MIXED FEATURES SPECIFIER

The upcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) will replace the diagnosis of "mixed episode" with a mixed-features specifier that can be applied to episodes of major depression, hypomania, or mania. The change reflects ways these behaviors intersect and will benefit diagnosis and care.

In *DSM-IV*, a diagnosis of mixed episode required an individual to simultaneously meet all criteria for an episode of major depression *and* an episode of mania. During its review of the latest research, the *DSM-5* Mood Disorders Work Group recognized that individuals rarely meet full criteria for both episode types at the same time. In order to be diagnosed with the new specifier in the case of major depression, the new *DSM-5* specifier will require the presence of at least three manic/hypomanic symptoms that don't overlap with symptoms of major depression. In the case of mania or hypomania, the specifier will require the presence of at least three symptoms of depression in concert with the episode of mania/hypomania.

Using the Specifiers

If an individual is predominantly manic or hypomanic but also presents with depressive symptoms, the mixed features specifier may be considered. Depressive symptoms may include depressed mood, diminished interest or pleasure, slowed physical and emotional reaction, fatigue or loss of energy, and recurrent thoughts of death. At least three of these symptoms must be present nearly every day during the most recent week of a manic episode or during the most recent four days of a hypomanic episode.

Conversely, if an individual is predominantly depressed with some manic or hypomanic symptoms, the mixed features specifier may also be considered. These manic or hypomanic symptoms may include elevated mood, inflated self-esteem, decreased need for sleep and an increase in energy or goal-directed activity. At least three of these symptoms must be present nearly every day during the most recent two weeks of the major depressive episode.

Improving Diagnosis and Care

The specifier will allow clinicians to more accurately diagnose patients who may be suffering from concurrent symptoms of depression and mania/hypomania, as well as better tailor treatment to their behaviors. This is especially important since many patients with mixed features, depending on their predominant symptoms, demonstrate poor response to lithium or become less stable when taking antidepressants. Additionally, more accurately identifying these concurrent behaviors may allow clinicians to recognize people with a unipolar disorder at increased risk of progression to bipolar disorder.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish *DSM-5* in 2013, culminating a 14-year revision process. For more information, go to www.*DSM5*.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org.