*D.DIFFERENTIAL DIAGNOSIS OF PSYCHOTIC DISORDERS

NOTE: IN THE RARE CASE OF A PERSON WHO RECOVERS FROM ONE PSYCHOTIC DISORDER (E.G., DELUSIONAL DISORDER) AND LATER DEVELOPS A DIFFERENT PSYCHOTIC DISORDER (E.G., SCHIZOAFFECTIVE DISORDER), ONLY THE MOST RECENT DISORDER SHOULD BE CODED.

IF: ALL PSYCHOTIC SYMPTOMS IN B. MODULE ARE DUE TO A SUBSTANCE OR A GENERAL MEDICAL CONDITION, GO TO ***SUBSTANCE/ GMC***, D.14

IF: THERE ARE NO ITEMS CODED "3" IN **C. PSYCHOTIC AND ASSOCIATED SYMPTOMS**, CHECK HERE _____ AND SKIP TO ***MOOD DISORDERS*** MODULE E.1.

IF A MAJOR DEPRESSIVE OR MANIC EPISODE HAS EVER BEEN PRESENT: Has there ever been a time when you had (PSYCHOTIC SXS) and you **were not** (DEPRESSED/MANIC)?

Psychotic symptoms occur at times other than during Major Depressive or Manic Episodes

NOTE: CODE "3" IF NO MAJOR DEPRESSIVE OR MANIC EPISODES OR IF PSYCHOTIC SYMPTOMS OCCUR OUTSIDE OF MOOD EPISODES. CODE "1" ONLY IF PSYCHOTIC SYMPTOMS OCCUR EXCLUSIVELY DURING MOOD EPISODES.

? 1 2 3

↑ ↑

Psychotic Mood Disorder GO TO ***Mood Disorders*** E. 1

R/O Psychotic Disorder

CON-TINUE

SCHIZOPHRENIA CRITERIA

[NOTE: CRITERIA ARE IN DIFFERENT ORDER THAN DSM-IV]

REFER TO ITEMS CODED "3" IN THE PSYCHOTIC AND ASSOCIATED SYMPTOMS MODULE (MODULE C).

A. At least two of the following, each present for a significant portion of time during a one month period (or less, if successfully treated):

? 1 2 3

↑

GO TO ***Delusional Disorder*,** D. 10

(1) delusion

(2) hallucinations

(3) disorganized speech (e.g., frequent derailment or incoherence)

(4) grossly disorganized or catatonic behavior

(5) negative symptoms, i.e., affective flattening, alogia or avolition

[Note: only one A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.]

B. Schizoaffective Disorder and Mood Disorder With Psychotic Features have been ruled out because either:

? 1 2 3

↑

GO TO ***Psychotic Disorder NOS*** D. 18 E. 1

IF UNCLEAR: Has there ever been a time when you had (SXS FROM ACTIVE PHASE) at the same time that you were (depressed/ high/ irritable/ OWN EQUIVALENT)?

(1) No Major Depressive or Manic Episodes have occurred concurrently with the active phase symptoms (i.e., the "A" symptoms listed above)

NOTE: CODE "3" IF NEVER ANY MAJOR DEPRESSIVE OR MANIC EPISODES OR IF ALL MAJOR DEPRESSIVE AND MANIC EPISODES OCCURRED DURING THE PRODROMAL PHASE. CODE "1" IF ANY MOOD EPISODES OVERLAP WITH PSYCHOTIC SYMPTOMS.

NOTE: BECAUSE OF THE DIFFICULTY IN DISTINGUISHING THE PRODROMAL AND RESIDUAL SYMPTOMS OF SCHIZOPHRENIA FROM A MAJOR DEPRESSIVE SYNDROME, THE RATER SHOULD RECONSIDER ANY PREVIOUSLY CODED MAJOR DEPRESSIVE EPISODE TO BE SURE IT IS UNEQUIVOCAL.

