Diagnostic criteria for Schizophrenia

A. Presence of characteristic psychotic symptoms in the active phase: either (1), (2), or (3) for at least one week (unless the symptoms are successfully treated):

(1) two of the following:
   a. delusions
   b. prominent hallucinations (throughout the day for several days or several times a week for several weeks, each hallucinatory experience not being limited to a few brief moments)
   c. incoherence or marked loosening of associations
   d. catatonic behavior
   e. flat or grossly inappropriate affect

(2) bizarre delusions (i.e., involving a phenomenon that the person's culture would regard as totally implausible, e.g., thought broadcasting, being controlled by a dead person)

(3) prominent hallucinations [as defined in (1)(b) above] of a voice with content having no apparent relation to depression or elation, or a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other

B. During the course of the disturbance, functioning in such areas as work, social relations, and self-care is markedly below the highest level achieved before onset of the disturbance (or, when the onset is in childhood or adolescence, failure to achieve expected level of social development).

C. Schizoaffective Disorder and Mood Disorder with Psychotic Features have been ruled out, i.e., if a Major Depressive or Manic Syndrome has ever been present during an active phase of the disturbance, the total duration of all episodes of a mood syndrome has been brief relative to the total duration of the active and residual phases of the disturbance.

D. Continuous signs of the disturbance for at least six months. The six-month period must include an active phase (of at least one week, or less if symptoms have been successfully treated) during which there were psychotic symptoms characteristic of Schizophrenia (symptoms in A), with or without a prodromal or residual phase, as defined below.

Prodromal phase: A clear deterioration in functioning before the active phase of the disturbance that is not due to a disturbance in mood or to a Psychoactive Substance Use Disorder and that involves at least two of the symptoms listed below.

Residual phase: Following the active phase of the disturbance, persistence of at least two of the symptoms noted below, these not being due to a disturbance in mood or to a Psychoactive Substance Use Disorder.

Prodromal or Residual Symptoms:

(1) marked social isolation or withdrawal
(2) marked impairment in role functioning as wage-earner, student, or homemaker
Diagnostic criteria for Schizophrenia continued

(3) markedly peculiar behavior (e.g., collecting garbage, talking to self in public, hoarding food)
(4) marked impairment in personal hygiene and grooming
(5) blunted or inappropriate affect
(6) digressive, vague, overelaborate, or circumstantial speech, or poverty of speech, or poverty of content of speech
(7) odd beliefs or magical thinking, influencing behavior and inconsistent with cultural norms, e.g., superstitiousness, belief in clairvoyance, telepathy, "sixth sense," "others can feel my feelings," overvalued ideas, ideas of reference
(8) unusual perceptual experiences, e.g., recurrent illusions, sensing the presence of a force or person not actually present
(9) marked lack of initiative, interests, or energy

Examples: Six months of prodromal symptoms with one week of symptoms from A; no prodromal symptoms with six months of symptoms from A; no prodromal symptoms with one week of symptoms from A and six months of residual symptoms.

E. It cannot be established that an organic factor initiated and maintained the disturbance.

F. If there is a history of Autistic Disorder, the additional diagnosis of Schizophrenia is made only if prominent delusions or hallucinations are also present.

Classification of course. The course of the disturbance is coded in the fifth digit:

1-Subchronic. The time from the beginning of the disturbance, when the person first began to show signs of the disturbance (including prodromal, active, and residual phases) more or less continuously, is less than two years, but at least six months.

2-Chronic. Same as above, but more than two years.

3-Subchronic with Acute Exacerbation. Reemergence of prominent psychotic symptoms in a person with a subchronic course who has been in the residual phase of the disturbance.

4-Chronic with Acute Exacerbation. Reemergence of prominent psychotic symptoms in a person with a chronic course who has been in the residual phase of the disturbance.

5-In Remission. When a person with a history of Schizophrenia is free of all signs of the disturbance (whether or not on medication), "in Remission" should be coded. Differentiating Schizophrenia in Remission from No Mental Disorder requires consideration of overall level of functioning, length of time since the last episode of disturbance, total duration of the disturbance, and whether prophylactic treatment is being given.

0-Unspecified.
Delusional (Paranoid) Disorder

Diagnostic criteria for Delusional Disorder

A. Nonbizarre delusion(s) (i.e., involving situations that occur in real life, such as being followed, poisoned, infected, loved at a distance, having a disease, being deceived by one’s spouse or lover) of at least one month’s duration.

B. Auditory or visual hallucinations, if present, are not prominent [as defined in Schizophrenia, A(1)(b)].

C. Apart from the delusion(s) or its ramifications, behavior is not obviously odd or bizarre.

D. If a Major Depressive or Manic Syndrome has been present during the delusional disturbance, the total duration of all episodes of the mood syndrome has been brief relative to the total duration of the delusional disturbance.

E. Has never met criterion A for Schizophrenia, and it cannot be established that an organic factor initiated and maintained the disturbance.

