DSM-5-TR Diagnostic Cheat Sheet (PMHNP ANCC Focus)

Depressive Disorders

Disorder	Duration	Key DSM-5-TR Criteria / Symptoms	Distinctive Features
Major Depressive Disorder (**MDD**)	≥ 2 weeks	≥5 symptoms: **S**adness, anhedonia, **I**nterest loss **G**uilt/worthlessness **E**nergy loss **C**oncentration loss, **A**ppetite/weight change, **P**sychomotor changes, fatigue, **S**leep change, **S**uicidal ideation/Thoughts. **SIGE E CAPSS**	No history of mania/hypomania. Causes functional impairment. (e.g. work or school)
Persistent Depressive Disorder (Dysthymia)	≥ 2 years (≥1 year in children/adolescents) Sad most days for 2 years. **2 symptoms/ never 2 months symptoms free in first 2 years** 2:2	Depressed mood most days + ≥2: poor appetite/overeating, insomnia/hypersomnia, low energy, low self-esteem, poor concentration, hopelessness.	Chronic but milder symptoms than MDD; may have 'double depression'.
Premenstrual Dysphoric Disorder (PMDD)	**5+ symptoms present one week before menses,** improve after onset	At least 5 of the following: Mood swings, irritability, depressed mood, anxiety/tension, plus physical or behavioral symptoms (bloating, breast tenderness, sleep/appetite changes).	Cyclic pattern; linked to menstrual cycle; causes impairment.

Disruptive **Mood Dysregulation** Disorder **(DMDD)**	≥ 12 months/ **chronic irritability**	Severe recurrent temper outbursts ≥3×/week; persistent more than a year. Irritability and angry most of the day between outbursts. Temper tantrums, physical aggression	Onset before age 10; not diagnosed before 6 or after 18.
Adjustment Disorder with Depressed Mood	Within 3 months of stressor	Emotional/behavioral symptoms after identifiable stressor; not meeting MDD criteria.	Resolves ≤6 months after stressor ends.
Seasonal Affective Disorder	≥ 2 consecutive years (seasonal pattern)	Depressive episodes during specific seasons (usually winter).	Related to light exposure; improves with light therapy.

Bipolar Disorders

Disorder	Duration	Core Symptoms	Distinctive Features
Bipolar I Disorder	**≥ 1 week Euphoric or Irritable mood and increased energy or activity for 1 week**. 3 out of 7 (DIG-FAST) **D- Distractibility** **I - Impulsivity** **G - Grandiosity** **F – Flight of ideas** **A – Activity increase** **S – Sleep deficit** **T - Talkativeness**	≥3: **G**randiosity -Feeling invincible, inflated self-esteem), **↓ sleep**, pressured speech, **F**light of ideas – racing thoughts, rapid, tangential speech. **D**istractibility - (difficulty focusing, easily drawn off task), **↑ activity**, risky behavior (Spending, hypersexual, reckless driving).	**Requires at least one manic episode;** depression not required. **Severe, causes marked impairment or hospitalization**

Bipolar II Disorder	**≥ 4 days** (hypomania) + ≥ 2 weeks (depression)	**Hypomania without marked impairment** or psychosis, alternating with depression.	No full mania ever; hypomania observable by others.
Cyclothymic Disorder	≥ 2 years (1 year in children)	Numerous periods of hypomanic and depressive symptoms not meeting full criteria.	Chronic mood instability; symptoms ≥50% of time; no symptom-free >2 months.

Schizophrenia Spectrum Disorders

Disorder	Duration	Key DSM-5-TR Features	Distinctive Features
Brief Psychotic Disorder	**1 day – <1 month**	≥1: delusions, hallucinations, disorganized speech, or catatonia.	Sudden onset, full return to baseline, often stress-related.
Schizophreniform Disorder	**1 – 6 months**	Same symptoms as schizophrenia (≥2 of: delusions, hallucinations, disorganized speech, disorganized/catatonic behavior, negative symptoms).	Duration <6 months; if persists, becomes schizophrenia.
Schizophrenia	**>6 months**	≥2 core symptoms (one must be delusions, hallucinations, or	Continuous signs ≥6 months; ≥1 month active phase.

		disorganized speech) + functional impairment.	
Schizoaffective Disorder	**≥2 weeks psychosis without mood symptoms Than + mood episodes shows up**	Major mood episode concurrent with schizophrenia symptoms.	Mood symptoms >50% of total illness duration.
Delusional Disorder	**≥1 month**	One or more fixed delusions; otherwise functioning not markedly impaired.	Non-bizarre delusions; no hallucinations/disorganization. Grandiose type, Jealous type, Persecutory type, somatic type, unspecified type erotomaniac type

