🧠 Psychiatric Condition Algorithms & Differential Diagnoses

📉 Major Depressive Disorder (MDD)

Diagnostic Algorithm

START: Patient presents with depressed mood or anhedonia **Step 1: Assess DSM-5 Criteria for MDD** - ≥5 symptoms (including depressed mood or anhedonia) present during the same 2-week period, representing a change from previous functioning:

- Depressed mood (most of the day, nearly every day)
- Markedly diminished interest or pleasure (anhedonia)
- Significant weight loss/gain or decrease/increase in appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, suicidal ideation, or suicide attempt
- Symptoms cause clinically significant distress or impairment
- Episode not attributable to substance use or another medical condition
- Episode not better explained by schizoaffective disorder, schizophrenia, etc.
- **Never** been a manic or hypomanic episode

Step 2: Rule out Bipolar Disorder - Screen for history of mania/hypomania (MDQ, clinical interview) - If history present → **Consider Bipolar Disorder**

Step 3: Rule out Medical Causes

- Hypothyroidism (TSH)
- Anemia (CBC)
- Vitamin deficiencies (B12, Folate, D)

- Neurological conditions (Parkinson's, MS, stroke)
- Endocrine disorders (Cushing's, Addison's)
- Autoimmune disorders
- Sleep disorders (Sleep Apnea)

Step 4: Rule out Substance-Induced Mood Disorder

- Alcohol, sedatives, stimulants (intoxication or withdrawal)
- Medications (steroids, beta-blockers, interferon)

Step 5: Rule out Adjustment Disorder with Depressed Mood

- Symptoms develop in response to identifiable stressor within 3 months
- Distress is out of proportion to stressor OR causes significant impairment
- Does not meet criteria for another mental disorder
- Does not represent normal bereavement

Step 6: Rule out Persistent Depressive Disorder (Dysthymia)

- Depressed mood for most of the day, for more days than not, for at least 2 years (1 year for children/adolescents)
- Presence of ≥2 additional symptoms (appetite change, sleep change, low energy, low self-esteem, poor concentration, hopelessness)
- During the 2-year period, individual has never been without symptoms for >2 months
- Criteria for MDD may be continuously present for 2 years
- No history of mania/hypomania

Step 7: Rule out Seasonal Affective Disorder

- Regular temporal relationship between onset of MDD and a particular time of year (typically fall/winter)
- Full remissions also occur at a characteristic time of year (typically spring)
- Pattern present for at least 2 years
- Seasonal episodes substantially outnumber non-seasonal episodes

Step 8: Rule out Premenstrual Dysphoric Disorder

- Symptoms present in the final week before menses, improve within a few days after onset of menses
- At least 5 symptoms present (including at least 1 mood symptom)

- Symptoms present in most menstrual cycles during the past year
- Symptoms interfere with work, school, usual activities, or relationships

Step 9: If MDD criteria met and differentials ruled out

- **DIAGNOSE: Major Depressive Disorder**
- Specify: Single episode vs. Recurrent; Severity (Mild, Moderate, Severe); With psychotic features; With anxious distress; With melancholic features; With atypical features; With catatonia; With peripartum onset; With seasonal pattern.

📈 Bipolar Disorder

Diagnostic Algorithm

START: Patient presents with mood symptoms (depression, irritability, elevated mood) **Step 1: Assess for current or past Manic Episode**

- Distinct period of abnormally and persistently elevated, expansive, or irritable mood AND persistently increased goal-directed activity or energy, lasting ≥1 week (or any duration if hospitalization needed)
- During period, ≥3 symptoms (4 if mood only irritable) present:
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or subjective experience that thoughts are racing
  - Distractibility
  - Increase in goal-directed activity or psychomotor agitation
  - Excessive involvement in activities with high potential for painful consequences
- Causes marked impairment OR necessitates hospitalization OR has psychotic features
- Not attributable to substance/medical condition
- If YES → **DIAGNOSE: Bipolar I Disorder** (even if current episode is depressive)