Specify type: The following types are based on the predominant delusional theme. If no single delusional theme predominates, specify as Unspecified Type.

Erotomanic Type
Delusional Disorder in which the predominant theme of the delusion(s) is that a person, usually of higher status, is in love with the subject.

Grandiose Type
Delusional Disorder in which the predominant theme of the delusion(s) is one of inflated worth, power, knowledge, identity, or special relationship to a deity or famous person.

Jealous Type
Delusional Disorder in which the predominant theme of the delusion(s) is that one’s sexual partner is unfaithful.

Persecutory Type
Delusional Disorder in which the predominant theme of the delusion(s) is that one (or someone to whom one is close) is being malevolently treated in some way. People with this type of Delusional Disorder may repeatedly take their complaints of being mistreated to legal authorities.

Somatic Type
Delusional Disorder in which the predominant theme of the delusion(s) is that the person has some physical defect, disorder, or disease.

Unspecified Type
Delusional Disorder that does not fit any of the previous categories, e.g., persecutory and grandiose themes without a predominance of either; delusions of reference without malevolent content.
Psychotic Disorders
Not Elsewhere Classified

Diagnostic criteria for 298.80 Brief Reactive Psychosis

A. Presence of at least one of the following symptoms indicating impaired reality testing (not culturally sanctioned):
   (1) incoherence or marked loosening of associations
   (2) delusions
   (3) hallucinations
   (4) catatonic or disorganized behavior

B. Emotional turmoil, i.e., rapid shifts from one intense affect to another, or overwhelming perplexity or confusion.

C. Appearance of the symptoms in A and B shortly after, and apparently in response to, one or more events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture.

D. Absence of the prodromal symptoms of Schizophrenia, and failure to meet the criteria for Schizotypal Personality Disorder before onset of the disturbance.

E. Duration of an episode of the disturbance of from a few hours to one month, with eventual full return to premorbid level of functioning. (When the diagnosis must be made without waiting for the expected recovery, it should be qualified as "provisional.")

F. Not due to a psychotic Mood Disorder (i.e., no full mood syndrome is present), and it cannot be established that an organic factor initiated and maintained the disturbance.

Diagnostic criteria for 295.40 Schizophreniform Disorder

A. Meets criteria A and C of Schizophrenia (p. 194).

B. An episode of the disturbance (including prodromal, active, and residual phases) lasts less than six months. (When the diagnosis must be made without waiting for recovery, it should be qualified as "provisional.")

C. Does not meet the criteria for Brief Reactive Psychosis, and it cannot be established that an organic factor initiated and maintained the disturbance.

Specify: without good prognostic features or with good prognostic features, i.e., with at least two of the following:
(1) onset of prominent psychotic symptoms within four weeks of first noticeable change in usual behavior or functioning
(2) confusion, disorientation, or perplexity at the height of the psychotic episode
(3) good premorbid social and occupational functioning
(4) absence of blunted or flat affect
### Diagnostic criteria for 295.70 Schizoaffective Disorder

A. A disturbance during which, at some time, there is either a Major Depressive or a Manic Syndrome concurrent with symptoms that meet the A criterion of Schizophrenia.

B. During an episode of the disturbance, there have been delusions or hallucinations for at least two weeks, but no prominent mood symptoms.

C. Schizophrenia has been ruled out, i.e., the duration of all episodes of a mood syndrome has not been brief relative to the total duration of the psychotic disturbance.

D. It cannot be established that an organic factor initiated and maintained the disturbance.

Specify: bipolar type (current or previous Manic Syndrome) or depressive type (no current or previous Manic Syndrome)

### Diagnostic criteria for 297.30 Induced Psychotic Disorder

A. A delusion develops (in a second person) in the context of a close relationship with another person, or persons, with an already established delusion (the primary case).

B. The delusion in the second person is similar in content to that in the primary case.

C. Immediately before onset of the induced delusion, the second person did not have a psychotic disorder or the prodromal symptoms of Schizophrenia.

### 298.90 Psychotic Disorder Not Otherwise Specified (Atypical Psychosis)

Disorders in which there are psychotic symptoms (delusions, hallucinations, incoherence, marked loosening of associations, catatonic excitement or stupor, or grossly disorganized behavior) that do not meet the criteria for any other nonorganic psychotic disorder. This category should also be used for psychoses about which there is inadequate information to make a specific diagnosis. (This is preferable to “Diagnosis Deferred,” and can be changed if more information becomes available.) This diagnosis is made only when it cannot be established that an organic factor initiated and maintained the disturbance.

Examples:

1. Psychoses with unusual features, e.g., persistent auditory hallucinations as the only disturbance
2. Postpartum psychoses that do not meet the criteria for an Organic Mental Disorder, psychotic Mood Disorder, or any other psychotic disorder
3. Psychoses with confusing clinical features that make a more specific diagnosis impossible