

# DSM-5 Depressive Disorders: Diagnostic and Treatment Implications

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# Depressive Disorders



- Highlights:
  - Chronic depressive spectrum introduced
  - Changes to Major Depressive Disorder
    - Elimination of bereavement exclusion
    - New specifiers
  - New disorders added

# Organization of Chapter

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder
- Persistent Depressive Disorder
- Premenstrual Dysphoric Disorder
- Substance/Medication Induced Depressive Disorder
- Depressive Disorder Due to Another Medical Condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder

# Disruptive Mood Dysregulation Disorder (DMDD)

- Rationale for adding new disorder
- *Essential feature*: Severe temper outbursts with underlying persistent angry or irritable mood
  - *Temper outburst frequency*: Three or more time a week
  - *Duration*: Temper outbursts and the persistently irritable mood between outbursts lasts at least 12 months
  - *Severity*: Present in two settings and severe in at least one
  - *Onset*: Before age 10 but do not diagnose before age 6. Can not diagnose for the first time after age 18.
  - *Common rule-outs*:
    - Bipolar disorder, intermittent explosive disorder, depressive disorder, ADHD, autism spectrum disorder, separation anxiety disorder,
    - Substance, medication or medical condition
    - If ODD present, do not also diagnose it

# Issues with DMDD

- Was it ready for prime time?
- What are the treatment implications?
  - No empirically supported treatments
  - Avoid bipolar medications
  - Consider CBT treatments used for depression in children:
    - Coping skills for thoughts, feelings and behavior
    - Parent training
    - Parent support group

# Major Depressive Episode

- *Essential features:* Either depressed mood *or* loss of interest or pleasure plus four other depressive symptoms
- *Duration:* At least two weeks
- *Common rule outs:* Medical condition, medications, substance use, bipolar disorder, or a psychotic disorder
- **Note:** Be careful about diagnosing major depression following a significant loss because normal grief “may resemble a depressive episode.”

# Diagnosing MDD

## Essential Diagnostic Criteria:

- Meets criteria for a Major Depressive Episode
- No history of a Manic or Hypomanic Episode

## Coding Steps:

1. Start with noting whether it is:
  - Major Depressive Disorder, single episode
  - Major Depressive Disorder, recurrent episodes
2. State the severity/course specifier term after single or recurrent episode: Mild, moderate, severe, with psychotic features and in full or partial remission
3. Find the correct code number in table on page 162
4. Now add any of available specifiers (see next slide)

# Specifiers for Major Depressive Disorder\*

- With anxious distress
- With mixed features
- With melancholic features
- With atypical features
- With mood-congruent psychotic features or with mood-incongruent psychotic features
- With catatonia (code separately)
- With peripartum onset
- With seasonal pattern

\*See pages 184-188 of DSM-5



# Practice Guidelines for MDD

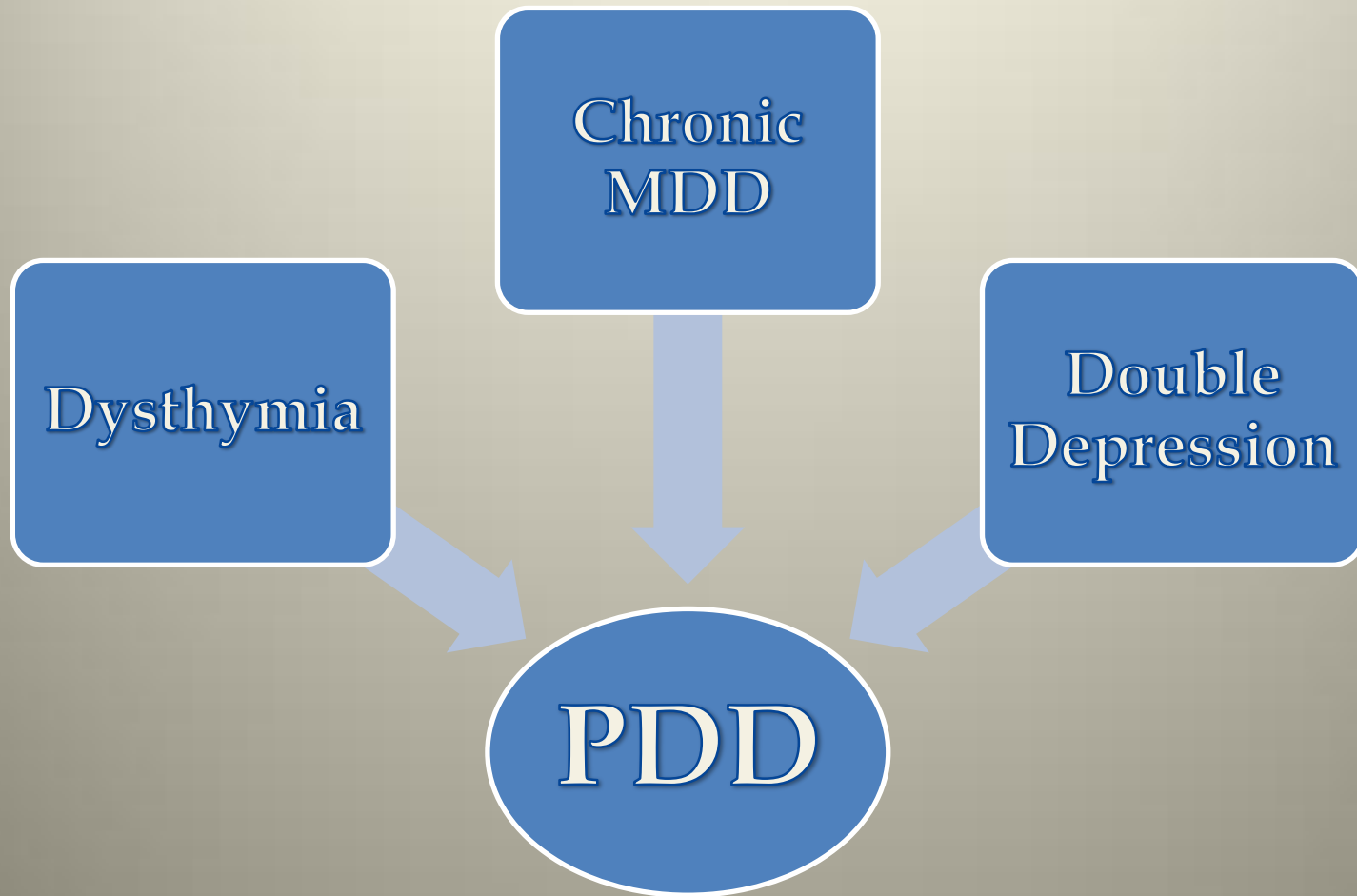
## (APA, 2010)

