



Clinique de recherche en
NEUROMODULATION
Research Clinic



The DSM-5[®] and the Depressive Disorders

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Montreal, November 1st, 2013



Disclosures

- **Funding:**
 - *Fonds de recherche du Québec - Santé (FRQS), Brain and Behavior Research Foundation (NARSAD), Banting Foundation, Réseau de bio-imagerie du Québec (RBIQ).*
- **Research support:**
 - Brainsway Ltd.
- **Stock, options:**
 - None.
- **Honoraria:**
 - None.

DSM-5[®] & Depression

DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS

FIFTH EDITION

DSM-5

AMERICAN PSYCHIATRIC ASSOCIATION



Depressive Disorders: Changes

- **Separate chapter**
- **New disorders:**
 - **Disruptive Mood Dysregulation Disorder**
 - **Premenstrual Dysphoric Disorder**
- **Change in criteria:**
 - **MDD, elimination of the bereavement exclusion criterion**
- **New disorder name:**
 - **Persistent Depressive Disorder (Dysthymia)**
- **New illness specifier:**
 - **“with mixed features”**

Depressive Disorders Chapter

- **Disruptive Mood Dysregulation Disorder**
- ***Major Depressive Disorder***
- ***Persistent Depressive Disorder (Dysthymia)***
- ***Premenstrual Dysphoric Disorder***
- ***Substance/Medication-Induced Depressive Disorder***
- ***Depressive Disorder due to Another Medical Condition***
- **Other Specified Depressive Disorder**
- **Unspecified Depressive Disorder**

Text Accompanying Each Disorder

- Diagnostic criteria
- Diagnostic features
- Prevalence
- Development and course
- Risk And prognostic factors
- Gender/culture-related diagnostic issues
- Suicide risk
- Functional consequences
- Differential diagnosis
- Comorbidity

Major Depressive Disorder

A. ≥ 5 of the following present during ≥ 2 weeks:

- ① *Depressed mood (subjective or objective).*
- ② *Markedly diminished interest or pleasure in all, or almost all, activities (subjective or objective).*
- ③ Significant weight change (e.g., $\geq 5\%$ of body weight in a month) or decrease/increase in appetite.
- ④ Insomnia or hypersomnia.
- ⑤ Psychomotor agitation or retardation (objective).
- ⑥ Fatigue or loss of energy.
- ⑦ Feelings of worthlessness or excessive guilt.

Major Depressive Disorder

⑧ Diminished ability to think/concentrate or indecisiveness (subjective or objective).

⑨ Recurrent thoughts of death or suicidal ideation or a suicide attempt or a specific plan for committing suicide.

B. Clinically significant distress or impairment in social, occupational or other important areas of functioning.

C. Not attributable to the physiological effects of a substance or to another medical condition.

D. Not better explained by another disorder (e.g., schizoaffective, schizophrenia, delusional).

E. No (hypo)manic episode.

Bereavement vs. MDD

BEREAVEMENT-RELATED

- Feelings of emptiness and loss
- Dysphoria occurs in waves and decreases with time
- Grief accompanied by positive emotions and humor
- Preoccupation with thoughts/memories of the deceased
- Self-esteem is preserved, self-derogatory thoughts of failing the deceased
- Death thoughts focused on the deceased

MDD-RELATED

- Inability to anticipate happiness and pleasure
- Depressed mood is persistent
- Pervasive unhappiness and misery
- Self-critical or pessimistic ruminations
- Feelings of worthlessness and self-loathing
- Thoughts focused on ending one's own life

Severity/Course Specifiers

- **Mild**
- **Moderate**
- **Severe**
- **With psychotic features**
- **In partial remission**
- **In full remission**

Additional Specifiers

- **With anxious distress**
- **With mixed features**
- **With melancholic features**
- **With atypical features**
- **With mood-congruent psychotic features**
- **With mood-incongruent psychotic features**
- **With catatonia**
- **With peripartum onset**
- **With seasonal pattern**

Persistent Depressive Disorder

A. Depressed mood for most of the day, for more days than not for ≥ 2 years (subjective or objective).

B. Presence of ≥ 2 of the following:

- ① Poor appetite or overeating.**
- ② Insomnia or hypersomnia.**
- ③ Low energy or fatigue.**
- ④ Low self-esteem.**
- ⑤ Poor concentration or decision-making.**
- ⑥ Feelings of hopelessness.**

C. During the 2-year period, the individual has never been without the symptoms in criteria A and B for > 2 months at a time.

