

APPENDIX IV

RESEARCH DIAGNOSTIC CRITERIA

The development and various research diagnostic criteria were presented and discussed by Berner, Gabriel, Katschnig, Kieffer, Koehler, Lenz and Simhandl in a book entitled Diagnostic Criteria for Schizophrenic and Affective Disorders, which was published by the World Psychiatric Association in 1983 and distributed by the American Psychiatric Association. The four research diagnostic criteria presented in Tables I-IV are adapted from this volume.

Table I

Schizophrenia

For a diagnosis of schizophrenia, A through C are required.

A. Both of the following are necessary:

1. Chronic illness with at least six months of symptoms prior to the index evaluation without return to the premorbid level of psychosocial adjustment.
2. Absence of a period of depressive or manic symptoms sufficient to qualify for affective disorder or probable affective disorder.

B. The patient must have at least one of the following:

1. Delusions or hallucinations without significant perplexity or disorientation associated with them.
2. Verbal production that makes communication difficult because of a lack of logical or understandable organization. (In the presence of muteness the diagnostic decision must be deferred.)

C. At least three of the following manifestations must be present for a diagnosis of “definite,” and two for a diagnosis of “probable” schizophrenia,

1. Single.
2. Poor premorbid social adjustment or work history.
3. Family history of schizophrenia.
4. Absence of alcoholism or drug abuse within one year of onset.
5. Onset of illness prior to age 40.

Primary Affective Disorders

For a diagnosis of depression, A through C are required.

A. Dysphoric mood characterized by symptoms such as the following: depressed, sad blue, despondent, hopeless, “down in the dumps,” irritable, fearful, worried, or discouraged.

B. At least five of the following criteria are required for “definite” depression; four are required for “probable” depression.

1. Poor appetite or weight loss (positive if 2 lb a week or 10 lb or more a year when not dieting).
2. Sleep difficulty (include insomnia or hypersomnia).
3. Loss of energy, e.g., fatigability, tiredness
4. Agitation or retardation
5. Loss of interest in usual activities, or decrease in sexual drive.
6. Feelings of self-reproach or guilt (either may be delusional).
7. Complaints of or actually diminished ability to think or concentrate, such as slow thinking or mixed-up thoughts.
8. Recurrent thoughts of death or suicide, including thoughts of wishing to be dead.

- C. A psychiatric illness lasting at least one month with no preexisting psychiatric conditions such as schizophrenia, anxiety neurosis, phobic neurosis, obsessive-compulsive neurosis, hysteria, alcoholism, drug dependency, antisocial personality, homosexuality and other sexual deviation, mental retardation, or organic brain syndrome. (Patients with life-threatening or incapacitating medical illness preceding and paralleling the depression do not receive the diagnosis of primary depression).
- D. There are patients who fulfill the above criteria, but who also have massive or peculiar alteration of perception and thinking as a major manifestation of their illness. These patients are currently classified as having a schizoaffective psychosis (Feighner 1979, 1981).

For a diagnosis of mania, A through C are required.

A. Euphoria or Irritability

B. At least three of the following symptom categories must also be present.

1. Hyperactivity (includes motor, social, and sexual activity)
2. Push of speech (pressure to keep talking)
3. Flight of ideas (racing thoughts)
4. Grandiosity (may be delusional)
5. Decreased sleep
6. Distractibility

- C. A psychiatric illness lasting at least two weeks with no preexisting psychiatric conditions such as schizophrenia, anxiety neurosis, phobic neurosis, obsessive-compulsive neurosis, hysteria, alcoholism, drug dependency, antisocial personality, homosexuality and other sexual deviations, mental retardation, or organic brain syndrome.
- D. There are patients who fulfill the above criteria, but who also have massive or peculiar alteration of perception and thinking as a major manifestation of their illness. These patients are currently classified as having schizoaffective psychosis (Feighner 1979, 1981).

Secondary Affective Disorders

Secondary depression, "definite" or "probable," is defined in the same way as primary depression, except that it occurs with one of the following:

1. A preexisting non-affective psychiatric illness which may or may not still be present.
2. A life-threatening or incapacitating medical illness which precedes and parallels the symptom of depression.

St. Louis criteria (Feighner et al., 1972) for schizophrenia and affective disorders. (Adapted from Feighner JP, Robin E, Guze SB, Woodruff RA, Winokur G and Munoz R: Diagnostic criteria for use in psychiatric research. Arch. Gen. Psychiat. 26: 57-63, 1972.