? 1 2 3

↑ ↑ ↑

IF UNCLEAR: How much of the time that you have had (SXS FROM ACTIVE AND RESIDUAL PHASES) would you say you have also been (depressed/ high/ irritable/ OWN EQUIVALENT)?

(2) The total duration of Major Depressive or Manic Episodes [occurring during the disturbance] has been brief relative to the total duration of the active and residual phases.

NOTE: CODE "1" IF SYMPTOMS MEETING CRITERIA FOR A MOOD EPISODE ARE PRESENT FOR A SUBSTANTIAL PORTION OF THE TOTAL DURATION OF THE ACTIVE AND RESIDUAL PHASES.

GO TO ***Psychotic Disorder NOS*** D. 18	GO TO ***Schizoaffective Disorder*** D. 9	CONTINUE ON NEXT PAGE

GO TO ***Psychotic Disorder NOS*** D. 18	GO TO ***Schizoaffective Disorder*** D. 9	CONTINUE ON NEXT PAGE

NOW MAKE A DIFFERENTIAL DIAGNOSIS BETWEEN SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDER

IF UNCLEAR: Between (MULTIPLE EPISODES), were you back to your normal self? How long did each episode last?

C. Continuous signs of the disturbance persist for at least six months. This six month period must include at least one month of symptoms that met criterion A (i.e., active phase symptoms), and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms (i.e., affective flattening, alogia, avolition) or two or more symptoms listed in criterion A present in an attenuate form (e.g., odd beliefs, unusual perceptual experiences).

? 1 2 3

↑

GO TO ***Schizophreniform Disorder*** D. 7

IF NOT ALREADY KNOWN: When you had ("A" CRITERION SXS), were you (going to school, spending time with kids your own age, taking showers and doing your chores)?

D. For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relationships or self-care is markedly below the level achieved prior to the onset **(or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).**

? 1 2 3

↑

GO TO ***Psychotic Disorder NOS*** D. 18

IF NOT KNOWN: Were you taking any drugs or medicines during this time?

IF NOT KNOWN: Were you sick (physically) at this time?

IF ANSWER TO EITHER QUESTION IS "YES" AND SUBSTANCE OR GENERAL MEDICAL CONDITION IS KNOWN TO BE ASSOCIATED WITH PSYCHOTIC SXS, REFER TO PAGE D. 14

E. The disturbance is not due to the direct physiological effects of a substance (a drug of abuse, medication) or to a general medical condition. **Note: If disturbance does NOT occur during the course of these conditions, code "3".**

? 1 2 3

↑ ↑ ↑

GO TO ***Psychotic Disorder NOS*** D. 18

GO TO ***Substance / GMC*** D. 14

SCHIZOPHRENIA CONTINUE ON NEXT PAGE

SCHIZOPHRENIA SUB-TYPES

NOW DETERMINE THE CURRENT PHENOMENOLOGIC TYPE:

PARANOID TYPE

Paranoid Type: Currently

A. Preoccupation with one or more delusions or frequent auditory hallucinations

B. None of the following is prominent: disorganized speech, disorganized behavior, flat or inappropriate affect or catatonic behavior.

?	1	3
	↑	↑
	GO TO ***Catatonic Type *** Below	Paranoid Type Go to course specifiers D. 6

CATATONIC TYPE

Catatonic Type: Currently the clinical picture is dominated by at least two of the following:

(1) motoric immobility as evidenced by catalepsy (including waxy flexibility) or stupor

(2) excessive motor activity (that is apparently purposeless and not influenced by external stimuli)

(3) extreme negativism (an apparently motiveless resistance to all instructions or maintenance of a rigid posture against attempts to be moved) or mutism

(4) peculiarities of voluntary movement as evidenced by posturing (voluntary assumption of inappropriate or bizarre postures), stereotyped movements, prominent mannerisms, or prominent grimacing

(5) echolalia or echopraxia

?	1	3
	↑	↑
	GO TO ***Disorganized Type *** D. 5	**Catatonic Type** Go to course specifiers D. 6

DISORGANIZED TYPE

Disorganized Type: Currently the following criteria are met:

A. All of the following are prominent:

(1) disorganized speech
(2) disorganized behavior
(3) flat or inappropriate affect

B. Does not meet criteria for Catatonic Type.

?	1	3
	↑ GO TO ***Undifferentiated Type *** Below	↑ Disorganized Type Go to course specifiers D. 6

UNDIFFERENTIATED TYPE

Undifferentiated Type: Currently symptoms meet criterion A for Schizophrenia are present, but the criteria are not met for the Paranoid, Catatonic, or Disorganized Types.