Persistent Depressive Disorder

D. Criteria for a MDD may be continuously present for 2 years.

E. No (hypo)manic episode or cyclothymic disorder.

F. Not better explained by another disorder (e.g., persistent schizoaffective, schizophrenia, delusional).

G. Not attributable to the physiological effects of a substance or another medical condition.

H. Clinically significant distress or impairment in social, occupational or other important areas of functioning.

Severity/Course Specifiers

- **Mild**
- **Moderate**
- **Severe**
- **In partial remission**
- **In full remission**
- **With pure dysthymic syndrome**
- **With persistent MDE**
- **Early onset (\leq 21 years)**
- **Late onset ($>$ 21 years)**

Additional Specifiers

- **With anxious distress**
- **With mixed features**
- **With melancholic features**
- **With atypical features**
- **With mood-congruent psychotic features**
- **With mood-incongruent psychotic features**
- **With peripartum onset**

Premenstrual Dysphoric Disorder

A. In most menstrual cycles, ≥ 5 symptoms must be present in the final week before the onset of menses, start to improve within a few days afterwards and become minimal/absent in the week postmenses.

B. ≥ 1 of the following:

① Marked affective lability (e.g., mood swings, increased sensitivity to rejection).

② Marked irritability/anger or increased interpersonal conflicts.

③ Marked depressed mood, feelings of hopelessness or self-deprecating thoughts.

④ Marked anxiety, tension and/or feelings of being on edge.

Premenstrual Dysphoric Disorder

C. ≥ 1 of the following (≥ 5 when combined to symptoms in criterion B).

- ① Decreased interest in usual activities.**
- ② Subjective difficulty in concentration.**
- ③ Lethargy, easy fatigability, or marked lack of energy.**
- ④ Marked change in appetite, overeating or specific food cravings.**
- ⑤ Hypersomnia or insomnia.**
- ⑥ A sense of being overwhelmed or out of control.**
- ⑦ Physical symptoms (e.g., breast tenderness or swelling, joint/muscle pain, a sensation of "bloating").**

Premenstrual Dysphoric Disorder

D. Clinically significant distress or interference with work, school, usual social activities or relationships with others (e.g., avoidance of social activities, decreased productivity/efficiency).

E. Not merely an exacerbation of the symptoms of another disorder (e.g., MDD, panic, persistent depressive, personality).

F. Criterion A should be confirmed by prospective daily ratings during ≥ 2 symptomatic cycles.

G. Not attributable to the physiological effects of a substance or another medical condition.

Substance/Medication-Induced Depressive Disorder

A. A prominent and persistent mood disturbance that predominates in the clinical picture and is characterized by depressed mood or markedly diminished interest or pleasure in all, or almost all, activities.

B. There is evidence from the history, physical examination or laboratory findings of both:

① The symptoms in criterion A developed during or soon after substance intoxication/withdrawal or after exposure to a medication.

② The involved S/M is capable of producing the symptoms in criterion A.

Substance/Medication-Induced Depressive Disorder

C. Not better explained by a depressive disorder that is not S/M-induced, e.g.:

- symptoms preceded the onset of the S/M use or persisted after ≥ 1 month after S/M cessation.
- evidence of an independent non-S/M-induced depressive disorder.

D. Does not occur exclusively during delirium.

E. Clinically significant distress or impairment in social, occupational or other important areas of functioning.

Course Specifiers

- **With onset during intoxication**
- **With onset during withdrawal**

Substance/Medication-Induced Depressive Disorder

- **Stimulants**
- **Steroids**
- **L-dopa**
- **Antibiotics**
- **CNS drugs**
- **Dermatological agents**
- **Chemotherapeutic drugs**
- **Immunological agents**

Depressive Disorder Due to Another Medical Condition

A. A prominent and persistent period of depressed mood or markedly diminished interest or pleasure in all, or almost all, activities that predominates in the clinical picture.