Table II

Schizophrenic Disorders

A through C are required.

- A. During an active phase of the illness (may or may not now be present) at least two of the following are required for a definite and one for probable:
1. Thought broadcasting, insertion, or withdrawal.
 2. Delusions of being controlled (or influenced), other bizarre delusions, or multiple delusions.
 3. Somatic, grandiose, religious, nihilistic, or other delusions without persecutory or jealous content lasting at least one week.
 4. Delusions of any type if accompanied by hallucinations of any type for at least one week.
 5. Auditory hallucinations in which either a voice keeps up a running commentary on the subject's behaviors or thoughts as they occur, or two or more voices converse with each other.
 6. Non-affective verbal hallucinations spoken to the subject.
 7. Hallucinations of any type throughout the day for several days or intermittently for at least one month.
 8. Definite instances of marked formal thought disorder accompanied by either blunted or inappropriate affect, delusions or hallucinations of any type, or grossly disorganized behavior.
- B. Signs of illness have lasted at least two weeks from the onset of a noticeable change in the subject's usual condition (current signs of the illness may not now meet criterion A and may be residual symptoms only, such as extreme social withdrawal, blunted or inappropriate affect, mild formal thought disorder, or unusual thoughts or perceptual experiences).
- C. At no time during the active period (delusions, hallucinations, marked formal thought disorder, bizarre behavior, etc.) of illness being considered did the subject meet the full criteria for either probable or definite manic or depressive syndrome to such a degree that it was prominent part of the illness.

Manic Disorder

A through E are required for the episode of illness being considered.

- A. One or more distinct periods with a predominantly elevated, expansive, or irritable mood. The elevated, expansive, or irritable mood must be a prominent part of the illness and relatively persistent although it may alternate with depressive mood. Do not include if apparently due to alcohol or drug use.
- B. If mood is elevated or expansive, at least three of the following symptom categories must be definitely present to a significant degree, four if mood is only irritable. (For past episode, because of memory difficulty, one less symptom is required.) Do not include if apparently due to alcohol or drug use.

1. More active than usual, either socially, at work, at home, sexually, or physically.
2. More talkative than usual feels a pressure to keep talking.
3. Flight of ideas or subjective experience that thoughts are racing.
4. Inflated self-esteem (grandiosity, which may be delusional).
5. Decreased need for sleep.
6. Distractibility, i.e., attention is too easily drawn to unimportant or irrelevant external stimuli.
7. Excessive involvement in activities without recognizing the high potential for painful consequences, e.g., buying sprees, sexual indiscretions, foolish business investments, reckless driving.

C. Overall disturbance is so severe that at least one of the following is present:

1. Meaningful conversation is impossible
2. Serious impairment socially, with family, at home, at school, or at work.
3. In the absence of (1) or (2), hospitalization.

D. Duration of manic features at least one week beginning with the first noticeable change in the subject's usual condition (or any duration if hospitalized). It became "manic" after hospitalization, the rather should differentiate between manic and hypomanic periods on the basis of apparent severity.

E. None of the following which suggest Schizophrenia is present. (Do not include if apparently due to alcohol or drug use).

1. Delusions of being controlled (or influenced), or thought broadcasting, insertion, or withdrawal.
2. Non-affective hallucinations of any type throughout the day for several days or intermittently throughout a one week period.
3. Auditory hallucinations in which either a voice keeps up a running commentary on the subject's behaviors or thoughts as they occur, or two or more voices converse with each other.
4. At some time during the period of illness had more than one week when exhibited no prominent depressive or manic symptoms but had delusions or hallucinations.
5. At some time during the period of illness had more than one week when exhibited no prominent manic symptoms but had several instances of marked formal thought disorder, accompanied by either blunted or inappropriate affect, delusions or hallucinations of any type, or grossly disorganized behavior.

Hypomanic Disorder

A through D are required.

- A. Has had a distinct period with predominantly elevated, expansive, or irritable mood. The elevated, expansive or irritable mood must be relatively persistent or occur frequently. It may alternate with depressive mood. Do not include if mood change is apparently due to alcohol or drug use.
- B. If the mood is elevated or expansive, at least two of the symptoms noted in Manic Disorder B must be present, three symptoms if mood is only irritable.
- C. Duration of mood disturbance at least two days. Definite if elevated, expansive, or irritable mood lasted for one week, probable if two to six days.

