



# DSM-5-TR™ Overview

Essential descriptions of DSM-5-TR mental disorders, including symptoms, manifestations, and classifications

**NOTE:** This guide includes the majority of mental disorders in the DSM-5-TR. "Other specified" and "unspecified" disorders, which do not meet the full criteria for other disorders within a category, and disorders due to another medical condition are omitted.

Almost all conditions listed here include the caveat that the condition (1) is not due to the effects of a substance (except in the case of substance-related disorders) or to another medical condition, (2) is not better explained by the diagnosis of another mental disorder, and (3) causes significant distress and impairment in social, academic, vocational, or other important areas of functioning.

## NEURODEVELOPMENTAL DISORDERS

Neurodevelopmental disorders have their onset during the developmental period.

### Intellectual Developmental Disorder (Intellectual Disability)

Deficits in intellectual and adaptive functioning, with intellectual deficits manifested in problems with reasoning, problem solving, abstract thinking, and other intellectual functions as confirmed by clinical assessment and standardized tests of intelligence. Adaptive functioning deficits manifest in failure to demonstrate expected levels of independence and social responsibility. Deficits limit functioning in home, school, work, and community environments.

### Communication Disorders

This category includes Language Disorder, Speech Sound Disorder, Childhood-Onset Fluency Disorder (Stuttering), and Social (Pragmatic) Communication Disorder and applies, broadly, to persistent difficulties in learning and using language in its various forms (written, spoken, sign) due to deficits in comprehension or production, with onset during early development. Deficits (i.e., performance significantly below accepted age norms) are manifested in reduced vocabulary, inability to express oneself due to limited sentence structure, and impaired discursive abilities. Difficulties are not attributable to an underlying medical condition.

### Autism Spectrum Disorder

Persistent problems in social interaction and communication across a wide range of activities, including reduced ability to share emotions and interests and poor ability to communicate and understand both verbal and nonverbal cues and gestures. Also indicated by repetitive behaviors and patterns, insistence on sameness in routines, and fixation on restricted interests. Heightened sensitivity or lack thereof to environmental sensory stimuli.

## SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS

**Schizotypal Personality Disorder:** See Personality Disorders section (pp. 4–5) for definition.

**Delusional Disorder:** Enduring delusions that may be accompanied by unremarkable hallucinations pertinent to the nature of the delusion itself. Functioning is not significantly affected, apart from behaviors specifically related to delusions. Behavior generally does not appear to be odd or peculiar. Types of delusions include *erotomanic, grandiose, jealous, persecutory, somatic, sexual, or unspecified*.

**Brief Psychotic Disorder:** A condition characterized by delusions, hallucinations, disorganized speech, or extremely disorganized or catatonic behavior. Duration of condition is between 1 day and 1 month.

**Schizophreniform Disorder:** At least two of the following symptoms lasting between 1 and 6 months: delusions, hallucinations, disorganized speech, extremely disorganized or catatonic behavior, negative symptoms such as reduced emotional expressiveness or avolition.

**Schizophrenia:** At least two of the following symptoms lasting at least 6 months: delusions, hallucinations, disorganized speech, extremely disorganized or catatonic behavior, negative symptoms such as reduced emotional expressiveness or avolition. The condition has had a significant negative impact on ability to function in areas such as occupation, academics, interpersonal relations, or self-care.

**Schizoaffective Disorder:** A continuous period wherein the major symptoms of schizophrenia are present and, for the majority of the duration of the condition, major mood (depressive or manic) episodes are present.

**Substance/Medication-Induced Psychotic Disorder:** Manifestation of delusions and/or hallucinations during or soon after exposure to or withdrawal from a substance or medication.

### Catatonia

Indicated by the presence of three or more of the following: stupor, catalepsy, waxy flexibility, mutism, negativism, posturing, mannerism, stereotypy, agitation, grimacing, echolalia, echopraxia. May be associated with another mental disorder, due to another medical condition, or unspecified.

