Diagnostic criteria for mood disorders

Lesson 3.2.1 | Clinical psychology

Core ideas

Mood disorders involve significant disturbance in mood that affects thinking, behaviour and daily functioning.

Depressive disorder is linked with persistent low mood, loss of interest and changes in sleep, appetite, energy or concentration.

Bipolar I requires mania or a mixed episode; depression may also occur. Bipolar II involves hypomania and depressive episodes, without mania.

Mania can involve unusually elevated or irritable mood, increased energy, reduced need for sleep and risky behaviour.

Diagnostic systems use criteria such as symptom pattern, duration, severity and impact on functioning.

Diagnosis can be difficult because symptoms overlap with grief, stress, substance use and other mental disorders.

Key terms

Mood disorder: A disorder involving significant disturbance in mood and functioning.

Depressive disorder: A mood disorder involving persistent low mood or loss of interest.

Bipolar disorder: A mood disorder involving mania or hypomania, with depressive episodes depending on its type.

Mania: A state of unusually elevated or irritable mood with increased energy or activity.

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Hypomania: A less severe manic state that still changes mood, energy and behaviour.

Anhedonia: Reduced interest or pleasure in activities.

Impairment: Difficulty in daily functioning caused by symptoms.

Episode: A period of symptoms lasting long enough to meet diagnostic criteria.

BDI: Beck Depression Inventory, a self-report measure of depressive symptom severity.

Further detail and evidence

ICD-11 depressive episodes normally require at least five characteristic symptoms for two weeks, including depressed mood or loss of interest, with distress/impairment and appropriate exclusions. Distinguish depressive disorder from a depressive episode within bipolar disorder.

A manic episode features marked mood and energy/activity change; bipolar I can involve mania or a mixed episode without any previous depressive episode. Bipolar II involves hypomania and depression, without mania. Do not define all bipolar illness as requiring both depression and mania.

Measure: the Beck Depression Inventory (BDI) is a standardised self-report measure of depressive symptom severity. Evaluate response bias, cultural interpretation, validity and reliability; it supports assessment and monitoring but is not a standalone diagnostic decision.

Unipolar depression has depressive episodes without a history of mania/hypomania that changes the diagnosis. Symptoms can include worthlessness, hopelessness, disturbed sleep/appetite, low energy and concentration difficulties. An episode is more persistent and impairing than ordinary short-lived sadness.

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Mania is a marked disturbance with elevated, expansive or irritable mood and increased activity/energy, often with reduced need for sleep and impaired judgement. Hypomania is less severe and does not meet manic severity. Assess the whole history, including medicines and substance effects.

BDI structure: respondents choose graded statements describing depressive symptoms; item scores are summed to indicate severity. The original BDI and later revisions differ, so identify the version before using a cutoff. Repeated use can monitor change; a total cannot establish whether low mood is unipolar or bipolar.

A manic episode generally lasts at least a week unless severity shortens the duration requirement; hypomania persists for several days with a less severe change. The commonly used BDI versions contain 21 symptom items scored 0-3, with a 0-63 total; version and clinical context matter when interpreting severity.

Applying the ideas

Someone sleeping little while feeling unusually energetic, spending recklessly and becoming markedly overactive needs assessment for mania, rather than having sleep loss treated as proof of depression. A high BDI score signals symptom burden; a full clinical interview provides duration, context and episode history.

Evaluation and connections

Self-report permits access to private feelings and standard comparisons. Recall, social desirability and reading comprehension can affect scores. Overlap with physical illness complicates somatic items. Cultural differences in expressing distress may affect validity; consistent scoring alone does not resolve this.