IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH A GENERAL MEDICAL CON - DITION, CHECK HERE _____ AND GO TO ***SUBSTANCE-INDUCED PSYCHOTIC DIS - ORDER* D. 16**.

PSYCHOTIC DISORDER DUE TO A GENERAL MEDICAL CONDITION

(Also ask parents): Did the (DELU-SIONS/ HALLUCINATIONS) start or get much worse only after (GMC) began?

IF GMC HAS RESOLVED: Did the (DELUSIONS/ HALLUCINA-TIONS) get better once the (GMC) got better?

PSYCHOTIC DISORDER DUE TO A GEN. MEDICAL CONDI - TION CRITERIA

A: Prominent hallucinations or delusions.

? 1 2 3

B: There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.

? 1 3

↑

GO TO ***SUBSTANCE INDUCED*** D. 16

C: The disturbance is not better accounted for by another mental disorder. **Note: If disturbance is NOT better accounted for by another diagnosis, code "3".**

? 1 2 3

↑

GO TO ***SUBSTANCE INDUCED*** D. 16

THE FOLLOWING FACTORS SHOULD BE CONSIDERED AND SUPPORT THE CONCLUSION THAT THE GMC IS ETIOLOGIC TO THE PSYCHOTIC SYMP-TOMS:

(1) THERE IS EVIDENCE FROM THE LITERATURE OF A WELL-ESTABLISHED ASSOCIATION BETWEEN THE GMC AND PSY-CHOTIC SYMPTOMS.

(2) THERE IS A CLOSE TEMPO-RAL RELATIONSHIP BETWEEN THE COURSE OF THE PSY-CHOTIC SYMPTOMS AND THE COURSE OF THE GENERAL MEDICAL CONDITION.

(3) THE PSYCHOTIC SYMPTOMS ARE CHARACTERIZED BY UN-USUAL PRESENTING FEA-TURES.

(4) THE ABSENCE OF ALTERNA-TIVE EXPLANATIONS.

IF NOT ALREADY KNOWN (Also ask parents): How much did (PSYCHOTIC SXS) interfere with your (your child's) life?

D: The symptoms cause clinically significant distress or impairment in social, school, or other important areas of functioning.

? 1 2 3

↑

GO TO ***SUBSTANCE INDUCED*** D. 16

E: The disturbance does not occur exclusively during the course of Delirium or Dementia.

1 3

↑ ↑

DELIRIUM DUE TO A GMC	PSYCHOTIC DISORDER DUE TO A GMC

CONTINUE TO NEXT PAGE

IF SYMPTOMS NOT TEMPORALLY ASSOCIATED WITH SUBSTANCE/ MEDICATION USE, CHECK HERE _____ AND GO TO ***MOOD DISORDERS* E.1**.

SUBSTANCE-INDUCED PSYCHOTIC DISORDER

SUBSTANCE-INDUCED PSYCHOTIC DISORDER CRITERIA

A: Prominent hallucinations or delusions. Note: Do not include hallucinations if the person has insight (while they are experienced) that they are substance-induced or due to a general medical condition.

? 1 3

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

IF NOT ALREADY KNOWN (Also ask parents): When did the (PSYCHOTIC SXS) begin? (Were you/ was your child) already using (SUBSTANCE) or had you/ your child just stopped or cut down your (his/her) use?

B: There is evidence from the history, physical examination, or laboratory findings that either (1) the symptoms in A developed during, or within a month of, substance intoxication or withdrawal, or (2) medication use is etiologically related to the disturbance.

? 1 3

↑

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

ASK ANY OF THE FOLLOWING QUESTIONS AS NEEDED TO RULE OUT A NON-SUBSTANCE-INDUCED ETIOLOGY:

IF UNKNOWN: Which came first, the (SUBSTANCE USE) or the (PSYCHOTIC SXS)?

IF UNKNOWN: Have you (has your child) had a period of time when you/ your child stopped using (SUBSTANCE)?

IF YES: After you/ your child stopped using (SUBSTANCE) did the (PSYCHOTIC SXS) get better or did they persist?

IF UNKNOWN: How much of (SUBSTANCE) were you/ was your child taking when you/ your child began to have (PSYCHOTIC SXS)?