Step 2: If no history of Mania, assess for current or past Hypomanic Episode

- Distinct period of abnormally and persistently elevated, expansive, or irritable mood AND persistently increased activity or energy, lasting ≥4 consecutive days
- During period, ≥3 symptoms (4 if mood only irritable) present (same as mania)
- Episode associated with unequivocal change in functioning uncharacteristic of individual when not symptomatic
- Change in mood/functioning observable by others
- Episode NOT severe enough to cause marked impairment or hospitalization
- No psychotic features
- Not attributable to substance/medical condition

Step 3: Assess for history of Major Depressive Episode(s)

- Meets criteria for MDD (see MDD algorithm)
- If YES (history of ≥1 Hypomanic Episode AND ≥1 Major Depressive Episode) → **DIAGNOSE: Bipolar II Disorder**

Step 4: If criteria for Bipolar I or II not met, assess for Cyclothymic Disorder

- For ≥2 years (1 year in children/adolescents), numerous periods with hypomanic symptoms (not meeting full criteria for hypomania) AND numerous periods with depressive symptoms (not meeting full criteria for MDD)
- During the 2-year period, hypomanic and depressive periods present for at least half the time; individual not without symptoms for >2 months at a time
- Criteria for MDD, Mania, or Hypomania never met
- Symptoms cause clinically significant distress or impairment
- If YES → **DIAGNOSE: Cyclothymic Disorder**

Step 5: Consider Other Specified or Unspecified Bipolar and Related Disorder

- If bipolar features present but do not meet full criteria for Bipolar I, II, or Cyclothymia (e.g., short-duration hypomania, hypomania without prior MDD)

Step 6: Rule out Differentials

- MDD with mixed features
- Anxiety Disorders
- Substance/Medication-Induced Bipolar Disorder
- Bipolar Disorder Due to Another Medical Condition
- ADHD
- Personality Disorders (Borderline, Narcissistic)
- Schizoaffective Disorder, Bipolar Type

🔍 Schizophrenia Spectrum Disorders

Diagnostic Algorithm

START: Patient presents with psychotic symptoms (delusions, hallucinations, disorganized speech/behavior, negative symptoms)

Step 1: Assess DSM-5 Criteria for Schizophrenia

- ≥2 of the following symptoms present for a significant portion of time during a 1-month period (or less if successfully treated):
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Grossly disorganized or catatonic behavior
  - Negative symptoms (diminished emotional expression, avolition)
- At least one symptom must be delusions, hallucinations, or disorganized speech
- Level of functioning in work, interpersonal relations, or self-care is markedly below previous level

- Continuous signs of the disturbance persist for at least 6 months (including 1 month of active symptoms)
- Schizoaffective Disorder and Mood Disorder with psychotic features have been ruled out
- Not attributable to substance/medication or another medical condition

Step 2: If duration <6 months, assess for Schizophreniform Disorder

- Meets symptom criteria for Schizophrenia
- Episode lasts ≥1 month but <6 months
- Specify: With good prognostic features (rapid onset, good premorbid functioning, presence of confusion/perplexity) or Without good prognostic features

Step 3: If duration <1 month, assess for Brief Psychotic Disorder

- Presence of ≥1 psychotic symptom (delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior)
- Duration ≥1 day but <1 month, with eventual full return to premorbid level of functioning
- Specify: With marked stressor(s), Without marked stressor(s), With postpartum onset

Step 4: Assess for Schizoaffective Disorder

- Uninterrupted period of illness with major mood episode (major depressive or manic) concurrent with Criterion A symptoms of Schizophrenia
- Delusions or hallucinations present for ≥2 weeks in the absence of a major mood episode during the lifetime duration of the illness
- Symptoms meeting criteria for a major mood episode present for a majority of the total duration of the active and residual portions of the illness
- Specify: Bipolar Type or Depressive Type

Step 5: Assess for Delusional Disorder

- Presence of ≥1 delusion(s) with duration ≥1 month
- Never met Criterion A for Schizophrenia
- Apart from the impact of the delusion(s), functioning is not markedly impaired and behavior is not obviously bizarre or odd

