

☐ Diagnosis requires 2 of the following active symptoms, including ≥ 1 from symptoms #1–3 :

1. Delusions .
2. Hallucinations, often auditory .
3. Disorganized speech .
4. Disorganized or catatonic behavior .
5. Negative symptoms .

☐ Symptom onset ≥ 6 months prior to diagnosis requires ≥ 1 month of active symptoms over the past 6 months .

Other Schizophrenia Spectrum and Psychotic Disorders

1. Delusional disorder : - ≥ 1 delusion(s) lasting >1 month, but without a mood disorder or other psychotic symptoms

2. Brief psychotic disorder :-

- ☐ ≥ 1 positive symptom(s) lasting between ****1 day and 1 month****, usually stress-related.
- ☐ Sudden onset of symptoms
- ☐ More in female

3. Schizophreniform disorder:-

- ☐ ≥ 2 symptoms lasting **1–6 months** .
- ☐ Same symptoms as schizophrenia

4. Schizoaffective disorder:-

- ☐ Shares symptoms with both schizophrenia and mood disorders (MDD or bipolar disorder).
- ☐ To differentiate from a mood disorder with psychotic features, patient must have ≥ 2 weeks of psychotic symptoms without a manic or depressive episode.

5. Substance-induced psychotic disorder

6. Psychotic disorder associated with another medical condition

7. Catatonic disorder due to another medical condition

- ☐ Metabolic disorders (e.g., hepatic encephalopathy, diabetic ketoacidosis, hypo- and hyperthyroidism, hypo- and hyperadrenalism, **hypercalcemia**, and **vitamin B12 deficiency**)
- ☐ Neurological conditions (e.g., epilepsy, tumors, cerebrovascular disease, head trauma, and encephalitis)

Major depressive disorder

1. Major depressive disorder (severe)

Recurrent episodes lasting ≥ 2 weeks characterized by ≥ 5 of 9 diagnostic symptoms including depressed mood or anhedonia (or irritability in children).

SIG: E CAPS

- S Sleep disturbances
- ↓ Interest in pleasurable activities (anhedonia)
- G Guilt or feelings of worthlessness
- ↓ Energy
- ↓ Concentration
- A Appetite/weight changes
- P Psychomotor retardation or agitation
- S Suicidal ideation

No history of manic behavior

2. Persistent depressive disorder (Dysthymia)

Often milder than MDD; ≥ 2 depressive symptoms lasting ≥ 2 years (≥ 1 year in children), with any remission lasting ≤ 2 months.

No evidence of psychotic symptoms

3. Premenstrual dysphoric disorder (PMDD)

Difference between PMDD and typical premenstrual mood changes is a matter of intensity and frequency of symptoms . (PMDD symptoms interfere with ability to function socially, at work, or school.)

4. Substance/Medication -Induced Depressive Disorder

5. Depressive disorder associated with another medical condition

Hypothyroidism



Bipolar and Related Disorders

TYPES OF BIPOLAR DISORDER:

1. Bipolar I Disorder

- Definition: **At least 1 manic episode** (\pm hypomanic or depressive episodes).
- Important: Psychosis only occurs in mania \rightarrow automatically Bipolar I.

- Mania (DIG FAST): ≥ 1 week of abnormally \uparrow mood/energy + ≥ 3 symptoms:

- Distractibility
- Indiscretion/Impulsivity (risky behaviors)
- Grandiosity
- Flight of ideas
- Activity/Agitation \uparrow
- Sleep need \downarrow
- Talkativeness (pressured speech)

2. Bipolar II Disorder

- Definition: ≥ 1 hypomanic episode + ≥ 1 major depressive episode.
- No marked impairment, no hospitalization, no psychosis.

- Hypomania: Like mania but
 - Lasts ≥ 4 consecutive days, less severe

3. Cyclothymic Disorder

- Definition: ≥ 2 years (≥ 1 in children) of fluctuating mild hypomanic & mild depressive symptoms.
- **Do not meet criteria for hypomanic or major depressive episodes.**
- Never symptom-free > 2 months.

4. Substance-induced bipolar disorder

5. Bipolar disorder associated with another medical condition.

Hyperthyroidism



	Hypomania	Acute Mania	Delirious Mania
Mood	Cheerful. expansive; underlying irritability surfaces rapidly.	Continuous 'high'; subject to frequent variation.	Very labile; panic-level anxiety may be evident.
Cognition and Perception	Exalted; ideas of great worth and ability; flighty thinking; heightened perception of environment; easily distracted .	Flight of ideas; distractibility becomes all-pervasive	Clouding of consciousness; extremely distractible and incoherent .
Activity and Behavior	Increased motor activity; perceived as extroverted; lacks depth of personality for close friendships	Psychomotor activity is excessive; sexual interest Increased, Inexhaustible energy; may go for days without sleeping	Psychomotor activity is frenzied; exhaustion, injury to self or others, and eventually death could occur without intervention.



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