C: The disturbance is not better accounted for by a Psychotic Disorder that is not substance-induced. **Note: If disturbance is NOT better accounted for by one of these diagnoses, code "3".**
Evidence that the symptoms are better accounted for by a Psychotic Disorder that is not substance-induced might include:

? 1 3

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

(1) the symptoms precede the onset of the substance abuse or dependence;

(2) the symptoms persist for a substantial period of time (e.g., about a month) after the cessation of acute withdrawal or severe intoxication;

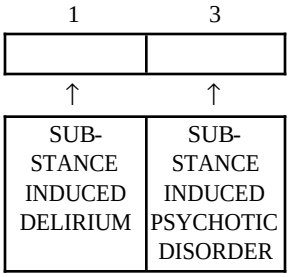
(3) the symptoms are substantially in excess of what would be expected given the character, duration, or amount of the substance used;

IF UNKNOWN: Have you/ has your child had any other episodes of (PSYCHOTIC SXS)?

IF YES: Were you/ was your child taking (SUBSTANCES) at those times?

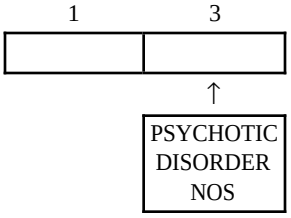
(4) there is evidence suggesting the existence of an independent non-substance-induced Psychotic Disorder (e.g., a history of recurrent non-substance-related psychotic episodes).

D: The disturbance does not occur exclusively during the course of Delirium.
Note: If disturbance does NOT occur exclusively during Delirium, code "3".



PSYCHOTIC DISORDER NOS

PSYCHOTIC DISORDER NOS CRITERIA



This category should be used to diagnose psychotic symptomatology (i.e., delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior) about which there is inadequate information to make a specific diagnosis, or about which there is contradictory information, or disorders with psychotic symptoms that do not meet the criteria for any specific psychotic disorder defined above.

Indicate type:

1 (For adolescents) Postpartum psychosis that does not meet criteria for Mood Disorder With Psychotic Features, Brief Psychotic Disorder, Psychotic Disorder Due to a General Medical Condition, or a Substance-Induced Psychotic Disorder.

2 Psychotic symptoms that have lasted for less than one month but have not yet remitted so that the criteria for Brief Psychotic Disorder are not met.

3 Persistent auditory hallucinations in the absence of any other features.

4 Persistent nonbizarre delusions with periods of overlapping mood episodes that have been present for a substantial portion of the delusional disturbance.

5 Situations in which the clinician has concluded that a psychotic disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance-induced.

6 Other (describe):

GO TO ***CHRONOLOGY,*** D. 19* (NEXT PAGE)

PSYCHOTIC DISORDER CHRONOLOGY

CHRONOLOGY OF BRIEF PSYCHOTIC DISORDER, SCHIZOPHRENIA, SCHIZOPHRENIFORM, SCHIZOAFFECTIVE, DELUSIONAL DISORDER OR PSYCHOTIC DISORDER NOS

IF UNCLEAR: During the past month, have you had (PSYCHOTIC SXS CODED "3" OR, FOR SCHIZOAFFECTIVE DISORDER, DEPRESSIVE OR MANIC SXS CODED "3")?

Has met symptomatic criteria for the disorder during the past month, i.e., any psychotic symptom or, for Schizoaffective disorder, has met full criteria for a Major Depressive or Manic Episode.

?	1	2	3

When was the last time you had (PSYCHOTIC SXS OR, FOR SCHIZOAFFECTIVE DISORDER, EITHER DEPRESSED MOOD, OR EUPHORIC OR IRRITABLE MOOD)?

Number of months prior to interview when last had psychotic symptoms (or for Schizoaffective Disorder, when last had persistently depressed, or euphoric or irritable mood)

____ ____ ____

NOTE CURRENT SEVERITY OF PSYCHOTIC DISORDER, WORST WEEK OF PAST MONTH:

1 - Mild: Psychotic symptoms only intermittently present, **AND** have little influence on behavior

2 - Moderate: Symptoms or functional impairment intermediate between "mild" and "severe"

3 - Severe: Psychotic symptoms persistently present, **AND** markedly influence behavior

4 - Nonpsychotic: No psychotic symptoms (but currently meets full criteria for Major Depressive or Manic Episode)

How old were you when you first had (PSYCHOTIC SXS)?

Age at onset of psychotic sxs (CODE 99 IF UNKNOWN) _____ _____

THE FOLLOWING ITEM APPLIES ONLY TO A DIAGNOSIS OF SCHIZOPHRENIA:

IF NOT ALREADY KNOWN (Also ask parents): What kinds of difficulties were you/ was your child having before you/ her or she first had (PSYCHOTIC SXS)?

(Were you/ was your child going to school, having a social life, taking care of yourself/ him or herself?)

Age at onset of prodromal symptoms (if any) (CODE 99 IF UNKNOWN) _____ _____

Number of episodes or exacerbations (CODE 99 IF TOO NUMEROUS OR INDISTINCT TO COUNT) _____ _____