p. 332), or Mixed Episode (see p. 335).
- C. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Specify (for current or most recent episode):

Severity/Psychotic/Remission Specifiers (see p. 378)

With Catatonic Features (see p. 382)

With Postpartum Onset (see p. 386)

Specify:

Longitudinal Course Specifiers (With and Without Interepisode Recovery) (see p. 387)

With Seasonal Pattern (applies only to the pattern of Major Depressive Episodes) (see p. 389)

With Rapid Cycling (see p. 390)

■ **Diagnostic criteria for 296.6x Bipolar I Disorder, Most Recent Episode Mixed**

- A. Currently (or most recently) in a Mixed Episode (see p. 335).
- B. There has previously been at least one Major Depressive Episode (see p. 327), Manic Episode (see p. 332), or Mixed Episode (see p. 335).
- C. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Specify (for current or most recent episode):

Severity/Psychotic/Remission Specifiers (see p. 380)

With Catatonic Features (see p. 382)

With Postpartum Onset (see p. 386)

Specify:

Longitudinal Course Specifiers (With and Without Interepisode Recovery) (see p. 387)

With Seasonal Pattern (applies only to the pattern of Major Depressive Episodes) (see p. 389)

With Rapid Cycling (see p. 390)

■ **Diagnostic criteria for 296.5x Bipolar I Disorder, Most Recent Episode Depressed**

- A. Currently (or most recently) in a Major Depressive Episode (see p. 327).
- B. There has previously been at least one Manic Episode (see p. 332) or Mixed Episode (see p. 335).
- C. The mood episodes in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Specify (for current or most recent episode):

Severity/Psychotic/Remission Specifiers (see p. 376)

Chronic (see p. 382)

With Catatonic Features (see p. 382)

With Melancholic Features (see p. 383)

(continued)

**Diagnostic criteria for 296.5x Bipolar I Disorder,
Most Recent Episode Depressed** (*continued*)

With Atypical Features (see p. 384)

With Postpartum Onset (see p. 386)

Specify:

**Longitudinal Course Specifiers (With and Without Interepisode
Recovery)** (see p. 387)

With Seasonal Pattern (applies only to the pattern of Major Depressive
Episodes) (see p. 389)

With Rapid Cycling (see p. 390)

**Diagnostic criteria for 296.7 Bipolar I Disorder,
Most Recent Episode Unspecified**

A. Criteria, except for duration, are currently (or most recently) met for a
Manic (see p. 332), a Hypomanic (see p. 338), a Mixed (see p. 335), or
a Major Depressive Episode (see p. 327).

B. There has previously been at least one Manic Episode (see p. 332) or
Mixed Episode (see p. 335).

C. The mood symptoms cause clinically significant distress or impairment
in social, occupational, or other important areas of functioning.

D. The mood symptoms in Criteria A and B are not better accounted for
by Schizoaffective Disorder and are not superimposed on Schizophre-
nia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Dis-
order Not Otherwise Specified.

E. The mood symptoms in Criteria A and B are not due to the direct
physiological effects of a substance (e.g., a drug of abuse, a medication,
or other treatment) or a general medical condition (e.g., hyperthy-
roidism).

Specify:

**Longitudinal Course Specifiers (With and Without Interepisode
Recovery)** (see p. 387)

With Seasonal Pattern (applies only to the pattern of Major Depressive
Episodes) (see p. 389)

With Rapid Cycling (see p. 390)