B. Evidence from the history, physical examination or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.

Depressive Disorder Due to Another Medical Condition

- C. Not better explained by another disorder (e.g., adjustment disorder with a serious medical condition as the stressor).**
- D. Does not occur exclusively during delirium.**
- E. Clinically significant distress or impairment in social, occupational or other important areas of functioning.**

Specifiers

- **With depressive features**
- **With major depressive-like episode**
- **With mixed features**

Depressive Disorder Due to Another Medical Condition

- **Stroke**
- **Huntington's Disease**
- **Parkinson's Disease**
- **Traumatic Brain Injury**
- **Multiple Sclerosis**
- **Cushing's Disease**
- **Hypothyroidism**

Additional Depressive Disorders

- **Other Specified Depressive Disorder**
 - Recurrent brief depression
 - Short-duration depressive episode (4-13 days)
 - Depressive episode with insufficient symptoms
- **Unspecified Depressive Disorder**

DSM-5[®] : Criticisms, Precautions and Disappointments



DSM-5[®]: Precautions

- **Not a rigid ‘scripture’ to be followed dogmatically or reflexively**
- **Set of guidelines not a “cookbook”**
- **Work in progress, periodic revisions**
- **Clinical judgment remains fundamental**

DSM-5[®] : Main Disappointment

A Research Agenda for DSM-V

Edited by

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2002



Published by the
American Psychiatric Association
Washington, D.C.

CHAPTER 2

Neuroscience Research Agenda to Guide Development of a Pathophysiologically Based Classification System

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DSM-5[®] & the Depressive Disorders: Criticisms

- **Premenstrual Dysphoric Disorder:**
 - Pathologizing normal female biology, stigma, overmedication
- **MDD, elimination of the bereavement exclusion criterion:**
 - Medicalization of normal human experience, stigma, overdiagnosis, overmedication

DSM-5[®] & the Depressive Disorders: Criticisms

- **Mixed features specifier:**
 - Suboptimal diagnostic criteria (e.g., relevance of psychomotor agitation)
- **Depressive disorders in general:**
 - Diagnostic heterogeneity, poor guidance to therapy, unclear validity, categorical approach

Recommended Papers

- Zisook et al. Grief, depression, and the DSM-5. *J Psychiatr Pract* 2013; 19:386-96.
- Wakefield JC. The DSM-5 debate over the bereavement exclusion: psychiatric diagnosis and the future of empirically supported treatment. *Clin Psychol Rev* 2013; 33:825-45.
- Regier et al. The DSM-5: classification and criteria changes. *World Psychiatry* 2013;12(2):92-8.
- Nemeroff et al. DSM-5: a collection of psychiatrist views on the changes, controversies, and future directions. *BMC Med* 2013; 11:202.
- Koukopoulos et al. Mixed features of depression: why DSM-5 is wrong (and so was DSM-IV). *Br J Psychiatry* 2013; 203:3-5.
- Wakefield JC. DSM-5: proposed changes to depressive disorders. *Curr Med Res Opin* 2012; 28:335-43.
- First MB. DSM-5 proposals for mood disorders: a cost-benefit analysis. *Curr Opin Psychiatry* 2011; 24:1-9.

Recommended Books

THE INTELLIGENT CLINICIAN'S GUIDE TO THE DSM-5®

Joel Paris



"Dr Paris has written a wise and well informed book that will help readers understand and avoid the problems created by DSM-5."

- Allen J. Frances, MD

OXFORD

Making the DSM-5

Joel Paris
James Phillips
Editors

Concepts and
Controversies

Springer

saving

nor•mal (nôr/n

1. an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life

Allen Frances, M.D.

'Chair of DSM-IV Task Force

REVISED EDITION

ESSENTIALS OF PSYCHIATRIC DIAGNOSIS

Responding to the
Challenge of DSM-5®



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