### Attention-Deficit/Hyperactivity Disorder

Chronic inattention and/or impulsivity/hyperactivity that impairs functioning and development. Manifested by frequent inability to sustain interest in an activity or maintain mental focus required by a task, distraction and forgetfulness of routine activities, difficulty sitting still or remaining quiet, and garrulous and impatient behavior.

### Specific Learning Disorder

Problems in learning and demonstrating academic skills in reading, written expression, and/or mathematics. Manifested by poor reading accuracy, fluency, and/or comprehension; difficulty with spelling, grammar, punctuation, and/or organization and clarity of writing; and/or difficulty in learning numerical concepts and facts and applying numerical reasoning skills. The condition persists despite intervention to improve academic skills and is not better explained by intellectual disabilities, specific sensory deficits, or other extraneous factors.

### Motor Disorders

**Developmental Coordination Disorder:** Excessive clumsiness and awkwardness as manifested by poor learning and performance of coordinated motor skills, with performance significantly below accepted age norms. Onset is early in development.

**Stereotypic Movement Disorder:** Manifested by repetitive behaviors, or patterns of behaviors, lacking in any obvious purpose. Behavior may include rocking and self-infliction of harm (biting or hitting).

**Tic Disorders:** A chronic pattern of quick, impromptu, nonfluid, repetitive motor movements and/or vocalizations. In *Tourette's disorder*, both motor and vocal tics are present, whereas in *persistent (chronic) motor or vocal tic disorder*, either motor or vocal tics are present.

## BIPOLAR AND RELATED DISORDERS

**Bipolar I Disorder:** Characterized by a manic episode preceded or followed by either hypomanic or major depressive episodes.

- **Manic Episode:** A period of persistent greatly elevated mood characterized by increased activity, energy, or irritability lasting at least 1 week, characterized by the presence of at least three of the following: grandiosity, decreased sleep, garrulousness, rapid succession of thoughts, difficulty paying attention and focusing, agitation, restlessness, increased goal-directed activity, excessive engagement in behaviors with a high likelihood of negative outcomes (e.g., compulsive shopping, gambling, entering into high-risk business ventures).
- **Hypomanic Episode:** Similar to manic episode, but period lasts at least 4 consecutive days.
- **Major Depressive Episode:** Indicated by the presence of at least five of the following during a sustained 2-week period: persistent negative mood, diminished satisfaction or pleasure from engaging in nearly all activities, significant weight loss, insomnia or hypersomnia, agitation, fatigue, feelings of worthlessness, difficulty concentrating and focusing, suicidal ideation.

**Bipolar II Disorder:** Conditions are met for both a current or previous hypomanic episode and a current or previous major depressive episode.

**Cyclothymic Disorder:** For a period of at least 2 years, symptoms of hypomania and depression have been present numerous times; however, the criteria for a hypomanic episode or major depressive episode have not been satisfied. During the 2-year interval, hypomanic and depressive periods have occurred at least half the time and the individual has not been symptom-free for more than 2 months at a time.

**Substance/Medication-Induced Bipolar and Related Disorder:** Manifestation of a bipolar or related disorder during or soon after exposure to or withdrawal from a substance or medication.

## DEPRESSIVE DISORDERS

**Disruptive Mood Dysregulation Disorder:** Frequent outbursts of temper over a period lasting at least 1 year with no more than a 3-month period without outbursts. On average, outbursts occur three or more times weekly, and the individual's mood is chronically irritable and angry. Age of onset is before 10 years, and diagnosis is made between ages 6 and 18.

**Major Depressive Disorder:** Characterized by the symptoms of major depressive episode.

**Persistent Depressive Disorder:** Chronic depressed mood that persists at least 2 years in adults (1 year in children). At least two of the following conditions are also manifest: lack of appetite or overeating, insomnia or hypersomnia, fatigue, low self-esteem, difficulty concentrating or indecision, hopelessness.

