



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, mixed, 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, cataplexy, 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.

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The American Psychiatric Association Publishing Textbook of Psychiatry, Seventh Edition Laura Weiss Roberts, M.D., M.A., 2019-05-02 The new seventh edition reflects advances in the understanding of the etiology diagnosis and treatment of psychiatric disorders as well as the positive transformational change that has taken place in the field of psychiatry

Study Guide to Introductory Psychiatry Donald W. Black, M.D., Jordan Cates, M.D., 2016-03-21 Designed and written for the student new to psychiatry the Introductory Textbook of Psychiatry Sixth Edition provides a concise summary of diagnosis and classification interviewing and assessment the neurobiological basis of psychiatry the various psychiatric disorders treatment modalities psychotropic medications and much more all in a DSM 5 compatible format The Study Guide to this bestselling text is similarly structured and written to enhance comprehension and consolidation of the knowledge acquired from the text The format replicates what might be encountered in specialty certifying exams with each question followed by multiple choice responses including plausible distractors In the answer guide the question is repeated and the answer is then provided along with the reasoning for the correct response and why the other answers are incorrect Each question is linked to a page in the textbook making it easy for the reader to further review the topic As an ancillary resource the book has much to recommend it Although uniquely useful for medical students beginning psychiatry residents and those studying for board exams the Study Guide can be used equally well in a variety of training programs including advanced practice nursing physician assistant programs social work and psychology The authors of the text are accomplished writers as well as clinicians and the book is valued for its engaging writing style and consistent

structure The Study Guide mirrors these strengths and the resulting volume is 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 *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 COVID 19 infection burns trauma and intensive care unit treatment and care of LGBTQAI patients Divides questions into manageable sections that correspond directly to chapters in the parent text Massachusetts General Hospital Comprehensive Clinical Psychiatry 3rd Edition you ll know exactly where to find detailed information for deeper learning and review Helps you gain a better understanding of exam presentation and format as you study relevant content that is fully up to date with DSM 5 Edited by highly accomplished and award winning clinician and educator Dr Theodore A Stern editor of Massachusetts General Hospital Comprehensive Clinical Psychiatry 3rd Edition as well as the Massachusetts General Hospital Handbook of General Hospital Psychiatry 8th Edition Any additional digital ancillary content may publish up to 6 weeks following the publication date **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

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CBT Approaches for Children and Young People: A Practical Case Study Guide Alison Coad, Nick Wrycraft, 2015-09-16 This thought provoking guide offers clinicians new perspectives on the delivery of cognitive behavioural therapy CBT to children and young people through the highly engaging lively medium of the case study format The narrative case studies Alison Coad and Nick Wrycraft present give fresh insights into the ways in which various CBT approaches can be used as the foundation for highly individual treatment programmes Central to each case is the experience and the voice of the young person and as appropriate those who support and care for them This inspirational book offers innovative examples of ways in which as a clinician you can respond to the needs of children and young people employing evidence based practice while simultaneously negotiating the impact of sustained reductions in mental health service resources

Student's Guide to Psychological Practice: From Theory to Therapy Darko Pozder, 2025-03-11 Darko Pozder is an Australian mental health professional who has had medical and psychological education Darko has completed extensive research and working experience at the Schizophrenia Fellowship of NSW Darko's main professional and research interest include psychopathology and neuropsychology of mild traumatic brain injury MTBI and chronic traumatic encephalopathy His book *Without Stigma About the Stigma of the Mental Illness* was published in 2018 and its second edition *Without Stigma About the Stigma and the Identity of the Mental Illness* appeared in early 2019 and has received nomination for 2020 NSW ACT Regional Achievement and Community Awards from Local health districts of NSW His books *Pathophysiology of Psyche* a novel *La Vie De Camille Isa* and *The Ethnicity of Neurons* were published in early 2021 2022 and 2023 respectively

Study Guide to Geriatric Psychiatry Philip R. Muskin, M.D., Anna L. Dickerman, M.D., 2016-06-06 Study Guide to Geriatric Psychiatry is a question and answer companion that allows you to evaluate your mastery of the subject matter as you progress through The American Psychiatric Publishing Textbook of Geriatric Psychiatry Fifth Edition The Study Guide is made up of approximately 255 questions divided into 25 individual quizzes of 8-17 questions each that correspond to chapters in the textbook Questions are followed by an answer guide that references relevant text including page numbers in the textbook to allow quick access to needed information Each answer is accompanied by a discussion that not only addresses the correct response but also

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A Case Manager's Study Guide Skinner, Stefany H Almaden, 2018-03-20 Preceded by A case manager s study guide Denise Fattorusso Campion Quin 4th ed c2013

The Student's Guide to Social Neuroscience Jamie Ward, 2016-12-14 Social neuroscience is a rapidly growing field which explains using neural mechanisms our ability to recognize understand and interact with others Concepts such as trust revenge empathy prejudice and love are now being explored and unravelled by neuroscientists This engaging and cutting edge text provides an accessible introduction to the complex methods and concepts of social neuroscience with examples from contemporary research and a blend of different pedagogical features helping students to engage with the material including essay questions summary and key points and further reading suggestions The second edition of this ground breaking text has been thoroughly revised and expanded to reflect the growing volume of evidence and theories in the field Notable additions include a greater emphasis on genetics and hormones and the expansion of topics such as cultural neuroscience emotion regulation biological markers of autism power and status social categorization and new accounts of mirror neuron functioning The book is supported by a fully updated companion website featuring student resources including lecture recordings multiple choice questions and useful web links as well as PowerPoint slides for lecturers Richly illustrated in attractive full color with figures boxes and real world implications of research this text is the ideal introduction to the field for both undergraduate and postgraduate students in fields such as psychology and neuroscience

Study Guide to Psychiatry Philip R. Muskin, M.D., M.A., Anna L. Dickerman, M.D., Claire C. Holderness, M.D., Vivian P. Liu, M.D., 2021-09-03 A Companion to The American Psychiatric Association Publishing Textbook of Psychiatry Seventh Edition

Psychiatry and Neuroscience Update Pascual Ángel Gargiulo, Humberto Luis Mesones Arroyo, 2015-10-03 The intention of this unique title is to bridge the gap between psychiatry and neuroscience allowing a fruitful dialogue between both sciences Recognizing that psychiatry has received important contributions from the basic neurosciences and that the basic neurosciences have received inspiration and objectives from the open problems of psychiatry Psychiatry and Neuroscience Bridging the Divide is designed to identify the borders trends and implications in both fields today Comprehensive and developed by a renowned group of experts from both fields the book is divided into four parts Epistemological Considerations About the Study of Normal and Abnormal Human Behaviors From Basic Neurosciences to Human Brain Neurosciences Learning Teaching and the Role of Social Environment and Explaining Human Pathological Behaviors From Brain Disorders to Psychopathology A unique and invaluable addition to the literature in psychiatry and neuroscience Psychiatry and Neuroscience Bridging the Divide offers an important and clearer understanding of the relationship between psychiatry and neuroscience

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