- If mood episodes occur concurrently with delusions, their total duration is brief relative to the duration of the delusional periods
- Specify type: Erotomanic, Grandiose, Jealous, Persecutory, Somatic, Mixed, Unspecified

Step 6: Rule out Substance/Medication-Induced Psychotic Disorder

- Prominent hallucinations or delusions
- Evidence from history, physical exam, or lab findings that symptoms developed during or soon after substance intoxication or withdrawal, or medication exposure
- Not better explained by independent psychotic disorder
- Not occurring exclusively during delirium

Step 7: Rule out Psychotic Disorder Due to Another Medical Condition

- Prominent hallucinations or delusions
- Evidence from history, physical exam, or lab findings that the disturbance is the direct pathophysiological consequence of another medical condition
- Not better explained by another mental disorder
- Not occurring exclusively during delirium

📋 Anxiety Disorders

Diagnostic Algorithm

START: Patient presents with anxiety, fear, or related symptoms **Step 1: Assess for Panic Disorder**

- Recurrent unexpected panic attacks (abrupt surge of intense fear reaching a peak within minutes, with ≥4 physical/cognitive symptoms)
- At least one attack followed by ≥1 month of:
  - Persistent concern about additional attacks or their consequences
  - Significant maladaptive behavioral change related to the attacks
- Not attributable to substance/medication or another medical condition
- Not better explained by another mental disorder

Step 2: Assess for Agoraphobia

- Marked fear or anxiety about ≥2 of the following:
  - Using public transportation
  - Being in open spaces
  - Being in enclosed places
  - Standing in line or being in a crowd
  - Being outside of the home alone
- Individual fears or avoids these situations due to thoughts that escape might be difficult or help might not be available if panic-like symptoms occur
- Situations almost always provoke fear or anxiety
- Situations are actively avoided, require a companion, or are endured with intense fear/anxiety
- Fear/anxiety is out of proportion to actual danger
- Persistent, typically ≥6 months
- Causes clinically significant distress or impairment

Step 3: Assess for Specific Phobia

- Marked fear or anxiety about a specific object or situation
- Phobic object or situation almost always provokes immediate fear or anxiety
- Object or situation is actively avoided or endured with intense fear/anxiety
- Fear/anxiety is out of proportion to actual danger
- Persistent, typically ≥6 months
- Causes clinically significant distress or impairment
- Specify type: Animal, Natural environment, Blood-injection-injury, Situational, Other

Step 4: Assess for Social Anxiety Disorder (Social Phobia)

- Marked fear or anxiety about social situations in which the individual is exposed to possible scrutiny by others
- Individual fears acting in a way or showing anxiety symptoms that will be negatively evaluated
- Social situations almost always provoke fear or anxiety
- Social situations are avoided or endured with intense fear/anxiety
- Fear/anxiety is out of proportion to actual threat

- Persistent, typically ≥6 months
- Causes clinically significant distress or impairment
- Specify: Performance only (if fear restricted to speaking or performing in public)

Step 5: Assess for Generalized Anxiety Disorder

- Excessive anxiety and worry occurring more days than not for ≥6 months, about a number of events or activities
- Individual finds it difficult to control the worry
- Anxiety and worry associated with ≥3 of the following:
  - Restlessness or feeling keyed up or on edge
  - Being easily fatigued
  - Difficulty concentrating or mind going blank
  - Irritability
  - Muscle tension
  - Sleep disturbance
- Causes clinically significant distress or impairment
- Not attributable to substance/medication or another medical condition
- Not better explained by another mental disorder

Step 6: Assess for Separation Anxiety Disorder

- Developmentally inappropriate and excessive fear or anxiety concerning separation from attachment figures, as evidenced by ≥3 of the following:
  - Distress when anticipating or experiencing separation
  - Worry about losing or harm befalling attachment figures
  - Worry about experiencing an untoward event that causes separation
  - Reluctance or refusal to go out due to fear of separation
  - Persistent reluctance or refusal to sleep away from home or without attachment figure nearby
  - Repeated nightmares involving the theme of separation
  - Repeated complaints of physical symptoms when separation occurs or is anticipated
- Duration ≥4 weeks in children/adolescents, ≥6 months in adults
- Causes clinically significant distress or impairment

