The 25 Most-Confused Pairs: Printable Differential Chart

From Tab 9, Part 1 of the book. Evidence names the finding that separates the two, Timing names the clock rule, Coding says whether both can go on the record. Card IDs point to the full cards in the book.

Pair	Evidence	Timing	Coding	Cards
1. Bipolar II disorder and borderline personality disorder	Hypomania is a run of raised mood and energy with less need for sleep. It has no trigger, and others can see it. Borderline mood shifts follow a fight, a rejection or a fear of being left.	Hypomania needs 4 consecutive days. Borderline shifts last hours and rarely more than a few days.	Both, when each card is met. Date every high and check it against the hypomanic block.	T3-14, T8-23.
2. Major depressive disorder and persistent depressive disorder	MDD is built from discrete episodes of five of nine features. PDD is low mood more days than not, with two of six features, and no clear stretch longer than 2 months.	An MDD episode needs 2 weeks. PDD needs 2 years in adults and 1 year under 18.	Both are recorded when MDD criteria run through the PDD course. The PDD specifier names the episode pattern.	T3-22, T3-23.
3. Major depressive disorder and prolonged grief disorder	Grief centers on yearning for, or preoccupation with, the person who died, and self-worth holds. Worthlessness and low mood that reach past the loss point to a depressive episode.	A depressive episode can be met at any point after the death. Prolonged grief needs 12 months since the death, 6 months under 18, and nearly every day for the last month.	Both.	T3-22, T4-26.
4. Generalized anxiety disorder and panic disorder	GAD worry moves across real-life topics. Panic disorder worry fixes on the next attack and its effects, after recurrent unexpected attacks.	GAD needs 6 months, more days than not. Panic disorder needs 1 month of worry or changed behavior after an attack.	Both, when the worry spreads well beyond the attacks.	T4-07, T4-05.
5. Panic disorder and agoraphobia	Panic disorder rests on recurrent unexpected attacks. Agoraphobia rests on escape-focused fear in two or more of five situation types, with or without attacks.	Panic disorder needs 1 month after an attack. Agoraphobia runs typically 6 months.	Both, as F41.0 and F40.00.	T4-05, T4-06.
6. Social anxiety disorder and avoidant personality disorder	Social anxiety centers on fear of being judged in social or performance settings. Avoidant personality adds a broad sense of inadequacy that shapes self-image and most relationships.	Social anxiety runs typically 6 months. Avoidant personality needs an enduring pattern traceable to adolescence or early adulthood.	Both.	T4-04, T8-26.
7. OCD and obsessive-compulsive personality disorder	OCD thoughts feel unwanted, and the rituals ease anxiety. OCPD perfectionism and control feel correct to the person.	OCD has no fixed minimum. OCPD needs an enduring pattern from early adulthood.	Both.	T4-12, T8-28.
8. ADHD and an anxiety disorder	Anxious inattention drops when worry runs, and the child can name the worry. ADHD inattention shows across tasks and settings with no worry behind it.	ADHD needs several features before 12 and 6 months in two settings. The ADHD features should predate the anxiety.	Both, when the anxiety disorder doesn't explain the ADHD features better.	T2-10, T4-07.
9. Oppositional defiant disorder and conduct disorder	ODD is angry, defiant or spiteful behavior aimed at authority. Conduct disorder violates others' rights or major rules, with victims or damage.	ODD needs 6 months. Conduct disorder needs three behaviors in 12 months, one of them in the last 6.	Both.	T7-01, T7-03.
10. Delirium and major neurocognitive disorder	Delirium shows failed attention and awareness that swing across the day. NCD shows decline while attention holds until late.	Delirium develops over hours to days. NCD builds over months to years.	Both, with delirium recorded as superimposed. Recount the NCD once the delirium has cleared.	T8-01 to T8-03, T8-04.