# Dsm V Study Guide

**Osama Naga**



## **Dsm V Study Guide:**

**DSM-5 Overview (Speedy Study Guides)** Speedy Publishing,2015-04-28 Use this guide to distinguish the difference between seemingly similar disorders All of the disorders mentioned in this guide have been migrated from the previous DMS IV TR into the DSM 5 You will find this guide extremely helpful because it provides basic definitions of the most common diagnoses included in DSM 5 This guide is perfect for students studying psychology *Study Guide to DSM-5-TR®* Laura Weiss Roberts,Alan K. Louie,Matthew L. Edwards,2024-12-12 The ultimate companion volume to DSM 5 TR the Study Guide is designed to help clinical learners teachers and practitioners in psychiatry psychology and social work understand and apply diagnostic criteria Medical students residents and fellows and trainees throughout the clinical neurosciences will find this text to be invaluable in developing their diagnostic abilities Readers learn key clinical content through concise chapters and can assess their knowledge with more than 100 multiple choice questions The book is organized into three sections Part I delves into foundational concepts of psychiatric diagnoses and explores how diagnostic assessment fits into the process of working therapeutically with patients In this new edition Part I includes a new chapter examining structural and cultural considerations in arriving at a diagnosis Part II focuses on the diagnostic classes within DSM 5 TR and features clinical case vignettes with real life complexity relevant to psychiatric diagnoses diagnostic pearls that can be applied to daily clinical practice and a self assessment section with key concepts questions for further discussion patient cases and Q As Part III includes more than 100 multiple choice questions with an answer key These questions cover a range of diagnoses and patient presentations from across DSM 5 TR helping readers review their learning and assess their skills Taking a patient centered approach that complements the more disorder centered organization of DSM 5 TR this Study Guide provides context for DSM 5 TR s diagnoses while offering an array of interesting and memorable cases Rich in thought provoking detail and designed for repeated use this is an indispensable guide for learners educators and clinicians **DSM-5 Pocket Guide (Speedy Study Guides)**

Speedy Publishing,2015-04-28 Different disorders warrant varying levels of attention and intervention Diagnosis is therefore important to correct any problem as early as possible and avoid complications later on This pocket guide holds some of the most common disorders noticeable to both the young and the old Don t forget to buy and keep a copy today

**DSM-5 Clinical Cases (Speedy Study Guides)** Speedy Publishing,2015-04-28 Work and learn from actual diagnosed cases of the most unique mental disorders recorded in the DSM 5 Clinical Cases A lot can be learned of existing cases with symptoms that have differed from the classic Published cases also provide a sneak peak into trends that would shape the clinical application of the DSM 5 This book is valuable so don t forget to get a copy today **Audio Study Guide for DSM-5-TR** Jonathan L Reese,2024-05-22 Have you ever wanted to unravel the complexities of mental health diagnoses and classifications Dive into the Study Guide on DSM 5 TR Text Revision Diagnostic and Statistical Manual of Mental Disorders to embark on a comprehensive journey through the intricacies of psychological conditions In this illuminating

guide readers are invited to explore the evolution of the DSM from its earliest iterations to the latest revised edition What prompted these changes and how do they impact our understanding of mental health today Delve into the structure and organization of the DSM 5 TR gaining insights into its sections appendices and diagnostic criteria Navigate through chapters devoted to various disorder categories including neurodevelopmental disorders psychotic disorders mood disorders anxiety disorders eating disorders and trauma and stressor related disorders Each chapter provides an in depth examination of diagnostic criteria symptoms and key features augmented by practice questions and detailed explanations to reinforce learning As you progress through this study guide you ll unravel the nuances of mental health disorders gaining a deeper understanding of their presentation diagnosis and treatment Moreover you ll discover the importance of cultural considerations individual contexts and holistic assessment approaches in the realm of mental health Whether you re a student clinician or mental health enthusiast this guide serves as an invaluable resource for expanding your knowledge and fostering a greater appreciation for the complexities of the human psyche Embark on a transformative journey toward mental health literacy with the Study Guide on DSM 5 TR

*Clinical Neuropsychology Study Guide and Board Review* Kirk Stucky, Kirk J. Stucky, Michael W. Kirkwood, Jacobus Donders, Christine Liff, 2020 Clinical Neuropsychology Study Guide and Board Review Second Edition provides an easy to study volume with sample questions and recommended readings that are specifically designed to help individuals prepare for the ABCN written examination This book can also be used as a teaching tool for graduate students and trainees at various levels The format is geared toward exam preparation Information is provided in a concise outlined manner with liberal use of bullets boxes illustrations and tables The guide also includes hundreds of mock exam questions and many recommended readings

