

240 - 6E62 Secondary mood syndrome

6E62 Secondary mood syndrome

659 Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere Boundary with psychotic symptoms caused by substances or medications, including withdrawal effects When establishing a diagnosis of secondary psychotic syndrome, it is important to rule out the possibility that a medication or substance is causing the hallucinations or delusions instead of – or in addition to – an underlying medical condition. This involves first considering whether any of the medications being used to treat the medical condition are known to cause psychotic symptoms at the dose and duration at which it has been administered. Second, a temporal relationship between the medication use and the onset of the psychotic symptoms should be established (i.e. the psychotic symptoms began after administration of the medication and/or remitted once the medication was discontinued). The same reasoning applies to individuals with a medical condition and psychotic symptoms who are also using a psychoactive substance known to cause hallucinations or delusions, in the context of either intoxication or withdrawal (e.g. visual hallucinations during sedative, hypnotic or anxiolytic withdrawal; paranoid delusions during cocaine intoxication). In such cases, if the intensity or duration of the psychotic symptoms is substantially in excess of psychotic-like disturbances of perception, cognition or behaviour that are characteristic of the substance-specific intoxication or withdrawal syndromes, then substance-induced psychotic disorder is the appropriate diagnosis, applying the appropriate category corresponding to the substance involved. Potentially explanatory medical conditions (examples) Brain disorders and general medical conditions that have been shown to be capable of producing psychotic syndromes include: • diseases of the nervous system (e.g. encephalitis, encephalopathy, genetic prion disease, intracerebral haemorrhage, Lewy body disease, migraine, movement disorders such as Huntington disease or Friedreich ataxia, multiple sclerosis, seizures, stroke); • certain infectious or parasitic diseases (e.g. neurosyphilis); • diseases of the immune system (e.g. systemic lupus erythematosus); • endocrine, nutritional or metabolic diseases (e.g. hyper- and hypoadrenalism, hyper- and hypoparathyroidism, hyper- and hypothyroidism, hypo-osmolality or hyponatraemia, hypoglycaemia, porphyrias, vitamin B1 or vitamin B12 deficiency, Wilson disease); • injury, poisoning or certain other consequences of external causes (e.g. brain injury, concussion, traumatic haemorrhage, injury of optic or acoustic nerve); • neoplasms (e.g. neoplasms of brain or

meninges). Secondary mood syndrome Essential (required) features • The presence of prominent depressive, manic or mixed mood symptoms is required for diagnosis. 6E62 Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders • The symptoms are judged to be the direct pathophysiological consequence of a medical condition, based on evidence from the history, physical examination or laboratory findings. This judgement depends on establishing the following. • The medical condition is known to be capable of producing the symptoms. • The course of the mood symptoms (e.g. onset, remission, response of the mood symptoms to treatment of the etiological medical condition) is consistent with causation by the medical condition. • The symptoms are not better accounted for by delirium, dementia, another mental disorder (e.g. a depressive disorder, bipolar type I or bipolar type II disorder, cyclothymic disorder, catatonia) or the effects of a medication or substance, including withdrawal effects. • The symptoms are sufficiently severe to be a specific focus of clinical attention. Secondary mood syndrome, with depressive symptoms Essential (required) features • All diagnostic requirements for secondary mood syndrome are met. • The presentation is characterized by prominent depressive symptoms without prominent manic symptoms. Secondary mood syndrome, with manic symptoms Essential (required) features • All diagnostic requirements for secondary mood syndrome are met. • The presentation is characterized by prominent manic symptoms without prominent depressive symptoms. Secondary mood syndrome, with mixed symptoms Essential (required) features • All diagnostic requirements for secondary mood syndrome are met. • The presentation is characterized by both prominent depressive and prominent manic symptoms. 6E62.0 6E62.1 6E62.2 Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere

661 Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere Secondary mood syndrome, with unspecified symptoms Boundaries with other disorders and conditions (differential diagnosis) Boundary with mood disorders Determining whether mood symptoms are due to a medical condition as opposed to manifestations of a primary mental disorder is often difficult because the clinical presentations may be similar. Establishing the presence of a potentially explanatory medical condition that can cause mood symptoms and the temporal relationship between the medical condition and the mood symptoms is critical in diagnosing secondary mood syndrome. If the clinical features are atypical for mood disorders (e.g. atypical age of onset or course, absence of family history), secondary mood syndrome is more likely. Boundary with mood symptoms that are precipitated by the stress of being diagnosed with a medical condition Depending on the nature of the medical condition (e.g. a life-threatening type of cancer, a potentially fatal infection) or its onset (e.g. a heart attack, a stroke, a severe injury), mood symptoms can occur as a part of a psychological response to being diagnosed and/or having to cope with a severe medical condition. In the absence of evidence of a physiological link between the medical condition and the mood symptoms, the appropriate mental disorder (e.g. adjustment disorder, a mood disorder) rather than secondary mood syndrome should be diagnosed. Boundary with delirium due to disease classified elsewhere Mood symptoms can occur in the context of delirium due to disease classified elsewhere. Delirium is characterized by disturbed attention (i.e. reduced ability to direct, focus, sustain and shift attention) and awareness (i.e. reduced orientation to the environment) that develops over a short period of time and tends to fluctuate during the course of a day, accompanied by other cognitive impairment such as memory deficit, disorientation