Step 7: Assess for Selective Mutism

- Consistent failure to speak in specific social situations where speaking is expected, despite speaking in other situations
- Interferes with educational, occupational, or social communication
- Duration ≥1 month (not limited to first month of school)
- Not due to lack of knowledge of or comfort with the spoken language required in the social situation
- Not better explained by a Communication Disorder or other neurodevelopmental disorder

🔄 Obsessive-Compulsive and Related Disorders

Diagnostic Algorithm

START: Patient presents with intrusive thoughts, repetitive behaviors, or related symptoms **Step 1: Assess for Obsessive-Compulsive Disorder**

- Presence of obsessions, compulsions, or both:
  - Obsessions: Recurrent and persistent thoughts, urges, or images experienced as intrusive and unwanted, causing anxiety or distress; individual attempts to ignore, suppress, or neutralize them
  - Compulsions: Repetitive behaviors or mental acts the individual feels driven to perform in response to an obsession or according to rigid rules; behaviors or acts aimed at preventing/reducing anxiety or distress, not connected in a realistic way with what they are designed to neutralize
- Time-consuming (>1 hour per day) or cause clinically significant distress or impairment
- Not attributable to substance/medication or another medical condition
- Not better explained by another mental disorder
- Specify: With good or fair insight, With poor insight, With absent insight/ delusional beliefs, Tic-related

Step 2: Assess for Body Dysmorphic Disorder

- Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others
- Individual performs repetitive behaviors (e.g., mirror checking, excessive grooming) or mental acts (e.g., comparing appearance with others) in response to appearance concerns
- Preoccupation causes clinically significant distress or impairment
- Not better explained by concerns with body fat or weight in an eating disorder
- Specify: With muscle dysmorphia, With insight specifiers

Step 3: Assess for Hoarding Disorder

- Persistent difficulty discarding or parting with possessions, regardless of their actual value
- Difficulty is due to perceived need to save items and distress associated with discarding
- Results in accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use
- Causes clinically significant distress or impairment
- Not attributable to another medical condition or better explained by symptoms of another mental disorder
- Specify: With excessive acquisition, With good or fair insight, With poor insight, With absent insight/delusional beliefs

Step 4: Assess for Trichotillomania (Hair-Pulling Disorder)

- Recurrent pulling out of one's hair, resulting in hair loss
- Repeated attempts to decrease or stop hair pulling
- Causes clinically significant distress or impairment
- Not attributable to another medical condition or better explained by symptoms of another mental disorder
- Not better explained by another medical condition (e.g., dermatological condition)

Step 5: Assess for Excoriation (Skin-Picking) Disorder

- Recurrent skin picking resulting in skin lesions
- Repeated attempts to decrease or stop skin picking

- Causes clinically significant distress or impairment
- Not attributable to substance/medication or another medical condition
- Not better explained by symptoms of another mental disorder

🧩 Neurodevelopmental Disorders

Diagnostic Algorithm

****START: Patient presents with symptoms of developmental delay or dysfunction**** ****Step 1: Assess for Attention-Deficit/Hyperactivity Disorder****

- Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development:
  - Inattention: ≥6 symptoms (≥5 for individuals ≥17 years) persisting for ≥6 months, inconsistent with developmental level
  - Hyperactivity and Impulsivity: ≥6 symptoms (≥5 for individuals ≥17 years) persisting for ≥6 months, inconsistent with developmental level
- Several symptoms present before age 12
- Several symptoms present in ≥2 settings (e.g., home, school, work)
- Clear evidence that symptoms interfere with or reduce quality of functioning
- Not better explained by another mental disorder
- Specify presentation: Combined, Predominantly inattentive, Predominantly hyperactive/impulsive
- Specify severity: Mild, Moderate, Severe

****Step 2: Assess for Autism Spectrum Disorder****

- Persistent deficits in social communication and social interaction across multiple contexts:
  - Deficits in social-emotional reciprocity
  - Deficits in nonverbal communicative behaviors used for social interaction
  - Deficits in developing, maintaining, and understanding relationships