?	1	3
	↑ GO TO ***Residual Type *** Below	↑ Undifferentiated Type Go to course specifiers D. 6

RESIDUAL TYPE

Residual Type: Currently, the following criteria are met:

A. Criterion A for Schizophrenia (i.e., active phase symptoms) is no longer met, and criteria are not met for the Paranoid, Catatonic, Disorganized, and Undifferentiated Types.

B. There is continuing evidence of the disturbance, as indicated by the presence of negative symptoms or two or more symptoms listed in criterion A for Schizophrenia, present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

?	1	3
		↑ Residual Type Go to course specifiers D. 6

COURSE SPECIFIERS FOR SCHIZOPHRENIA

Specifiers are provided below to indicate the characteristic course of symptoms. These specifiers can be applied only after at least one year has elapsed since the initial onset of active phase symptoms. During this initial one year period, no course specifiers can be given. Note: during residual periods, the signs of the disturbance may be manifested by only negative sxs (i.e., affective flattening, alogia, avolition) or two or more symptoms listed in criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).

SELECT SPECIFIER THAT BEST CHARACTERIZES THE LONGITUDINAL COURSE OF THE DISTURBANCE: (Circle code number at left) AND GO TO ***CHRONOLOGY*** D. 19

1 **Episodic, With Interepisode Residual Symptoms.**
This specifier applies when the course is characterized by episodes in which criterion A for Schizophrenia is met and there are clinically significant residual symptoms between the episodes (but no prominent negative symptoms).

2 **Episodic, With Interepisode Residual Symptoms, With Prominent Negative Symptoms.** As above, but prominent negative symptoms are present during these residual periods

3 **Episodic, With No Interepisode Residual Symptoms.**
This specifier applies when the course is characterized by episodes in which criterion A for Schizophrenia is met and there are no clinically significant residual symptoms between the episodes.

4 **Continuous.**
This specifier applies when characteristic symptoms of criterion A are met throughout all (or most) of the course (but prominent negative symptoms are also present.

5 **Continuous, With Prominent Negative Symptoms.**
As above, but prominent negative symptoms are also present.

6 **Single Episode, in Partial Remission.**
This specifier applies when there has been a single episode in which criterion A for Schizophrenia is met and some clinically significant residual symptoms remain (but prominent negative symptoms are not present).

7 **Single Episode, With Prominent Negative Symptom.**
As above, but residual symptoms include prominent negative symptoms.

8 **Single Episode, in Full Remission.**
This specifier applies when there has been a single episode in which criterion A for Schizophrenia is met and no clinically significant residual symptoms remain.

9 **Other or Unspecified Pattern.**
This specifier is used if another or unspecified course pattern has been present.

GO TO ***CHRONOLOGY***, D. 19.

SCHIZOPHRENIFORM DISORDER

SCHIZOPHRENIA HAS BEEN RULED OUT BECAUSE THE DURATION IN LESS THAN SIX MONTHS.

IF NOT ALREADY KNOWN (Also ask parents): Were you (was your child) taking any drugs or medicines during this time?

Were you (was your child) physically ill at this time?

IF ANSWER TO EITHER QUESTION IS "YES" AND SUBSTANCE OR GENERAL MEDICAL CONDITION IS KNOWN TO BE ASSOCIATED WITH PSYCHOTIC SXS, REFER TO PAGE D.14

SCHIZOPHRENIFORM DISORDER CRITERIA

B. An episode of the disorder (including prodromal, active and residual phases) lasting at least one month but less than six months.

