Manic Episode:
Description

A Manic Episode involves a period of one week or longer in which the prevailing mood is abnormally and persistently elevated, expansive, or irritable and during which at least three characteristic symptoms are present and cause marked impairment in functioning, require hospitalization to prevent harm to self or others, or include psychotic features. Characteristic symptoms are: inflated self-esteem or grandiosity; decreased need for sleep; increased talkativeness; flight of ideas; distractibility; increase in goal-directed activity; excessive involvement in activities that have a high risk for undesirable consequences.
Diagnostic Uncertainty

Indicated by coding one of the following on Axis I or II:

- **Diagnosis or Condition Deferred**: This is coded when you have insufficient information to make any diagnostic judgment about an Axis I or Axis II diagnosis.

- **[Specific Diagnosis] (Provisional)**: This is used when you have sufficient information for a tentative diagnosis only; e.g., a client appears to have a particular disorder but he is unable to give you a full history, or you do not know the duration of the client’s illness and this information is necessary for a differential diagnosis.

- **Unspecified Mental Disorder (Nonpsychotic)**: This is coded when you have sufficient information to rule out a Psychotic Disorder but insufficient information to further specify the disorder.

- **[Class of Disorder] Not Otherwise Specified (NOS)**: This is coded when there is adequate information to know that a disorder belongs to a particular class of disorder (e.g., Depressive Disorder), but further specification is not possible.
Undifferentiated Somatoform Disorder:

Key Diagnostic Criteria

1. One or more physical complaints that cannot be fully explained by a medical condition or the effects of a substance, cause significant impairment in functioning, and cannot be explained by another mental disorder.

2. Duration of symptoms is at least six months.

3. Symptoms are not intentionally produced or feigned.
Factitious Disorder:

Key Diagnostic Criteria

1. Physical or psychological symptoms that are intentionally produced or feigned (as determined through direct evidence and ruling out other possible causes of the symptom).

2. The motivation for the behavior is to adopt the sick role, and external incentives for the behavior are absent.
Separation Anxiety Disorder:
Key Diagnostic Criteria

1. Developmentally inappropriate and excessive anxiety concerning separation from home or attachment figures.

2. The disturbance lasts for at least four weeks.

3. Three of eight characteristic symptoms are present; e.g., persistent worry about harm befalling the attachment figure, worry about the attachment figure leaving and not returning, reluctance to go to school (wants to stay home with his attachment figure), repeated nightmares about separation, clinging and shadowing behavior, complaints of physical symptoms when separation is anticipated.

4. The onset of symptoms must be before the age of 18 years.
Reactive Attachment Disorder:

Subtypes

• The Inhibited Type is characterized by a persistent failure to initiate and respond to most social interactions and involves a pattern of inhibited, hypervigilant, or highly ambivalent responses.

• The Disinhibited Type is the appropriate diagnosis when the predominant disturbance is indiscriminate sociability or lack of selectivity in the choice of attachment figures.
Dementia:
Differential Diagnosis

1. Major Depressive Disorder – especially in older adults – may resemble Dementia in terms of cognitive symptoms, and this form of depression is sometimes referred to as pseudodementia. However, in Dementia, cognitive deficits usually have a gradual onset and progressive course and the person denies or is unaware of his/her impairments. Also, a patient with Dementia is likely to be cooperative (but inaccurate in his/her responses) during cognitive testing. In pseudodementia, the onset of cognitive symptoms is likely to be abrupt; the person is concerned (sometimes overly concerned) about his/her impairments; and the person is likely to be uncooperative during testing.

2. People with Amnestic Disorder have persistent memory problems but do not have the language, executive functioning, and other impairments associated with Dementia.