**Pediatric Board Study Guide** Osama Naga, 2025-01-18 The second edition of this text has proved to be a very successful pediatric study guide helping many pediatricians around the world to study pediatrics in a very easy simplified way Even the most complex subjects are condensed into very straight forward and easy to remember information blocks This book not only prepares students to pass their exams but also prepares pediatricians for general pediatric encounters emphasizing all new updates from the American Academy of Pediatrics and American Board of Pediatrics It has proved very popular among new pediatricians and new pediatric residents worldwide In the last 3 years the AAP and ABP have released a lot of updates such as management of fever in well appearing infants COVID 19 asthma management and new vaccine guidelines from the CDC The pediatric board exam always includes new diseases which are included in each chapter as well as new questions and answers that must be added to the last minute review chapter as well as other questions to be edited to follow the new recommendations and guidelines in pediatrics New pictures and better quality illustrations are also included Pediatric residents and fellows preparing for the board examination pediatricians and pediatric subspecialists preparing for certification maintenance will find Pediatric Board Study Guide A Last Minute Review 3rd edition easy to use and comprehensive making it the ideal

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accessible easy to use interesting and highly readable The guide builds on the text s many case vignettes useful clinical pearls and a multitude of self assessment questions covering everything a student new to psychiatry needs to know The Introductory Textbook of Psychiatry is designed to provide medical students beginning residents and others with a solid foundation and orientation to the field and the Study Guide is the perfect companion volume to the classic text reinforcing critical concepts and testing retention of indispensable information *A Student's Guide to Developmental Psychology* Margaret Harris,Gert Westermann,Sunae Kim,Marina Bazhydai,2024-11-15 Now in its second edition this fundamental undergraduate textbook provides students with everything they need when studying developmental psychology Thoroughly revised this book breaks down key topics into easily accessible concepts and provides students with both an overview of traditional research and theory as well as an insight into the latest research findings and techniques Taking a chronological approach the key milestones from birth to adolescence are highlighted and clear links between changes in behaviour and developments in brain activity are made A new chapter provides a global perspective on development including findings regarding children s motor cognitive literacy social and emotional development as well as the importance of cross cultural studies and their challenges Each chapter also highlights both typical and atypical developments as well as discussing and contrasting the effects of genetic and environmental factors This textbook comes with a wealth of carefully updated pedagogical features designed to help students engage with the material including Learning objectives for every chapter Key term definitions Over 100 colour illustrations Chapter summaries Further reading Suggested essay questions A Student s Guide to Developmental Psychology is accompanied by a support material package featuring a range of helpful supplementary resources including exclusive video clips to illustrate key developmental concepts multiple choice questions flashcards and more This book is essential reading for all undergraduate students of developmental psychology It will also be of interest to those in education healthcare and other subjects requiring an up to date and accessible overview of child development **Massachusetts General Hospital Study Guide for Psychiatry Exams - E-BOOK** Theodore A. Stern,2025-08-12 Prepare for success on your board and shelf exams with the fully revised Massachusetts General Hospital Study Guide for Psychiatry Exams Second Edition Expertly edited by renowned author and educator Dr Theodore A Stern as a companion to his popular and authoritative Massachusetts General Hospital Comprehensive Clinical Psychiatry Third Edition this practical review tool contains 1 000 unique questions with annotated answers both in print and online You ll have convenient flexible access to hundreds of relevant and carefully reviewed questions from the institution trusted most by residents and practicing clinicians for its leadership in psychiatry information and reference Contains 1 000 multiple choice questions and annotated answers 400 more than in the first edition that test your knowledge of every aspect of psychiatry offering highly effective preparation for your primary certification exams Includes new content in key areas such as psychiatric management of patients with cardiac disease renal disease pulmonary disease and gastrointestinal disease

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