?	1	2	3
	↑		

GO TO ***Brief Psychotic Disorder*** D. 12

C. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.

?	1	2	3
	↑		↑

GO TO ***Psychotic Disorder NOS*** D. 18	GO TO ***Substance / GMC*** D. 14	SCHIZOPHRENIFORM DISORDER

When the diagnosis is made without waiting for recovery, it should be qualified as "provisional"

NOTE: CODE "2" IF THE EXPECTED RECOVERY HAS NOT YET OCCURRED. CODE "3" IF THERE HAS BEEN A FULL RECOVERY.

2	3
↑	↑

Provisional DX	Definite DX

CONTINUE

NOW DETERMINE IF GOOD PROGNOSTIC FEATURES ARE PRESENT.

At least two of the following features that are generally associated with good prognosis are present:

(1) onset of prominent psychotic symptoms within four weeks of first noticeable change in usual behavior or functioning

(2) confusion or perplexity at the height of the psychotic episode

(3) good premorbid social, school and occupational functioning

(4) absence of blunted or flat affect

AT LEAST TWO GOOD PROG-NOSTIC FEATURES CODED "3"

1	3
↑	↑
Without Good Prog-nostic Features	With Good Prog-nostic Features

GO TO ***CHRONOL-OGY,*** D.19

SCHIZOAFFECTIVE DISORDER

SCHIZOPHRENIA AND SCHIZOPHRENIFORM DISORDERS HAVE BEEN RULED OUT BECAUSE OF PROMINENT MOOD SYMPTOMS. CONSIDER A DIAGNOSIS OF SCHIZOAFFECTIVE DISORDER.

IF NOT ALREADY KNOWN (Also ask parents): Have there been any times when you (your child) had (PSYCHOTIC SXS) when you were not (MANIC OR DEPRESSED)?

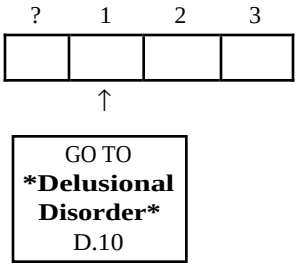
IF NOT ALREADY KNOWN (Also ask parents): Were you (was your child) taking any drugs or medicines during this time?

Were you (was your child) physically ill at this time?

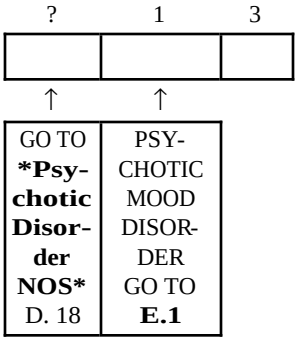
IF ANSWER TO EITHER QUESTION IS "YES" AND SUBSTANCE OR GENERAL MEDICAL CONDITION IS KNOW TO BE ASSOCIATED WITH PSYCHOTIC SXS, REFER TO PAGE D. 14

SCHIZOAFFECTIVE DISORDER CRITERIA

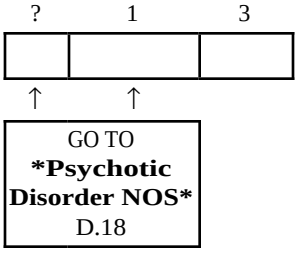
A. An uninterrupted period of illness during which, at some time, there is either a Major Depressive Episode (which must include A (1) depressed mood), a Manic or a Mixed episode concurrent with symptoms that meet Criterion A for Schizophrenia.



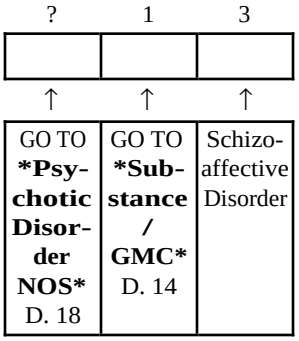
B. During the same period of illness, there have been delusions or hallucinations for at least two weeks in the absence of prominent mood symptoms.



C. Symptoms meeting criteria for a mood episode are present for a substantial portion of the total duration of the active and residual periods of the illness.