- D. The episode being considered does not meet the criteria for Schizophrenia, Schizoaffective Disorder, or Manic Disorder.

Major Depressive Disorder

A through F are required for the episode of illness being considered.

- A. One or more distinct periods with dysphoric mood or pervasive loss of interest or pleasure. The disturbance is characterized by symptoms such as the following: depressed, sad, blue, hopeless, low, down in the dumps, "don't care anymore," or irritable. The disturbance must be prominent and relatively persistent but not necessarily the most dominant symptom. It does not include momentary shifts from one dysphoric mood to another dysphoric mood, e.g., anxiety to depression to anger, such as are seen in states of acute psychotic turmoil.
- B. At least five of the following symptoms are required to have appeared as part of the episode for definite and four for probable (for past episodes, because of memory difficulty, one less symptom is required).
1. Poor appetite or weight loss or increased appetite or weight gain (change of 1 lb. a week over several weeks or ten lbs. a year when not dieting).
 2. Sleep difficulty or sleeping too much.
 3. Loss of energy, fatigability, or tiredness.
 4. Psychomotor agitation or retardation (but not mere subjective feeling of restlessness or being slowed down).
 5. Loss of interest or pleasure in usual activities, including social contact or sex (do not include if limited to a period when delusion or hallucinating). (The loss may or may not be pervasive.)
 6. Feelings of self-reproach or excessive or inappropriate guilt (either may be delusional).
 7. Complaints or evidence of diminished ability to think or concentrate, such as slowed thinking, or indecisiveness (do not include if associated with marked formal thought disorder).
 8. Recurrent thoughts of death or suicide, or any suicidal behavior.
- C. Duration of dysphoric features at least one week beginning with the first noticeable change in the subject's usual condition (definite if lasted more than two weeks, probable if one to two weeks)
- D. Sought or was referred to help from someone during the dysphoric period, took medication, or had impairment in functioning with family, at home, at school, at work, or socially.
- E. None of the following which suggest Schizophrenia is present:
1. Poor appetite or weight loss or increased appetite or weight gain (change of 1 lb. a week over several weeks or ten lbs. a year when not dieting).
 2. Non-affective hallucinations of any type throughout the day for several days or intermittently throughout a one week period.
 3. Auditory hallucinations in which either a voice keeps up a running commentary on the subject's behaviors or thoughts as they occur, or two or more voice converse with each other.
 4. At some time during the period of illness had more than one month when he exhibited no prominent depressive symptoms but had delusions or hallucinations

- (although typical depressive delusions such as delusion of guilty, sin, poverty, nihilism, or self-depreciation, or hallucinations with similar content are not included),
5. Preoccupation with a delusion hallucination to the relative exclusion of other symptoms or concerns (other than typical depressive delusions of guilt, sin, poverty, nihilism, self-depreciation, or hallucinations with similar content are not included).
 6. Definite instances of marked formal thought disorder accompanied by either blunted or inappropriate affect, delusions or hallucinations of any type, or grossly disorganized behavior.

F. Does not meet the criteria for Schizophrenia, Residual subtype.

Research diagnosis criteria (Spitzer, Endicott and Robins, 1978) for schizophrenic and affective disorders. (Adapted from Spitzer RL, Endicott, J and Robins E: Research Diagnostic Criteria RDC for a Selected Group of Functional Disorders. 3rd Edition. State Psychiatric Institute, New York, 1978).

Table III

Schizophrenia

The criteria include all of A through D

- A. At least one of 1 through 3
 - 1. Formal thought disorder (driveling, tangentially, neologisms, paraphasias, nosequitures, private words, stock words)
 - 2. First rank symptoms (at least one)
 - 3. Emotional blunting (a constricted, inappropriate, unrelated affect of decreased intensity, with indifference/unconcern for loved ones, lack of emotional reponsivity, and a loss of social graces)
- B. Clear consciousness
- C. No diagnosable affective disorder
- D. No diagnosable coarse brain disease, no past hallucinogenic or psychostimulant drug abuse, and no medical condition known to cause schizophrenic symptoms.

Mania

A diagnosis requires all four of the following criteria:

- A. At least one of 1 through 3
- B. Rapid/pressured speech
- C. Euphoric/expansive/irritable mood, with a broad affect
- D. No diagnosable coarse brain disease, no psychostimulant drug abuse in the past month, and no medical illness known to cause manic symptoms.

