Diagnosis: Mood and Anxiety Disorders

Approach: This works best written on a white board, walking through making a differential for both mood and anxiety disorders. Diagnostic criteria is important for shelf exam, so make sure to hit on the time requirements for each.
Hook: Everyone feels sad or anxious sometimes – but when does it become a clinical psychiatric disorder?

Let's make a differential for depression:
MDD - 5+ symptoms for at least 2 weeks, at least one of the first two: Depressed mood most of day nearly every day, loss of interest or pleasure in almost all activities, disturbed appetite, disrupted sleep, psychomotor agitation or retardation, poor energy, worthless or guilt, poor concentration, thoughts of death.
Dysthymia – depressed mood most of the day for most days for 2 years. Two or more: disturbed appetite, disrupted sleep, low energy, low self-esteem, poor concentration, feelings of hopelessness.
Substance-Induced depressive disorder – Same symptoms, except they are associated with the ingestion, injection, or inhalation of a substance. distinguished from a primary depressive disorder by considering the onset, course, and other factors associated with the substance use.
Depressive disorder 2/2 Medical Condition – evidence from the history, physical examination, or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition. Some common disease include hypothyroidism, TBI, stroke, Parkinson's, MS.
Adjustment Disorder: Development of emotional/behavioral symptoms in response to a clear stressor occurring within 3 months of onset of stressor. Does not represent bereavement. Once the stressor is terminated, symptoms do not persist for more than 6 additional months.
Bipolar depression – Looks just like MDD, but often harder to treat. *Use this to jump into a discussion of BPAD I vs II:*
BPAD I – Need to have a manic episode, and once you have a manic episode, you can't get MDD or BPAD II as a diagnosis. Mania is: a distinct period of persistently elevated, expansive, or irritable mood + abnormally elevated activity or energy lasting ≥ one week present most of the day. Also ≥3 of the following: grandiosity, decreased need for sleep, talkative, flight of ideas, distractability (attention drawn to irrelevant external stimuli), increased goal directed activity, increased risky behaviors)
BPAD II – Hypomania. Must last 4 days. Similar symptoms but not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization.

Now let's make a differential for anxiety
Generalized anxiety Disorder: Excessive worry, more days than not, for 6 months, across multiple domains. Three of: restlessness, fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance. Causes clinically significant distress or functional impairment.
Panic Disorder: Recurrent unexpected panic attacks. A surge of intense fear or discomfort that reaches a peak within minutes, with 4 or more: palpitations, sweating, trembling, SOB, choking, chest pain, nausea, dizzy, chills/heat, paresthesia's, derealization, fear of losing control, fear of dying. Attack is followed by persistent worry about another attack and/or maladaptive behavior change related to attack (like avoidance).
Specific Phobia: Fear about a specific object or situation, out of proportion to the actual danger posed. Persistent, causes clinically significant distress/impairment, almost always provokes immediate fear/anxiety.
Social Anxiety Disorder: Fear about social situations where you are exposed to possible scrutiny by others. Fear of rejection or offending others. Social situations are avoided or endured with intense fear/anxiety. Out of proportion, persistent, causes significant distress/impairment.
Agoraphobia: Fear of 2+: public transportation, open spaces, enclosed places, standing in line, being outside the home alone. The person avoids these situations because of thoughts that escape might be difficult in the event of developing panic-like symptoms. Out of proportion, persistent, impairing.
Substance-Induced Anxiety: Intoxication of: alcohol, caffeine, cannabis, PCP, hallucinogens, stimulants. Withdrawal from: alcohol, opiates, sedatives, hypnotics, anxiolytics, stimulants. Others: thyroid replacement, insulin, lithium, antidepressants, analgesics, anticholinergics, bronchodilators.
Anxiety 2/2 Medical Condition: Endocrine (hyperthyroid, pheo, hypoglycemia, hyperadrenocrotisolism), cardiac (CHF, PE, Afib), respiratory (COPD, asthma, PNA), metabolic (B12, porphyria), neurologic (neoplasm, encephalitis, seizure)

PTSD: Direct experience, witnessing, learning about event. Includes one of: A) recurrent, involuntary, intrusive distressing memories. B)Recurrent distressing dreams C)Dissociative reactions (flashbacks) D)intense psychologic or E) physiologic distress. Persistent avoidance of stimuli associated w event. Changes in arousal/reactivity (hypervigilance, startle response, irritable w/ outbursts, self-destructive behaviors). Lasts >1 month. Clinically significant distress or functional impairment.
Acute Stress Disorder: See above, but lasts between 3 days to 1 month after the trauma.

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