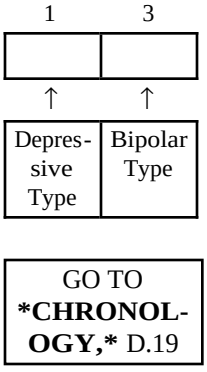


D. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.
Note: If disturbance does NOT occur during the course of these conditions, code "3".



Subtypes:

Manic Episode (or both Manic and Major Depressive Episodes) present at some time during the course of the disturbance.



?=inadequate information 1=absent or false 2=subthreshold 3=threshold or true

DELUSIONAL DISORDER

SCHIZOPHRENIA, SCHIZOPHRENIFORM, AND SCHIZOAFFECTIVE DISORDERS HAVE BEEN RULED OUT.

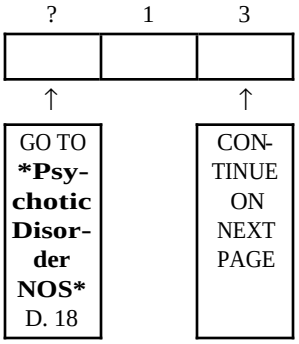
IF NOT ALREADY KNOWN (Also ask parents): Has there ever been a time when you have (your child has) been (DELUSIONAL) at the same time that you were (your child was) (depressed/ high/ OWN EQUIVALENT)?

DELUSIONAL DISORDER CRITERIA

NOTE: THE ORDER OF THE CRITERIA BELOW DIFFERS FROM THAT IN DSM-IV.

D. (1) There are no Major Depressive or Manic Episodes that have occurred concurrently with delusions.

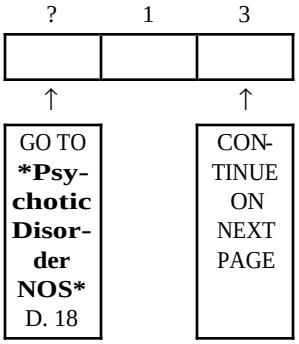
NOTE: CODE "3" IF THERE HAVE NEVER BEEN ANY MAJOR DEPRESSIVE OR MANIC EPISODES OR IF ALL MAJOR DEPRESSIVE OR MANIC EPISODES OCCURRED AT TIMES OTHER THAN DURING DELUSIONAL PERIODS. CODE "1" IF THERE HAS BEEN OVERLAP WITH THE DELUSIONS.



IF NOT ALREADY KNOWN (Also ask parents): How much of the time that you have (your child has) had (DELUSIONS) would you say you also have (your child has) been (depressed/ high/ OWN EQUIVALENT)?

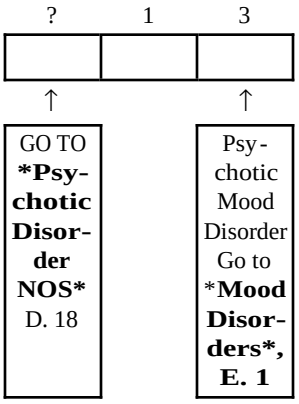
D. (2) The total duration of all mood episodes occurring concurrently with delusions has been brief relative to the duration of the delusional periods.

NOTE: CODE "1" IF SYMPTOMS MEETING CRITERIA FOR A MOOD EPISODE ARE PRESENT FOR A SUBSTANTIAL PORTION OF THE TOTAL DURATION OF THE DISTURBANCE.



IF NOT ALREADY KNOWN (Also ask parents): Have you had (has your child had) (DELUSIONS) only at times when you were (your child was) (depressed/ high/ OWN EQUIVALENT)?

Psychotic symptoms occur exclusively during Major Depressive and Manic Episodes



A. Nonbizarre delusions (i.e., involving situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, having a disease, or being deceived by one's spouse or over) of at least one month's duration.

?	1	3

↑

GO TO ***Psychotic Disorder NOS*** D.18

B. Has never met criterion A for Schizophrenia. Note: Tactile and olfactory hallucinations may be present in Delusional Disorder if they are related to the delusional theme.