Endogenous Depression

The criteria include all three of the following:

- A. Sad, dysphoric, or anxious mood
- B. Three of 1 through 6:
 - 1. Early morning waking
 - 2. Diurnal mood swing (worse in A.M.)
 - 3. Weight loss of more than five pounds in three weeks
 - 4. Retardation or agitation
 - 5. Suicidal thoughts/behavior
 - 6. Feeling of guilt/hopelessness/worthlessness
- C. No diagnosable coarse brain disease, no use of steroids or reserpine in past month, and no medical illness known to cause depressive symptoms.

Taylor/Abrams criteria (Taylor and Abrams 1978; Taylor, Redfield and Abrams, 1981) for schizophrenia, mania and endogenous depression. (Based on Taylor MA and Abrams R: The prevalence of schizophrenia: A reassessment using modern diagnostic criteria. Am.J.Psychiat. 135: 945-948, 1978 and Taylor, MA, Redfield J and Abrams R:

Neurophysiological dysfunction in schizophrenia and affective disease. *Biological Psychiatry* 16: 467-478, 1981).

Table IV

Endogenomorphic-Schizoprenic Axial Syndrome

- A. Incoherence without marked pressure or retardation of thinking or marked autonomous anxiety. At least one of the following symptoms required:
1. Blocking
Sudden cessation in the train of thought; after a gap the previous thought may (a) or may not (be) be taken up again
 2. Derailment
Gradual (a) or sudden (b) deviation from the train of thought without gap
 3. Pathologically "muddle speech"
Fluent speech, for the most part correct syntax, but the elements of different thoughts (which, for the patient, may belong to a common idea) get muddled together
- B. Cryptic neologisms
(The patient does not explain their private meaning spontaneously)
- C. Affective blunting (without evidence of marked depression, tiredness, or drug effect). It includes flatness of affect, emotional indifference, and apathy. Essentially, the symptom involves a discrimination of emotional response.

Definitive: A and/or B Present

Probably: Only C Present

Endogenomorphic-Depressive Axial Syndrome

A and B obligatory

- A. Appearance of marked changes in affectivity, emotional resonance, or drive following a period of habitual functioning. At least one of the following symptoms is required.
1. Depressive mood (with or without anxiety)
 2. Emotional resonance either lacking or limited to depressive responses
 3. Educated drive or agitation
- B. Appearance of biorhythmic disturbances. Symptoms 1 and 2 are required.
1. Diurnal variations of one or more of the symptoms under A.
 2. Shortened sleep.

Endogenomorphic-Dysphoric Axial Syndrome

A and B obligatory

- A. Appearance of marked changes in affectivity, emotional resonance, or drive following a period of habitual functioning. At least one of the following symptoms required:
1. Irritable mood (dysphoria)
 2. Emotional resonance limited to hostile responses

3. Increased readiness to hostile acting out.
- B. Appearance of biorhythmic disturbances. Symptoms 1 and 2 are required.
1. Diurnal variations of one or more symptoms under A.
 2. Sleep disturbance (At least one of the following symptoms required)
 - a. Interrupted sleep
 - b. Early awakening

Endogenomorphic-Axial Syndrome of Unstable Mixed States

A and B obligatory

- A. Appearance of rapidly alternating swings in affectivity, emotional resonance, or drive following a period of habitual functioning. At least one of the following symptoms required:
1. Rapidly alternating swings between depressive and/or anxious, euphoric/expansive, or hostile mood.
 2. Rapidly alternating and exaggerated emotional resonance touching various affective states (depressive, anxious, manic, hostile).
 3. Rapid change between inhibition, agitation, increased drive, and occasionally aggression. (The rapid swinging can bring about “concordant” changes in affectivity and drive—because each element may swing in a different biorhythm).
- B. Appearance of biorhythmic disturbances. Symptoms 1 and 2 are required.
1. Diurnal variations of one or more of the symptoms under A.
 2. Sleep disturbances. At least one of the following symptoms required
 - a. Interrupted sleep
 - b. Early awakening

The Vienna Research Criteria (Berner and Katschnig, 1983) for endogenomorphic axial syndromes. (Based on Berner P and Katschnig: Principles of “Multiaxial classification in psychiatry as a basis of modern methodology.” In Helgason T. ed.: Methods in Evaluation of Psychiatric Treatment. Cambridge University Press, Cambridge, 1983).