Activity, Mood Disorders, and Schizophrenia

Affective disorders and schizophrenia were among the first behavioral abnormalities to be expressed in terms of activity measurements. The first edition of the Diagnostic and Statistical Manual (DSM-I) (APA, 1952, p. 25) included increased motor activity among the formal inclusion criteria for Manic Depressive Reaction, Manic Type (000-x11). Manic Depressive Reaction, Depressed Type (000-x12) was said to be characterized by “motor retardation and inhibition.” The term “stupor” was also used in contrast with agitation (p. 25).

The less severe neurotic emotional disorder, Depressive Reaction (000-x06), was differentially diagnosed from its psychotic counterpart by the absence of “severe psychomotor retardation” and by “stupor.” (p. 34)

Activity measures pertained to Schizophrenic Reaction, Schizo-affective Type (000-x27) because of the previously defined affective disorders. Schizophrenic Reaction, Catatonic Type (000-x23) was partly diagnosed by “marked generalized inhibition (stupor, mutism, negativism, and waxy flexibility) or excessive motor activity and excitement.” (p. 26) We were told that Schizophrenic Reaction, Acute Undifferentiated Type (000-x25) was often “accompanied by a pronounced affective coloring of either excitement or depression.” (p. 27)

Motor Activity

Various references to abnormal motor behavior are made within DSM-III-R. The purpose of this section is to review and clarify these references to motor activity.
Psychomotor Agitation

DSM-III-R (APA, 1987) defines psychomotor agitation as "excessive motor activity" (p. 404) that is observable. DSM-III-R emphasizes the need for objective measurement by indicating that psychomotor agitation must be "observable by others, not merely subjective feelings of restlessness . . ." (p. 222) Examples include "Inability to sit still, pacing, wringing of hands, (and) pulling at clothes." (p. 404) The term "restless" is sometimes used to describe such purposeless activity. Akathesia is a drug-induced form of this type of psychomotor agitation.

Psychomotor Retardation

DSM-III-R (APA, 1987) defines psychomotor retardation as "Visible generalized slowing down of physical reactions, movements, and speech." (p. 404) DSM-III-R emphasizes the need for objective measurement by indicating that psychomotor retardation must be "observable by others, not merely subjective feelings of . . . being slowed down." (p. 222) Depressed mood is an indirect way of referring to decreased activity. When activity is particularly diminished in the presence of schizophrenic symptoms, the term catatonic stupor is used. Further reduction in motor activity is referred to as semicoma, coma, or torpor.

Mood Shifts

Mood shifts refer to changes from psychomotor retardation to agitation and vice versa. They are documented by the same criteria as discussed above plus a pattern of alternation. The terms "excitement" and "expansive mood" are also used. Hypervigilance is a less common but still-used term. If schizophrenic symptoms are present, the term "catatonic excitement" is used. Sometimes increased activity can refer to enhanced purposeful activity such as increased work or recreational activities all of which involve higher levels of motor activity.

DSM-III-R Mood Disorders

The purpose of this section is to describe the ways in which actigraphy can assist in the diagnosis and assessment of mood disorders as conceptualized by DSM-III-R (APA, 1987). Mood disorders involve a prolonged depression or elation; they were called Affective Disorders by DSM-III. It is important to notice that activity and mood are substantively equated at many points. Hence, objective mood assessment has become activity measurement. Mood Disorders are divided into Bipolar Disorders and Depressive Disorders.

The "x" associated with diagnoses such as 296.2x (Major Depression, Single