Diagnosing Psychotic Disorders: Mood and Psychosis
Review diagnostic criteria for **mood disorders** with psychosis.

- Recognizing and treating comorbidities in Schizophrenia Spectrum Disorders have implications to prognosis & treatment.

- Identifying comorbid disorders at time of intake (or later during psychotherapy sessions) can inform more specific medication and psychotherapy treatments and improve outcomes and prognosis.

- Whereas psychiatrists have formal training in diagnosing comorbidities, often time clinical staff are responsible for intake appointments and can benefit from review of the most common comorbidities.
Temporal overlap between mood and psychotic symptoms helps distinguish between primary psychotic and primary mood disorders.
As a patient's illness progresses, the timing of the psychotic symptoms in relation to the mood symptoms can change.

The diagnosis may change over time reflecting this change in symptom pattern.
POLL: Of the options below, what is the most likely diagnosis?

- Major Depressive Disorder
- Bipolar Disorder
- Schizoaffective Disorder
Depressive Disorders with Psychotic Features
Major Depressive Episode
> 5 of the following depression symptoms are present during the same 2-week period and represent a change from previous functioning

For *most of the day, nearly every day*, must have either:

- Depressed mood
- Markedly diminished interest or pleasure in all, or almost all, activities

Note: patients can have both and, if both are present, these together count as 2 of the 5 needed symptoms
Other signs and symptoms that count towards the **five:**

3. Significant weight loss or weight gain
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day
9. Recurrent thoughts of death or suicide; or suicidal ideations with a specific plan or a suicidal attempt
Major Depressive Episode Criteria

• Symptoms must cause clinically significant distress or functional impairment

• Symptoms are not due to the physiological effects of a substance or to another medical condition
A Major Depressive Episode Represents Major Depressive Disorder When...

• The occurrence of the major depressive episode is not better explained by...
  ▪ Schizoaffective disorder
  ▪ Schizophrenia
  ▪ Schizophreniform disorder
  ▪ Delusional disorder
  ▪ Other specified or unspecified schizophrenia spectrum and other psychotic disorders

• There has never been a manic episode or a hypomanic episode
Major Depressive Disorder with Psychotic Features

Major Depressive Episode

Psychotic Symptoms

At least 2 weeks of depression during which psychosis is also present

A major depressive episode has occurred concurrently with positive symptoms and/or thought disorder
Depression and Psychotic Features
### Depression with Psychotic Features

- With mood-congruent psychotic features
- With mood-incongruent psychotic features

### Mood-Congruent Depressive Themes

- Personal Inadequacy
- Guilt
- Deserved Punishment
- Disease
- Death
- Nihilism
What if we add information

3 missed calls
2 new voicemails

DR. HANNA
What if we add information
POLL: Of the options below, what is the most likely diagnosis?

- Major Depressive Disorder
- Bipolar Disorder
- Schizoaffective Disorder
Bipolar Disorders with Psychotic Features
Manic & Hypomaniac Episodes
The first criterion relates to a change in mood lasting at least a week and present most of the day, nearly every day.

Note: if the patient requires inpatient hospitalization the episode does not have to last a week.

- There must be a *distinct period* of abnormally and persistently (1) elevated, expansive, or (2) irritable mood...
  ...in addition to an abnormally and persistently (3) increased activity or energy.
Manic Episode Criteria

Associated symptoms

4. Inflated self-esteem or grandiosity
5. Decreased need for sleep
6. More talkative than usual or pressure to keep talking
7. Flight of ideas or subjective experience that thoughts are racing
8. Distractibility
9. Increase in goal-directed activity or psychomotor agitation
10. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
Manic Episode Criteria

If the patient has *elevated or expansive* mood

**Three** additional associated symptoms are required

If the patient has only *irritable* mood

**Four** additional associated symptoms are required
Manic Episode Criteria

• The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.

• The disturbance in mood and the change in functioning are observable by others.
The mood disturbance is sufficiently severe to cause...

- marked impairment in social or occupational functioning
- or to necessitate hospitalization to prevent harm to self or others
- or there are psychotic features

Symptoms are not due to...

- a medical condition
- or the effects of a medication or substance abuse
Difference Between Manic and Hypomanic Episode

The mood episode lasts at least 4 consecutive days.

The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization.

If there are psychotic features, the episode is by definition, manic.
Bipolar I Disorder

• Criteria have been met for at least one manic episode.
  ▪ The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes.

