

Depressive Disorders: DSM-5

Name:

Institution:

### Abstract

The 2013 update to DSM-5 saw revisions of the psychiatric nomenclature, diagnostic criteria, and clinical descriptions for various psychiatric disorders, including depressive disorders. The DSM-5 describes eight specific depressive disorders, which are disruptive mood dysregulation disorder, major depressive disorder, persistent depressive disorder (also known as dysthymia), substance or medication-induced depressive disorder, premenstrual dysphoric disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder (Łojko, Suwalska, & Rybakowski, 2014). The delineation of the various depressive disorders follows differences in duration, timing, and presumed underlying causes.

## Depressive Disorders: DSM-5

**1. Disruptive Mood Dysregulation Disorder*****Essential features:***

- Severe temper outbursts (verbal and/or behavioral), with underlying persistent angry or irritable mood, with such temper outbursts being grossly disproportionate to the situation or provocation in intensity or duration and inconsistent, and being inconsistent with the individual's developmental level (Rao, 2014; Copeland, Shanahan, Egger, Angold, & Costello, 2014).

- The full symptom criteria (other than duration) of a manic or hypomanic episode should not exceed more than a distinct period of 1 day.

***Temper outburst frequency*** - At least three times per week.

***Onset and Duration:***

- Symptoms observed before age 10, but not diagnosed before age 6 or for the first time after age 18.

- Temper outbursts and irritable mood between these outbursts should last at least 12 months.

***Severity*** - Present in at least two settings (at home, school, and with peers) and severe in at least one of the settings.

***Rule-outs:***

- Other psychiatric disorders, such as major depressive disorder, bipolar disorder, ADHD, intermittent explosive disorder, autism spectrum disorder, and separation anxiety disorder.

- Psychological effects of substances or medical/neurological condition (Gintner, 2013; Berlim, 2013).

## **2. Major Depressive Disorder**

**Essential features** - Either (i) depressed mood or (ii) loss of interest or pleasure, plus at least four other depressive symptoms. Diagnosis does not include symptoms that are clearly attributable to other medical conditions (Łojko, Suwalska, & Rybakowski, 2014).

- The other symptoms may include: significant weight change, insomnia, or hypersomnia, psychomotor agitation or retardation, excessive guilt, feelings of worthlessness, fatigue, indecisiveness, and suicide ideation (Berlim, 2013).

- The symptoms are indicated by a subjective account or observations made by other parties (Reynolds & Kamphaus, 2013A).

**Duration** - Symptoms occurring across at least two weeks.

**Severity** - Symptoms representing a change from prior functioning, causing clinically significant distress or impairment in aspects such as social and occupational or other important areas of individual functioning. Based on severity, major depressive disorder can be mild, moderate, or severe, with course specifiers being in partial remission or in full remission (Berlim, 2013).

### **Rule outs:**

- Medical condition.

- Medications and substance use.

- Schizophrenia spectrum and other psychotic disorders, bipolar disorder, or a psychotic

disorder.

- No occurrence of a manic episode or a hypomanic episode.

***Specifiers in major depressive disorder*** - Major depressive disorder may be specified with anxious distress, melancholic features, mixed features, mood-congruent psychotic features, atypical features, mood-incongruent psychotic features, peripartum onset, catatonia, or seasonal pattern (Berlim, 2013).

### **3. Persistent Depressive Disorder**

***Essential feature*** - Depressed mood (indicated by subjective account or observation), plus at least two other depressive symptoms.

- The other symptoms may include: poor appetite or overeating, insomnia or hypersomnia, fatigue, poor concentration/difficulty making decisions, low self-esteem, and feelings of hopelessness (Łojko, Suwalska, & Rybakowski, 2014).

***Duration:***

- Depressed mood occurs most of the day.
- Symptoms persist over at least two years (but one year for children and adolescents).

***Co-occurrence*** - Major depressive disorder may also be continuously present for two years (double depression).

***Severity*** - Clinically significant distress or impairment of social, occupational, or other important functioning areas. Based on severity, major depressive disorder can be mild, moderate, or severe, with course specifiers being in partial remission or in full remission alongside early onset (21 years of age or below) and late onset (after 21 years of age) (Berlim, 2013).

***Rule outs:***

- Psychotic disorders.
- Substance/medication physiological effects.
- Medical condition.
- No manic episode or hypomanic episode experienced, with criteria for cyclothymic disorder having never been met.