- If the MDD is in the mild to moderate range, use *either* psychotherapy or meds.
  - Indications for psychotherapy:
    - Significant stressors
    - Interpersonal problems
    - Patient preference
    - Pregnant, lactating or wish to become pregnant
    - Personality Disorder traits
  - Indications for medication:
    - Prior positive response
    - Somatic symptoms
    - Patient preference
- If the MDD is in the moderate to severe range or is complicated by specifiers, use a combination.

# Persistent Depressive Disorder (Dysthymia)

- *Essential feature:* Depressed mood plus at least two other depressive symptoms
- *Duration:* The symptoms persist for at least two years (one year for children and adolescents)
- May include periods of major depressive episodes (double depression)
- *Rule outs:* Be sure it is not due to another psychotic disorder, substance, medication or medical condition

# PDD: Chronic Depressive Spectrum



# Specifiers for PDD

- *Severity*: Mild, moderate or severe
- *Remission status*: In partial or full remission (if applicable)
- *Onset*: Early (before 21) or late (21 or older) onset
- *Specify mood features*: With anxious distress, mixed features, melancholic features, atypical features, mood-congruent or mood-incongruent psychotic features, and peripartum onset
- *Course specifiers*:
  - With pure dysthymic syndrome
  - With persistent major depressive episode
  - With intermittent major depressive episodes, with current episode
  - With intermittent major depressive episodes, without current episode

- *Sample code*:

300.4 Persistent Depressive Disorder, mild severity, late onset,  
with atypical features, with pure dysthymic syndrome

# Premenstrual Dysphoric Disorder (PMDD)

- *Essential feature:* Significant affective symptoms that emerge in the week prior to menses and quickly disappear with the onset of menses
- *Symptom threshold:* At least five symptoms which include *marked* affective lability, depressed mood, irritability, or tension
- *Duration:* Present in all menstrual cycles in the past year and documented prospectively for two menstrual cycles
- *Impairment:* Clinically significant distress or impairment
- *Rule outs:* An existing mental disorder (e.g., MDD), another medical condition (e.g., migraines that worsen during the premenstrual phase) or substance or medication use

# PMDD Update

- What's the difference between PMDD and PMS?
- Why is it clinically significant to note from a mental health stand-point?
  - Increased risk of postpartum depression
  - Increased risk of suicidal thinking, planning and gestures
  - Impact on the individual's quality of life
  - Impact on psychosocial functioning
  - There are treatments available:
    - Diet
    - SSRI's
    - CBT

# Diagnosis Case

Mr. Lee comes to you because he feels “unbelievably blue.” For the past four weeks he has felt tired all the time and cries periodically throughout the day. He reports that he does not feel like doing anything and spends most of his time at home. He has taken an unplanned leave of absence from his job, and it is unclear whether he will be accepted back. Mr. Lee believes that he has been a failure as a father because his teenage son was arrested for selling drugs. He admits that he has not gotten a good night’s sleep in weeks. He typically awakens at 4 a.m. and cannot return to sleep. He particularly dislikes this because, “Mornings are the worst.” He had a similar episode about three years ago that lasted for three or four months.

# Case Questions

- Could a medical condition, medication or medical condition account for his presentation?
- What psychiatric disorders do you have to rule-out?
  - Tip: Administer the Level 1 Cross-Cutting Symptoms Measure (p. 738) [DSM-5 level1 assessment.pdf](#)
- Does he meet criteria for a Major Depressive Episode?
  - Tip: Administer the Patient Health Questionnaire 9 (PHQ-9) [DSM-5 PHQ 9.pdf](#)
  - See Online Measures at <http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures>
- What would the diagnosis be?  
296.32 Major Depressive Disorder, recurrent, moderate severity, with melancholic features
- How does the diagnosis inform treatment planning?



# Final Thoughts



- Depressive Disorders are common and treatable
- Be sure your diagnosis is part of an overall case formulation
- Remember: To understand the disorder, you need to understand the person (Hippocrates)

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