- Restricted, repetitive patterns of behavior, interests, or activities (≥2 of the following):
    - Stereotyped or repetitive motor movements, use of objects, or speech
    - Insistence on sameness, inflexible adherence to routines, or ritualized patterns
    - Highly restricted, fixated interests that are abnormal in intensity or focus
    - Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment
- Symptoms present in early developmental period
- Symptoms cause clinically significant impairment
- Not better explained by intellectual disability or global developmental delay
- Specify: With or without accompanying intellectual impairment, With or without accompanying language impairment, Associated with known medical or genetic condition or environmental factor
- Specify severity for social communication and restricted/repetitive behaviors

Step 3: Assess for Specific Learning Disorder

- Difficulties learning and using academic skills, as indicated by ≥1 of the following persisting for ≥6 months despite interventions:
    - Inaccurate or slow and effortful word reading
    - Difficulty understanding the meaning of what is read
    - Difficulties with spelling
    - Difficulties with written expression
    - Difficulties mastering number sense, number facts, or calculation
    - Difficulties with mathematical reasoning
- Skills substantially and quantifiably below those expected for chronological age, causing significant interference with academic or occupational performance
- Onset during school-age years
- Not better explained by intellectual disability, uncorrected visual/auditory acuity, other mental or neurological disorders, psychosocial adversity, lack of proficiency in language of academic instruction, or inadequate educational instruction

- Specify: With impairment in reading, With impairment in written expression, With impairment in mathematics
- Specify severity: Mild, Moderate, Severe

Step 4: Assess for Intellectual Disability (Intellectual Developmental Disorder)

- Deficits in intellectual functions (reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, experiential learning), confirmed by clinical assessment and standardized intelligence testing
- Deficits in adaptive functioning that result in failure to meet developmental and sociocultural standards for personal independence and social responsibility
- Onset during the developmental period
- Specify severity based on adaptive functioning: Mild, Moderate, Severe, Profound

🍽️ Feeding and Eating Disorders

Diagnostic Algorithm

START: Patient presents with disturbed eating behavior or body image concerns **Step 1: Assess for Anorexia Nervosa**

- Restriction of energy intake relative to requirements, leading to significantly low body weight in context of age, sex, developmental trajectory, and physical health
- Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain, despite being at significantly low weight
- Disturbance in the way one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or persistent lack of recognition of the seriousness of current low body weight
- Specify type: Restricting type, Binge-eating/purging type
- Specify severity based on BMI: Mild, Moderate, Severe, Extreme

Step 2: Assess for Bulimia Nervosa

- Recurrent episodes of binge eating (eating an amount of food definitely larger than most people would eat in a similar period under similar circumstances, with a sense of lack of control)
- Recurrent inappropriate compensatory behaviors to prevent weight gain (self-induced vomiting, misuse of laxatives/diuretics/other medications, fasting, excessive exercise)
- Binge eating and compensatory behaviors both occur, on average, at least once a week for 3 months
- Self-evaluation unduly influenced by body shape and weight
- Disturbance does not occur exclusively during episodes of Anorexia Nervosa
- Specify severity based on frequency of inappropriate compensatory behaviors: Mild, Moderate, Severe, Extreme

Step 3: Assess for Binge-Eating Disorder

- Recurrent episodes of binge eating (as defined in Bulimia Nervosa)
- Binge eating episodes associated with ≥3 of the following:
    - Eating much more rapidly than normal
    - Eating until feeling uncomfortably full
    - Eating large amounts of food when not feeling physically hungry
    - Eating alone because of embarrassment about how much one is eating
    - Feeling disgusted with oneself, depressed, or guilty afterward
- Marked distress regarding binge eating
- Binge eating occurs, on average, at least once a week for 3 months
- Not associated with recurrent use of inappropriate compensatory behaviors as in Bulimia Nervosa
- Does not occur exclusively during course of Bulimia Nervosa or Anorexia Nervosa
- Specify severity based on frequency of binge-eating episodes: Mild, Moderate, Severe, Extreme