***Specifiers*** - Persistent Depressive Disorder may be specified with anxious distress, melancholic features, mixed features, atypical features, mood-congruent psychotic features, mood-incongruent psychotic features, and with peripartum onset (Berlim, 2013).

**4. Substance or Medication-Induced Depressive Disorder**

***Essential features*** - A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities. The substance must be capable of producing these symptoms, based on history, physical exam, or laboratory findings (SA Federation for Mental Health, 2013; Łojko, Suwalska, & Rybakowski, 2014).

***Onset and Duration:***

- The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a substance, based on history, physical exam, or laboratory findings.
- Given that withdrawal times vary for different substances, depressive symptoms may persist for some time after cessation of substance/medication consumption.

**Severity** - Symptoms must be severe enough to cause impairment in the individual's daily functioning.

**Rule-outs:**

- The disturbance is not better explained by a depressive disorder, as well as disturbances preceding the onset of substance/medication use or persisting one month or more after cessation of substance/medication use (Berlim, 2013).

- Disturbance does not occur exclusively during delirium.

**Specifiers** - Substance or Medication-Induced Depressive Disorder may be specified with onset during intoxication and with onset during withdrawal.

**Potentially responsible substances/medications** - Stimulants, steroids, antibiotics, CNS drugs, L-dopa, immunological agents, dermatological agents, and chemotherapeutic drugs (Berlim, 2013).

## 5. Premenstrual Dysphoric Disorder

**Essential features** - Significant affective symptoms emerging in the week prior to menses before quickly disappearing with menses onset. The threshold for symptoms entails having at least five symptoms that include depressed mood, marked affective lability, irritability, or tension (Berlim, 2013).

- The other symptoms may include: feelings of hopelessness, self-deprecating thoughts, irritability, and heightened interpersonal conflict, anxiety, lethargy, hypersomnia or insomnia, marked appetite changes, feeling overwhelmed, subjective concentration difficulties, and physical symptoms such as breast tenderness (Berlim, 2013).

***Duration*** - The symptoms must be present in all menstrual cycles over the past year, and documented prospectively for two menstrual cycles.

***Severity*** - The symptoms must cause clinically significant distress or impairment.

***Rule outs:***

- Existing mental disorder (such as major depressive disorder).
- Other medical condition.
- Substance or medication use.

### **6. Depressive Disorder Due to Another Medical Condition**

***Essential features*** - Prominent and persistent depressed mood period or marked decline of interest or pleasure in all or almost all activities. Diagnosis based on history, physical exam, or laboratory findings demonstrating that disturbance results from the medical condition (Łojko, Suwalska, & Rybakowski, 2014).

***Severity*** - The symptoms must cause clinically significant distress or impairment.

***Rule-outs:***

- Symptoms/disturbance not better explained by other disorder(s), such as adjustment disorders in which a serious medical condition acts as the stressor (Berlim, 2013).
- Symptoms not occurring exclusively during delirium.

***Specifiers*** - Depressive Disorder due to another medical condition may be specified with depressive features, major depressive-like features, or mixed features.

***Potentially responsible medical conditions*** - Stroke, traumatic brain injury, Parkinson's Disease, Multiple Sclerosis, Huntington's Disease, hypothyroidism, and Cushing's Disease



(Berlim, 2013).

### **7. Other Specified Depressive Disorder**

This category applies to presentations with symptoms characteristic of a depressive disorder causing clinically significant distress or impairment in functioning, but failing to meet the full criteria for the other disorders in the depressive disorders diagnostic class (Łojko, Suwalska, & Rybakowski, 2014).

Diagnosis should entail a statement of the precise reason behind the presentation. For example:

- Brief recurrent depression (duration 2-13 days, duration criterion not fulfilled).
- Minor depression (depression with less than 5 (required) symptoms).
- Depressive episode with insufficient symptoms (Berlim, 2013).

### **8. Unspecified Depressive Disorder**

This category applies to those presentations entailing:

- Symptoms characteristic of a depressive disorder causing clinically significant distress or impairment in functioning (Łojko, Suwalska, & Rybakowski, 2014).

- These symptoms failing to meet full criteria for any of the other disorders under the depressive disorders diagnostic class.

- The clinician not communicating the specific reason for the presentation's failure to meet criteria for specific depressive disorders in the depressive disorders class. The reason for such non-specifying may be because of context, as exemplified by emergency room settings (Łojko, Suwalska, & Rybakowski, 2014).

## References

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