

Information Handout

Professional Version | US English

Recognizing A Manic Episode



Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the *'Recognizing...'* series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

A manic episode is characterized by a period of elevated, irritable, or expansive mood that is abnormal for the individual. The DSM-5 also requires that there is a simultaneous increase in goal-directed activity or energy. *Recognizing A Manic Episode* compares the DSM-5 and ICD-10 criteria for a manic episode, and the *Manic Episode Checklist* is an assessment tool for clinicians.

Instructions

The 'Recognizing...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated.

Information for the 'Recognizing ...' series was drawn from:

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)*. The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

References

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Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: a systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.

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The DSM-5 and ICD-10 criteria for a manic episode are largely similar. In the DSM-5, 'goal-directed activity' is listed both as a necessary prerequisite (criterion A) and a possible additional symptom (criterion B). For simplicity, it has only been included once in this checklist, with the symptom count adjusted accordingly.

	DSM-5	ICD-10
Symptoms	4 of:*	4 of:†
1. A period of elevated, expansive, or irritable mood that is abnormal for the individual.	✓	✓
2. Increased goal-directed activity or energy.	✓	
3. Inflated self-esteem or grandiosity.	✓	✓
4. Decreased need for sleep.	✓	✓
5. Increased talkativeness, or pressure to keep talking.	✓	✓
6. Flight of ideas or subjective experience that thoughts are racing.	✓	✓
7. Difficulty concentrating or distractibility.	✓	✓
8. Excessive reckless behavior (e.g. spending sprees, foolish business enterprises).	✓	✓
9. Increased activity or physical restlessness.		✓
10. Loss of social inhibitions resulting in inappropriate behavior.		✓
11. Marked sexual energy / indiscretions.		✓

*DSM: symptoms 1 and 2 must be present and at least two other symptoms (at least three if the mood is only irritable).

†ICD: symptom 1 must be present and at least three other symptoms (at least four if the mood is only irritable).

Duration / Severity / Exclusions	4 of:	3 of:
Present for at least a week (or any duration if hospitalization is necessary).	✓	✓
Present most of the day, nearly every day.	✓	
Severe enough to cause marked impairment or necessitate hospitalization.	✓	✓
Not attributable to the physiological effects of a substance.	✓	✓

Manic Episode Checklist

	DSM-5	ICD-10
Symptoms	4 of:*	4 of:†
1. A period of elevated, expansive, or irritable mood that is abnormal for the individual.	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased goal-directed activity or energy.	<input type="checkbox"/>	
3. Inflated self-esteem or grandiosity.	<input type="checkbox"/>	<input type="checkbox"/>
4. Decreased need for sleep.	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased talkativeness, or pressure to keep talking.	<input type="checkbox"/>	<input type="checkbox"/>
6. Flight of ideas or subjective experience that thoughts are racing.	<input type="checkbox"/>	<input type="checkbox"/>
7. Difficulty concentrating or distractibility.	<input type="checkbox"/>	<input type="checkbox"/>
8. Excessive reckless behavior (e.g. spending sprees, foolish business enterprises).	<input type="checkbox"/>	<input type="checkbox"/>
9. Increased activity or physical restlessness.		<input type="checkbox"/>
10. Loss of social inhibitions resulting in inappropriate behavior.		<input type="checkbox"/>
11. Marked sexual energy / indiscretions.		<input type="checkbox"/>

*DSM: symptoms 1 and 2 must be present and at least two other symptoms (at least three if the mood is only irritable).

†ICD: symptom 1 must be present and at least three other symptoms (at least four if the mood is only irritable).

Duration / Severity / Exclusions	4 of:	3 of:
Present for at least a week (or any duration if hospitalization is necessary).	<input type="checkbox"/>	<input type="checkbox"/>
Present most of the day, nearly every day.	<input type="checkbox"/>	
Severe enough to cause marked impairment or necessitate hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
Not attributable to the physiological effects of a substance.	<input type="checkbox"/>	<input type="checkbox"/>

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