Step 4: Assess for Avoidant/Restrictive Food Intake Disorder (ARFID)

- Eating or feeding disturbance manifested by persistent failure to meet appropriate nutritional and/or energy needs, associated with ≥1 of the following:
  - Significant weight loss (or failure to achieve expected weight gain or growth in children)
  - Significant nutritional deficiency
  - Dependence on enteral feeding or oral nutritional supplements
  - Marked interference with psychosocial functioning
- Not better explained by lack of available food or cultural practice
- Not attributable to Anorexia Nervosa or Bulimia Nervosa, and no evidence of disturbance in body weight or shape perception
- Not attributable to a concurrent medical condition or better explained by another mental disorder

Comprehensive Differential Diagnosis Tables

Mood Disorders Differential Diagnosis

Condition	Key Distinguishing Features
Major Depressive Disorder	≥5 symptoms for ≥2 weeks, including depressed mood or anhedonia; no history of mania/hypomania
Bipolar I Disorder	History of at least one manic episode (may or may not have depressive episodes)
Bipolar II Disorder	History of at least one hypomanic episode AND at least one major depressive episode; no history of mania
Cyclothymic Disorder	Chronic (≥2 years) fluctuating mood disturbance with numerous periods of hypomanic and depressive symptoms that don't meet full criteria
Persistent Depressive Disorder (Dysthymia)	

	Chronic (≥2 years) but often less severe depressive symptoms; may have superimposed MDD episodes ("double depression")
Premenstrual Dysphoric Disorder	Mood symptoms occur during the last week before menses, improve within a few days after onset of menses, and are minimal or absent in the week after menses
Seasonal Affective Disorder	Depression with seasonal pattern, typically beginning in fall/winter and remitting in spring/summer for at least 2 consecutive years
Disruptive Mood Dysregulation Disorder	Severe, persistent irritability with frequent temper outbursts in children; onset before age 10, diagnosis before age 18
Adjustment Disorder with Depressed Mood	Emotional/behavioral symptoms in response to identifiable stressor(s) within 3 months; does not meet criteria for another disorder
Substance/Medication-Induced Depressive Disorder	Depression develops during or soon after substance intoxication/withdrawal or medication use; substance/medication can cause the symptoms
Depressive Disorder Due to Another Medical Condition	Depression is direct physiological consequence of another medical condition (e.g., hypothyroidism, Parkinson's disease)

Psychotic Disorders Differential Diagnosis

Condition	Key Distinguishing Features
Schizophrenia	≥2 psychotic symptoms for significant portion of 1 month, with continuous signs for ≥6 months; marked functional impairment
Schizophreniform Disorder	Same symptoms as schizophrenia but duration ≥1 month and <6 months

Brief Psychotic Disorder	Sudden onset of ≥1 psychotic symptom lasting ≥1 day and <1 month, with full return to premorbid functioning
Schizoaffective Disorder	Major mood episode concurrent with schizophrenia symptoms; psychotic symptoms present for ≥2 weeks in absence of mood symptoms
Delusional Disorder	Non-bizarre delusions for ≥1 month; functioning not markedly impaired apart from impact of delusions; no prominent hallucinations
Bipolar Disorder with Psychotic Features	Psychotic symptoms occur exclusively during mood episodes (manic, hypomanic, or depressive)
Major Depressive Disorder with Psychotic Features	Psychotic symptoms occur exclusively during major depressive episodes
Substance/Medication-Induced Psychotic Disorder	Psychotic symptoms develop during or soon after substance intoxication/withdrawal or medication use
Psychotic Disorder Due to Another Medical Condition	Psychotic symptoms are direct physiological consequence of another medical condition

Anxiety Disorders Differential Diagnosis

Condition	Key Distinguishing Features
Generalized Anxiety Disorder	Excessive anxiety and worry about multiple events/ activities for ≥6 months; difficult to control; associated with ≥3 physical symptoms
Panic Disorder	Recurrent unexpected panic attacks with concern about additional attacks or maladaptive behavior change for ≥1 month
Social Anxiety Disorder	Marked fear/anxiety about social situations where individual is exposed to possible scrutiny; fear of negative evaluation