Memorize - Mania symptoms

Anxiety Disorders

Disorder	Duration	Core DSM-5-TR Criteria	Distinctive Features
Generalized Anxiety Disorder (GAD)	≥ 6 months	**Excessive anxiety/worry most days; difficult to control; ≥3:** restlessness, fatigue, poor concentration, irritability, muscle tension, sleep disturbance.	Worry about multiple domains (work, health, family).
Panic Disorder	Recurrent **unexpected panic attacks + ≥1 month worry/avoidance**	Sudden intense fear with physical symptoms – 4 out of 13 symptoms (palpitations, chest	Anticipatory anxiety common; rule out cardiac causes.

		pain, SOB, fear of dying).	
Agoraphobia	≥ 6 months	**Marked fear of 2+: public transport, open/enclosed spaces, crowds, being outside alone.**	Avoids places due to fear escape/help unavailable.
Social Anxiety Disorder	≥ 6 months	Marked fear of social/performance situations; fear of embarrassment or scrutiny.	Recognized as excessive; avoidance causes impairment.
Separation Anxiety Disorder		**Excessive anxiety over separation from home or parents**	
Specific Phobia	≥ 6 months	Persistent fear of specific object/situation; immediate anxiety response.	Recognized as irrational; limited to particular trigger.

Panic Attack vs. Panic Disorder

Disorder	Duration	Key DSM-5-TR Criteria	Distinctive Features
Panic Attack (Specifier)	**Sudden onset; peaks within minutes**	Abrupt surge of intense fear/discomfort with ≥4 of: palpitations, sweating, trembling, SOB, chest pain, nausea, dizziness, chills, paresthesias, derealization, fear of dying or losing control.	Can occur in context of any anxiety, mood, or substance disorder; not a diagnosis itself.
Panic Disorder	**Recurrent unexpected panic attacks + ≥1 month worry/avoidance**	Recurrent attacks plus persistent concern about additional attacks or significant maladaptive behavior change (avoidance, reassurance seeking).	Differentiated by recurrent *unexpected* episodes and lasting worry; not substance or medical-induced.

DSM-5-TR Cheat Sheet (Simplified & Understandable)

Selective Mutism

Child speaks normally at home but refuses to talk in specific settings like school. Lasts at least 1 month, not due to language issue. Often due to anxiety.
Treatment: CBT, exposure therapy, SSRIs if severe.

Obsessive-Compulsive Disorder (OCD)

Obsessions are unwanted thoughts (like fear of germs); **compulsions** are repeated behaviors to reduce anxiety (like washing hands). Person knows it's excessive.
Treatment: CBT (exposure/response prevention), SSRIs.

Body Dysmorphic Disorder (BDD)

Preoccupation with imagined defect in appearance. Repetitive checking or grooming.
Specifier: with muscle dysmorphia.
Treatment: SSRIs, CBT.

Hoarding Disorder

Difficulty discarding items, leading to cluttered spaces. Feels distress when discarding.
Treatment: CBT focusing on organization and decision-making.

Trichotillomania (Hair-Pulling Disorder)

Repetitive hair pulling causes hair loss. Feels relief afterward.
Treatment: Habit Reversal Training, SSRIs, N-acetylcysteine.

Excoriation (Skin-Picking Disorder)

Repetitive skin picking causes lesions. Attempts to stop fail.
Treatment: CBT, SSRIs.

Substance Use Disorder (General)

Problematic pattern of substance use causing impairment or distress.
Symptoms include craving, tolerance, withdrawal, failure at work/home, continued use despite harm. Severity: Mild (2–3), Moderate (4–5), Severe (6+).

Alcohol Use Disorder (AUD)

Same criteria as substance use but specific to alcohol. Specifiers: early remission (3–12 months), sustained remission (12+ months), in controlled environment.
Treatment: motivational interviewing, naltrexone, acamprosate, disulfiram.

Gambling Disorder

Persistent gambling despite negative effects. Needs to gamble more for excitement (tolerance), restlessness when trying to stop.
Treatment: CBT, 12-step programs, antidepressants.

Opioid Withdrawal

Occurs after stopping heavy/prolonged opioid use.

Symptoms: muscle aches, yawning, sweating, runny nose, nausea. Not life-threatening.
Treatment: Buprenorphine, clonidine, comfort care.

ADHD (Attention-Deficit/Hyperactivity Disorder)

Inattention, hyperactivity, impulsivity before age 12 in at least 2 settings.
Treatment: stimulants (methylphenidate, amphetamines), behavioral therapy.