Pair	Evidence	Timing	Coding	Cards
11. Dissociative identity disorder and schizophrenia	DID voices and changes tie to distinct personality states and recurrent memory gaps. Schizophrenia shows primary psychosis, with fixed delusions, disorganized speech or negative symptoms and a drop in function.	DID has no fixed minimum. Schizophrenia needs 6 months of continuous signs.	Rarely both. Code both only when identity states with amnesia meet one card and primary psychosis meets the other.	T5-01, T3-04.
12. Schizoaffective disorder and a mood disorder with psychotic features	Schizoaffective disorder needs delusions or hallucinations for 2 weeks with no mood episode present. Mood episodes must also fill most of the active and residual illness.	Psychosis that stops whenever mood levels belongs to the mood disorder.	One only.	T3-05, T3-13, T3-14, T3-22.
13. Schizophreniform disorder and schizophrenia	The symptom count is the same. Schizophrenia adds a gate for marked functional decline.	Schizophreniform runs 1 month to under 6 months. Schizophrenia needs 6 months.	One only, set by duration.	T3-03, T3-04.
14. PTSD and adjustment disorder	PTSD needs a qualifying exposure and every cluster threshold. Adjustment disorder takes any stressor, including a trauma that falls short of the PTSD counts.	PTSD needs more than 1 month. Adjustment disorder starts within 3 months and ends within 6 months after the stressor or its consequences end.	One only. Adjustment disorder is excluded when PTSD is met.	T4-23, T4-25.
15. Acute stress disorder and PTSD	Acute stress disorder counts nine of fourteen features with no cluster minimums. PTSD needs each cluster.	Acute stress disorder runs 3 days to 1 month after the event. PTSD starts after 1 month.	One at a time. At the 1-month mark, recount against the PTSD clusters.	T4-24, T4-23.
16. Body dysmorphic disorder and an eating disorder	BDD concern covers features of appearance. Eating disorder concern centers on weight and shape, with restriction, bingeing or purging.	BDD and anorexia have no fixed minimum. Bulimia and binge-eating disorder need weekly episodes for 3 months.	BDD is excluded when the concern is only body fat or weight in a person who meets an eating card. A separate concern about another feature, such as the nose, can still open BDD.	T4-13, T5-17, T5-18, T5-19.
17. Autism spectrum disorder and social (pragmatic) communication disorder	Autism needs two of four restricted or repetitive patterns, now or by history. Social communication disorder has none.	Both start in early development. The preschool history decides most cases.	One only. Autism closes the other card.	T2-09, T2-07.
18. DMDD and oppositional defiant disorder	DMDD has severe outbursts three or more times a week, with irritable or angry mood nearly every day between them. ODD has angry mood below that frequency or without the mood between outbursts.	DMDD needs 12 months, onset before 10 and first diagnosis between 6 and 18. ODD needs 6 months.	DMDD only.	T3-21, T7-01.
19. Conduct disorder and antisocial personality disorder	Both describe repeated violation of others' rights.	ASPD needs age 18 and conduct disorder that began before 15.	From 18 onward, ASPD when its criteria are met, otherwise conduct disorder. Under 18, conduct disorder holds.	T7-03, T8-22.
20. Somatic symptom disorder and illness anxiety disorder	Somatic symptom disorder has a distressing body symptom present. Illness anxiety has symptoms absent or mild, with fear of serious disease.	Somatic symptom disorder runs typically more than 6 months. Illness anxiety needs 6 months as a fixed minimum.	One only.	T5-06, T5-07.

Pair	Evidence	Timing	Coding	Cards
21. Factitious disorder and malingering	Both need identified deception. Factitious disorder persists with no outside reward. An outside reward drives malingering.	Neither sets a duration.	One only. Malingering is Z76.5 and isn't a mental disorder.	T5-10, T5-11, Z76.5 in the Tab 8 part 2 selected list.
22. Insomnia disorder and circadian rhythm sleep-wake disorder, delayed sleep phase type	A diary that covers free days. The delayed-phase sleeper sleeps well on a late schedule. The insomniac sleeps poorly at chosen hours.	Insomnia needs 3 nights a week for 3 months. The circadian card has no fixed minimum and turns persistent at 3 months.	One only. Insomnia is excluded when the body clock explains the problem.	T6-01, T6-07.
23. NCD with Lewy bodies and NCD due to Parkinson's disease	The order in which cognition and movement failed.	Cognitive decline first, or within 1 year of parkinsonism, points to Lewy bodies. Parkinsonism at least 1 year before the decline points to Parkinson's disease.	One only, set by the 1-year rule.	T8-08, T8-14.
24. Substance-induced depressive disorder and independent depression	Steady mood during past abstinence points to the substance. Symptoms that started before use, or last about a month after acute withdrawal or severe intoxication ends, point to an independent disorder.	Build the dated line from Tab 7 part 2 before you choose.	One per episode. An induced episode takes one combined code. An independent episode takes the MDD code, with any use disorder coded beside it.	T7-42, T3-22.
25. Anorexia nervosa and ARFID	Weight or shape concern. Any fear of gaining weight closes ARFID.	Neither card sets a minimum. The anorexia type is judged over the last 3 months.	One only. ARFID isn't given during anorexia.	T5-17, T5-16.