or impairment in language, visuospatial ability or perception. In contrast, mood symptoms in secondary mood syndrome occur in the absence of disturbed attention or severe cognitive impairment. If mood symptoms are judged to be better explained by delirium due to disease classified elsewhere, an additional diagnosis of secondary mood syndrome is not warranted.

Boundary with dementia Mood symptoms can occur in the context of dementia, which is characterized by a decline from a previous level of cognitive functioning with impairment in two or more cognitive domains (e.g. memory, executive functions, attention, language, social cognition and judgement, psychomotor speed, visuoperceptual or visuospatial abilities). In contrast, secondary mood syndrome is not accompanied by marked cognitive impairment. The presence of mood symptoms in the context of dementia can be recorded using the mood symptoms in dementia specifier. If the mood symptoms are judged to be due to the same medical condition as is causing the dementia, an additional diagnosis of secondary mood syndrome is not warranted.

6E62.3 Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere

Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural or Neurodevelopmental Disorders

Boundary with secondary catatonia syndrome Certain symptoms of secondary catatonia syndrome are similar to those observed during manic, depressive or mixed episodes (e.g. stupor or mutism in secondary catatonia is similar to psychomotor retardation in a depressive episode; agitation or impulsivity in secondary catatonia syndrome is similar to increased activity and impulsive reckless behaviour in a manic episode). In secondary catatonia syndrome, these symptoms occur in conjunction with other catatonic symptoms (e.g. abnormal psychomotor activity such as mannerisms, waxy flexibility or posturing), which are not characteristic of secondary mood syndrome.

Boundary with mood symptoms caused by substances or medications, including withdrawal effects When establishing a diagnosis of secondary mood syndrome, it is important to rule out the possibility that a medication or substance is causing the mood symptoms instead of –or in addition to – an underlying medical condition. This involves first considering whether any of the medications being used to treat the medical condition are known to cause depressive or manic symptoms (e.g. steroids or alpha-interferon) at the dose and duration at which it has been administered. Second, a temporal relationship between the medication use and the onset of the mood symptoms should be established (i.e. the mood symptoms began after administration of the medication and/or remitted once the medication was discontinued). The same reasoning applies to individuals with a medical condition and mood symptoms who are also using a psychoactive substance known to cause mood symptoms, in the context of either intoxication or withdrawal (e.g. euphoric mood due to stimulant intoxication, dysphoric mood due to cocaine withdrawal). In such cases, if the intensity or duration of the mood symptoms is substantially in excess of mood disturbances that are characteristic of the substance-specific intoxication or withdrawal syndrome, then substance-induced mood disorder is the appropriate diagnosis, applying the appropriate category corresponding to the substance involved.

Potentially explanatory medical conditions (examples) Brain disorders and general medical conditions that have been shown to be capable of producing depressive mood syndromes include:

- diseases of the nervous system (e.g. cerebrovascular disease, Huntington disease, normal pressure hydrocephalus, multiple sclerosis, Parkinson disease, stroke);
- certain infectious or parasitic diseases (candidosis, HIV disease, Lyme borreliosis, toxoplasmosis);
- diseases of the immune system (e.g. systemic lupus erythematosus);
- endocrine, nutritional or metabolic diseases (e.g. Cushing syndrome, hypercalcaemia, hyperglycaemia, hypermagnesaemia, hypoadrenalism, hypothyroidism, iron deficiency);
- injury, poisoning or certain other consequences of external causes (e.g. brain injury,

concussion, traumatic haemorrhage); • neoplasms (e.g. malignant neoplasm of pancreas leading to a paraneoplastic disorder of the nervous system, brain or spinal cord). Brain disorders and general medical conditions that have been shown to be capable of producing manic mood syndromes include: • diseases of the nervous system (e.g. movement disorders such as Huntington disease, multiple sclerosis, seizures, stroke); Secondary mental or behavioural syndromes associated with disorders and diseases classified elsewhere

Revision #1

Created 2026-01-04 19:44:42 UTC by Omar Ayman

Updated 2026-01-04 19:44:43 UTC by Omar Ayman