• The occurrence of the manic and major depressive episode(s) is not better explained by:
  ▪ schizoaffective disorder
  ▪ schizophrenia
  ▪ schizophreniform disorder
  ▪ delusional disorder,
  ▪ other specified or unspecified psychotic disorder.
Bipolar I Disorder with Psychotic Features

A manic episode has occurred concurrently with positive symptoms and/or thought disorder.
Bipolar II Disorder

• Criteria have been met for at least one hypomanic episode and at least one major depressive episode.

• The has never been a manic episode.

• The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Bipolar II Disorder

• The occurrence of the hypomanic episode(s) and major depressive episodes is not better explained by:
  - schizoaffective disorder
  - schizophrenia
  - schizophreniform disorder
  - delusional disorder,
  - other specified or unspecified psychotic disorder.
Bipolar II Disorder with Psychotic Features

At least 2 *specific* lifetime mood episodes are required

A hypomanic episode has occurred.

Never has had a manic episode.
Bipolar II Disorder with Psychotic Features

At least 2 specific lifetime mood episodes are required

Has had at least 1* major depressive episode concurrently with positive symptoms and/or thought disorder

*The psychotic depression must be the current or most recent episode

Major Depressive Episode

Psychotic Symptoms

At least 2 weeks of major depression during which psychosis is also present
Mania and Psychotic Features
Bipolar I Disorder with Psychotic Features

- With mood-congruent psychotic features
- With mood-incongruent psychotic features

Mood-Congruent Manic Themes

- Grandiosity
- Invulnerability
- Suspiciousness
- Paranoia
- Religious
- Erotomanic
If the patient has psychotic symptoms **only during major depressive episode(s) or manic episode(s)**…

- ...then the patient has a mood disorder with psychotic features

If the patient has never had mood episodes ... or if they have had psychotic symptoms at times other than during their mood episodes...

- ...then they may have a schizophrenia-spectrum disorder
Mixed Features
Depressive Episode with mixed features

If...

- ≥3 of these manic symptoms are present for most of the time during a current or most recent episode of a depressive or persistent depressive episode
- The depressive episode can be specified as with mixed features.

1. Elevated, expansive mood
2. Irritable mood
3. Increased activity or energy
4. Inflated self-esteem or grandiosity
5. Decreased need for sleep
6. More talkative than usual or pressure to keep talking
7. Flight of ideas or subjective experience that thoughts are racing
8. Distractibility
9. Increase in goal-directed activity or psychomotor agitation
10. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
If...

- ≥3 of these depressive symptoms are present for most of the time during a current or most recent episode of mania or hypomania
- This qualifies as Bipolar I or II disorder with mixed features.

1. Depressed mood
2. Markedly diminished interest or pleasure in all, or almost all, activities
3. Significant weight gain or weight loss
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation or retardation nearly every day
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day
9. Recurrent thoughts of death or suicide; or suicidal ideations with a specific plan or a suicidal attempt
What if we add information

**They stole my story!**
POLL: Of the options below, What is the most likely diagnosis?

- Major Depressive Disorder
- Bipolar Disorder
- Schizoaffective Disorder
Schizoaffective Disorder
Schizoaffective Disorder
Requirement #1

An uninterrupted period of illness during which there is both:

1. Major Mood Episode (Major depressive or manic)
   *If major depressive, must include depressed mood

2. ≥ 2/5 key symptom domains
   Each present for a significant portion of time during a 1 month period. (Or less if successfully treated).
   At least one of these must be (1), (2), or (3)

3. These criteria are the same as for schizophrenia
Schizoaffective Disorder
Requirement #2

During the lifetime duration of the illness, a period of ≥ 2 weeks with both:

The absence of a Major Mood Episode + Delusions or Hallucinations
Major mood episodes have been present for the majority of the total duration of the active and residual periods of illness.
Schizoaffective Disorder

- The disturbance is not attributable to the effects of a substance or another medical condition.
Major mood episodes have occurred concurrently with active-phase symptoms (and have been present for a majority of the total duration of the active and residual periods of illness).
Schizoaffective Disorder may occur in a variety of temporal patterns.

The expression of psychotic symptoms across the lifespan is variable.
In summary, key point to remember...

- Temporal overlap between mood and psychotic symptoms helps distinguish between primary psychotic and primary mood disorders.

- As a patient's illness progresses, the timing of the psychotic symptoms in relation to the mood symptoms can change.

- The diagnosis may change over time reflecting this change in symptom pattern.
Stay tuned for the next webinar in this series, we will be reviewing diagnostic criteria for psychotic disorders in the context of substance use.
References

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The project described was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

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