NOTE: CODE "3" IF OTHER ACTIVE PHASE SYMPTOMS OF SCHIZOPHRENIA (E.G., HALLUCINATIONS) ARE NOT SIGNIFICANT (I.E., LAST LESS THAN ONE MONTH).

?	1	3

↑

GO TO ***Psychotic Disorder NOS*** D.18

C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and behavior is not obviously odd or bizarre.

?	1	3

↑

GO TO ***Psychotic Disorder NOS*** D.18

IF NOT ALREADY KNOWN (Also ask parents): Were you (was your child) taking any drugs or medicines during this time?

Were you (was your child) physically ill at this time?

IF ANSWER TO EITHER QUESTION IS "YES" AND SUBSTANCE OR GENERAL MEDICAL CONDITION IS KNOW TO BE ASSOCIATED WITH PSYCHOTIC SXS, REFER TO PAGE D. 14

E. Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.
Note: If disturbance does NOT occur during the course of these conditions, code "3".

?	1	3
↑	↑	↑
GO TO ***Psychotic Disorder NOS*** D. 18	GO TO ***Substance / GMC*** D. 14	Delusional Disorder Select Subtype Continue

SPECIFY TYPE ON THE BASIS OF PREDOMINANT THEME OF THE DELUSION(S), AND THEN GO TO ***CHRONOLOGY* D. 19**

DELUSIONAL DISORDER SUBTYPES

1 Persecutory: delusions that one (or someone to whom one is close) is being malevolently treated in some way.

2 Jealous: delusions that one's sexual partner is unfaithful

3 Erotomanic: delusions that one is loved by another person, usually of higher status

4 Somatic: delusions that one has some physical defect or general medical condition

5 Grandiose: delusions of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person

6 Mixed: delusions characteristic of more than one of the above types but no one theme predominates

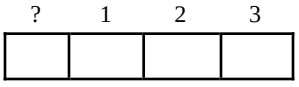
7 Unspecified Type

GO TO ***CHRONOLOGY,*** D.19

BRIEF PSYCHOTIC DISORDER

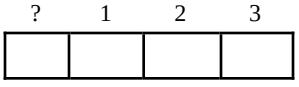
BRIEF PSYCHOTIC DISORDER CRITERIA

A. Presence of one (or more) of the following symptoms:
(1) delusions
(2) hallucinations
(3) disorganized speech
(4) grossly disorganized or catatonic behavior



GO TO ***Psychotic Disorder NOS*,** D.18

B. Duration of an episode of the disturbance is at least one day, but less than one month, with an eventual full return to premorbid level of functioning.



GO TO ***Psychotic Disorder NOS*,** D.18

C. (1) Not better accounted for by a Mood Disorder (i.e., no full mood episode is present)C. Not better accounted for by a Mood Disorder (i.e., no full mood episode is present)
Note: If disturbance is NOT better accounted for by these diagnoses, code "3".

?	1	3
↑	↑	
GO TO ***Psychotic Disorder NOS*** D. 18	GO TO NEXT MODULE	

IF NOT ALREADY KNOWN (Also ask parents): Were you (was your child) taking any drugs or medicines during this time?

Were you (was your child) physically ill at this time?

C. (2) Not due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or to a general medical condition.
Note: If disturbance does NOT occur during the course of these conditions, code "3".

?	1	3
↑	↑	↑
GO TO ***Psychotic Disorder NOS*** D. 18	GO TO ***Substance / GMC*** D. 14	Brief Psychotic Disorder

IF ANSWER TO EITHER QUESTION IS "YES" AND SUBSTANCE OR GENERAL MEDICAL CONDITION IS KNOW TO BE ASSOCIATED WITH PSYCHOTIC SXS, REFER TO PAGE D. 14

Symptoms occur shortly after and apparently in response to events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

1	3
↑	↑
Without Marked Stressors	With Marked Stressors

NOTE: CHECK HERE IF ONSET WITHIN 4 WEEKS POSTPARTUM ____