Specific Phobia	Marked fear/anxiety about a specific object or situation, causing avoidance or intense distress
Agoraphobia	Fear/anxiety about ≥2 situations (public transportation, open spaces, enclosed places, crowds, being outside home alone)
Separation Anxiety Disorder	Developmentally inappropriate fear/anxiety about separation from attachment figures
Selective Mutism	Consistent failure to speak in specific social situations despite speaking in other situations
Obsessive-Compulsive Disorder	Presence of obsessions, compulsions, or both; time-consuming (>1 hour/day) or cause significant distress/ impairment
Post-Traumatic Stress Disorder	Exposure to actual/threatened death, serious injury, or sexual violence with intrusion symptoms, avoidance, negative alterations in cognition/mood, and hyperarousal
Illness Anxiety Disorder	Preoccupation with having or acquiring a serious illness; high level of anxiety about health; excessive health-related behaviors
Substance/Medication-Induced Anxiety Disorder	Anxiety symptoms develop during or soon after substance intoxication/withdrawal or medication use
Anxiety Disorder Due to Another Medical Condition	Anxiety symptoms are direct physiological consequence of another medical condition

Neurodevelopmental Disorders Differential Diagnosis

Condition	Key Distinguishing Features
Attention-Deficit/ Hyperactivity Disorder	

	Persistent pattern of inattention and/or hyperactivity-impulsivity interfering with functioning; several symptoms before age 12
Autism Spectrum Disorder	Persistent deficits in social communication/interaction and restricted, repetitive patterns of behavior, interests, or activities
Specific Learning Disorder	Difficulties learning and using academic skills (reading, writing, mathematics) despite interventions; skills below expected for age
Intellectual Disability	Deficits in intellectual and adaptive functioning with onset during developmental period
Communication Disorders	Deficits in language, speech, and communication; includes language disorder, speech sound disorder, childhood-onset fluency disorder, social communication disorder
Motor Disorders	Includes developmental coordination disorder, stereotypic movement disorder, and tic disorders (Tourette's disorder, persistent motor or vocal tic disorder)

Personality Disorders Differential Diagnosis

Condition	Key Distinguishing Features
Borderline Personality Disorder	Pervasive pattern of instability in interpersonal relationships, self-image, affects, and impulsivity; frantic efforts to avoid abandonment; self-harm
Narcissistic Personality Disorder	Grandiosity, need for admiration, lack of empathy; sense of entitlement; exploitative interpersonal relationships
Antisocial Personality Disorder	Disregard for and violation of rights of others; deceitfulness; impulsivity; irritability and aggressiveness; reckless disregard for safety; lack of remorse

Avoidant Personality Disorder	Social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation; avoidance of activities involving significant interpersonal contact
Obsessive-Compulsive Personality Disorder	Preoccupation with orderliness, perfectionism, and control; rigid and stubborn; excessive devotion to work; inability to discard worthless objects
Dependent Personality Disorder	Excessive need to be taken care of; submissive and clinging behavior; fear of separation; difficulty making everyday decisions without excessive advice
Schizoid Personality Disorder	Detachment from social relationships; restricted range of emotional expression; appears indifferent to praise or criticism; little interest in sexual experiences
Schizotypal Personality Disorder	Social and interpersonal deficits; cognitive or perceptual distortions; eccentricities of behavior; magical thinking; odd beliefs; paranoid ideation
Paranoid Personality Disorder	Pervasive distrust and suspiciousness of others; interprets motives as malevolent; bears grudges; perceives attacks on character not apparent to others
Histrionic Personality Disorder	Excessive emotionality and attention-seeking; uncomfortable when not the center of attention; rapidly shifting and shallow expression of emotions

Clinical Pearl: *Always assess suicide risk in patients with psychiatric disorders. Consider comorbidities, as many psychiatric conditions frequently co-occur. Cultural factors may influence symptom presentation and interpretation. Thorough history-taking, including collateral information when possible, is essential for accurate differential diagnosis.*

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