Psychiatric Diagnoses by DSM-V Classifications

Brief Overview

ABSTRACT

The following information is a collection of definitions and facts from two sources: the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-V) and the National Alliance on Mental Illness (nami.org). This is meant to be a brief overview of the most common psychiatric diagnoses that may be seen by a speech-language pathologist when providing language and social-communication treatment. For more detailed information, please directly review the DSM-V.
1. Neurodevelopmental Disorders (includes ADHD, Autism)
   Definition:
   A group of conditions with onset in the developmental period (often before the child enters school). They are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.

   Included diagnoses: Intellectual Disabilities, Communication Disorders, Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Specific Learning, Motor Disorders, and Other Neurodevelopmental Disorders

   Frequently encountered diagnoses:
   - ADHD: issues with inattention, hyperactive and impulsivity
   - Symptoms present for longer than six months before the age of 12 in more than one setting
   - Interferes with functioning or development
   - Present in approximately 5% of children

2. Bipolar and Related Disorders
   Definition:
   A chronic mental illness that causes dramatic shifts in a person’s mood, energy and ability to think clearly. People with bipolar have high and low moods, known as mania and depression, which differ from the typical ups and downs most people experience.

   Included diagnoses: Bipolar I, Bipolar II, Cyclothymia, Substance/medication-induced bipolar and related disorder, Bipolar and Related disorder due to another medical condition, Other specified bipolar and related disorder, Unspecified bipolar and related disorder

   - Average onset is age 25
   - Signs in children and teens: Children may experience severe temper tantrums when told “no.” Tantrums can last for hours while the child continues to become more violent. They may also show odd displays of happy or silly moods and behaviors.

3. Depressive Disorders
   Definition:
   The presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual’s capacity to function. What differs among them are duration, timing, or presumed etiology.

   Included diagnoses: Disruptive Mood Dysregulation D/O, Major Depressive D/O, Persistent Depressive D/O (Dysthymia), Premenstrual Dysphoric D/O, Substance/
medication induced depressive D/O, Depressive d/o due to another medical condition, Other specified depressive disorder, Unspecified depressive disorder

- Affects 7% of the general population
- A new diagnosis, Disruptive Mood Dysregulation Disorder (DMDD), was added to the DSM-5 in 2014. Teenagers may experience a drop in grades, quit sports teams or other activities, be suspended from school or arrested for fighting or drug use, engage in risky sexual behavior or talk about death or even suicide. These kinds of behaviors are worth evaluating with a health care provider.

4. Anxiety Disorders (includes Selective Mutism)

   Definition:
   Disorders that share features of excessive fear and anxiety and related behavioral disturbances. Fear being the emotional response to real or perceived threat and anxiety is the anticipation of future threat.

   Included diagnoses: Separation Anxiety Disorder, Selective Mutism, Specific Phobia, Social Anxiety Disorder, Panic disorder, Agoraphobia, Generalized anxiety disorder, Substance/medication induced Anxiety disorder, Anxiety disorder due to another medical condition, Other specified anxiety disorder, Unspecified anxiety disorder

   - Approximately 8% of children and teenagers experience the negative impact of an anxiety disorder at school and at home.
   - All anxiety disorders have one thing in common: persistent, excessive fear or worry in situations that are not threatening.

Frequently encountered diagnoses:

- Selective Mutism: consistent failure to speak in social situations in which there is an expectation to speak (e.g., school) even though the individual speaks in other situations.
  - Features may include excessive shyness, fear of social embarrassment, social isolation and withdrawal, clinging, compulsive traits, negativism, temper tantrums, or mild oppositional behavior.
  - Onset is usually before age 5; however, it may not come to clinical attention until the child is school age.

- Social Anxiety Disorder: marked fear or anxiety about one of more social situations in which the individual is exposed to possible scrutiny by others. Includes social interactions, being observed, and performing in front of others.
  - Age of onset is between 8 and 15 years
5. **Trauma and Stressor-Related Disorders (includes attachment disorders)**

**Definition:**
Exposure to a traumatic or stressful event is listed explicitly as a diagnostic criterion. Psychological stress following exposure to a traumatic or stressful event is quite variable.

**Included diagnoses:** Reactive Attachment Disorder, Disinhibited social engagement disorder, Posttraumatic Stress disorder, Acute stress disorder, Adjustment disorder, Other specified trauma- and stressor-related disorder, Unspecified Trauma- and Stressor-Related Disorder

**Frequently encountered diagnoses:**

- **Reactive Attachment Disorder (RAD)**
  - A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers
  - A persistent social or emotional disturbance
  - The child has experienced a pattern of extremes of insufficient care.
  - The disturbance is evident before age 5 years and has a developmental age of at least nine months.

- **Disinhibited Social Engagement Disorder**
  - A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults.
  - These behaviors are not limited to impulsivity (as in Attention-Deficit/Hyperactivity Disorder) but include socially disinhibited behavior.
  - The child has exhibited a pattern of extremes of insufficient care.
  - The child has a developmental age of at least nine months.

6. **Disruptive, Impulse-Control and Conduct Disorders**

**Definition:**
Conditions involving problems in the self-control of emotions and behaviors. These problems are manifested in behaviors that violate the rights of others.

**Included diagnoses:** Oppositional defiant disorder, Intermittent explosive disorder, Conduct disorder, Antisocial personality disorder, Pyromania, Kleptomania, Other specified disruptive, impulse-control, and conduct disorder, Unspecified disruptive, impulse-control, and conduct disorder
7. Schizophrenia Spectrum and Other Psychotic Disorders
   **Definition:**
   Abnormalities in one or more of the following domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms
   **Included diagnoses:** Schizophrenia, Other Psychotic Disorders, Schizotypal (Personality) Disorders

8. Obsessive-Compulsive and Related disorder
   **Definition:**
   Characterized by the presence of obsessions and/or compulsions. Obsessions are recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted. Compulsions are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly
   **Included diagnoses:** Obsessive-Compulsive disorder, Body Dysmorphic Disorder, Hoarding disorder, Trichotillomania (hair pulling), Excoriation (skin picking), Substance or medical induced obsessive-compulsive and related disorder, Obsessive-compulsive and related disorder due to another medical condition, Other specified obsessive-compulsive and related disorder, Unspecified obsessive-compulsive and related disorder (ex. Obsessional jealousy)

9. Dissociative disorders
   **Definition:**
   Characterized by a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior
   **Included diagnoses:** Dissociative identity disorder, Dissociative amnesia, Depersonalization/derealization disorder, Other specified dissociative disorder, Unspecified dissociative disorder

10. Feeding and Eating disorders
    **Definition:**
    Persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning
    **Included diagnoses:** Pica, Rumination disorder, Avoidant/restrictive food intake disorder, Anorexia nervosa, Bulimia nervosa, Binge-eating disorder
11. Somatic Symptoms and Related disorders
   **Definition:**
   The prominence of somatic symptoms associated with significant distress and impairment

   **Included diagnoses:** Somatic symptom disorder, Illness anxiety disorder, Conversion disorder, Psychological factors affecting other medical conditions, Factitious disorder, Other specified somatic symptom and related disorder, Unspecified Somatic symptom and related disorder

12. Other disorders
   **Included diagnoses:** Elimination disorders, sleep-awake disorders, sexual dysfunctions, gender dysphoria, substance-related and addictive disorders, neurocognitive disorders, personality disorders, paraphilic disorders, and other mental disorders are not included in this presentation

**References**

   Washington, DC: Author.

   http://www.nami.org/Learn-More/Mental-Health-Conditions