Autism Spectrum Disorder (ASD)

Deficits in social communication and restricted/repetitive behaviors.
Symptoms: poor eye contact, fixations, resistance to change.
Treatment: behavioral and speech therapy.
Too little dopamine you will see difficulty with social motivation, attention, and executive function.
Too much dopamine -repetitive behaviors or sensory sensitivities

Tourette's Disorder

Multiple motor and at least one vocal tic for over 1 year, starting before age 18.
Treatment: Habit reversal, Risperidone, Clonidine.
Increase dopamine in the Caudate nucleus and putamen

Post-Traumatic Stress Disorder (PTSD)

Follows trauma (e.g., assault, accident). Lasts >1 month.
Symptoms: flashbacks, avoidance, negative mood, hyperarousal.
Treatment: trauma-focused CBT, SSRIs, Eye-Movement-Desensitization and Reprocessing (EMDR).

Acute Stress Disorder

Same as PTSD but duration is 3 days to 1 month. May develop into PTSD.
Treatment: Supportive therapy, CBT.

Neurocognitive Disorders (Dementias)

- **Alzheimer's:** Gradual memory loss, disorientation.
- **Vascular:** Stepwise decline post-stroke.
- **Lewy Body:** Visual hallucinations, fluctuating alertness.
- **Frontotemporal**: Personality changes before memory loss.
- **Parkinson's/Huntington's**: Motor symptoms first, then cognitive decline.

Cluster A (Odd/Eccentric)

- **Paranoid:** Distrust and suspicion.
- **Schizoid**: Prefers isolation.
- **Schizotypal**: Odd beliefs, magical thinking, anxiety.

Cluster B (Dramatic/Emotional)

- **Antisocial:** Ignores others' rights.
- **Borderline:** Unstable mood, fear of abandonment.
- **Histrionic:** Seeks attention.
- **Narcissistic:** Grandiose, lacks empathy.

Cluster C (Anxious/Fearful)

- **Avoidant:** Socially inhibited, fears rejection.
- **Dependent:** Needs others for decisions.
- **OCPD:** Perfectionist, rigid (ego-syntonic).

OCD vs OCPD

OCD: Knows behavior is unreasonable; acts to reduce anxiety.
OCPD: Thinks behavior is correct; perfection and control are main goals.

Somatic Symptom & Related Disorders

- **Somatic Symptom:** Real symptoms + excessive worry.
- **Illness Anxiety:** Fear of illness with mild symptoms.
- **Conversion:** Neurologic symptoms without medical cause.
- **Factitious:** Fakes illness for attention (internal gain).
- **Malingering:** Fakes for reward (external gain).
- **Body Dysmorphic:** Focused on imagined flaw.

Dissociative Identity Disorder (DID)

Presence of two or more distinct identities controlling behavior with memory gaps. Linked to severe early trauma.
Treatment: Long-term psychotherapy.

DSM-5-TR Cheat Sheet: ODD, Conduct Disorder, Rett Syndrome, and MSE

Oppositional Defiant Disorder (ODD) = use their mouth

A pattern of **angry, defiant**, and **argumentative behavior** toward authority figures lasting at least 6 months.

Key Features:
- Loses temper easily
- Argues with adults or refuses rules
- Blames others
- Angry or spiteful

Treatment: Parent training, family therapy, CBT.

Conduct Disorder (CD) = Criminals/ use their hands

Violates rights of others or social norms (3+ behaviors in 12 months):
- Aggression (fights, cruelty)
- Property destruction
- Theft/deceit
- Serious rule violations.

Specifiers: Child-onset, Adolescent-onset, With limited prosocial emotions.
Treatment: Family therapy, consistent structure, meds for aggression.

Rett Syndrome

Genetic neurological disorder in girls caused by MECP2 mutation.
Features:
- Normal early development, then regression
- Loss of motor/speech skills
- Repetitive hand wringing
- Seizures, breathing issues.
Treatment: Supportive care with therapies.

Mental Status Examination (MSE) acronym - ASEPTIC
Components:
- **Appearance**: grooming, clothing
- **Behavior**: cooperation, movements
- **Speech**: rate, tone
- **Mood**: patient's emotional state
- **Affect**: your observation of emotion
- **Thought Process**: how thoughts flow
- **Thought Content**: what they think about
- **Perception:** hallucinations
- **Cognition**: orientation, memory
- **Insight and Judgment**.

Mood vs Affect

Mood = how patient says they feel ('I'm sad').
Affect = how they look ('flat', 'tearful').
Example: Says happy but looks sad → incongruent.

Thought Process vs Thought Content

Thought Process = how thoughts are connected (logical, tangential). I see it
Thought Content = what they think about (delusions, obsessions, suicidal ideas). **You have to tell me**

Quick MSE Example

Appearance: Clean, dressed well
Behavior: Calm, cooperative
Speech: Normal
Mood: 'Tired'
Affect: Flat
Thought Process: Logical

Thought Content: No delusions
Perception: None
Cognition: Oriented ×3
Insight: Fair
Judgment: Intact.