

Diagnosis of Depression - DSM-IV-TR Criteria for Major Depressive Episode and Major Depressive Disorder

Major depressive episode criterion:

- A. At least five of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure.
 - 1. Depressed mood most of the day, nearly every day, as indicated either by subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful)
 - 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation made by others)
 - 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
 - 4. Insomnia or hypersomnia nearly every day
 - 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
 - 6. Fatigue or loss of energy nearly every day
 - 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
 - 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
 - 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide
- B. The symptoms do not meet criteria for a mixed episode.
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The symptoms are not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
- E. The symptoms are not better accounted for by bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Major depressive disorder, single episode criterion:

- A. Presence of a single major depressive episode.
- B. The major depressive episode is not better accounted for by schizoaffective disorder and is not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder not otherwise specified.
- C. There has never been a manic episode, a mixed episode, or a hypomanic episode.

Major depressive disorder, recurrent criterion:

- A. Presence of two or more major depressive episodes (each separated by at least 2 months in which criteria are not met for a major depressive episode.)
- B. The major depressive episodes are not better accounted for by schizoaffective disorder and are not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder not otherwise specified.
- C. There has never been a manic episode, a mixed episode, or a hypomanic episode.

Adapted from:

Practice Guideline for the Treatment of Patients With Major Depressive Disorder (MDD), Third Edition, American Psychiatric Association, 2010

Diagnosis of Depression

Recommended modalities for acute phase treatment of MDD

Modality				
Severity of Illness	Pharmacotherapy	Depression-Focused Psychotherapy	Pharmacotherapy in combination With Depression-Focused Psychotherapy	Electroconvulsive Therapy
Mild to Moderate	Yes	Yes	May be useful for patients with psycho-social or interpersonal problems, intrapsychic conflict, or co-occurring Axis II disorder	Yes, for certain patients
Severe Without Psychotic Features	Yes	No	Yes	Yes
Severe With Psychotic Features	Yes, provide both antidepressant and antipsychotic medication	No	Yes, provide both antidepressant and antipsychotic medication	Yes

Factors to consider in choosing an antidepressant medication:

- Patient preference
- Nature of prior response to medication
- Relative efficacy and effectiveness
- Safety, tolerability, and anticipated side effects
- Co-occurring psychiatric or general medical conditions
- Potential drug interactions
- Half-life
- Cost

Items to monitor throughout treatment:

- Symptomatic status, including functional status, and quality of life
- Degree of danger to self and others
- Signs of “switch” to mania
- Other mental disorders, including alcohol and other substance use disorders
- General medical conditions
- Response to treatment
- Side effects of treatment
- Adherence to treatment plan

Continuation Phase Treatment of Major Depressive Disorder (16-20 weeks following remission)

- Carefully monitor for signs of possible relapse
- Systematically assess symptoms, side effects, adherence and functional status
 - May be facilitated through use of clinician- and/or patient-administered rating scales
- To reduce risk of relapse, treat with same dose of antidepressant medications used in the acute phase for 4-9 months
- To reduce risk of relapse, psychotherapy is recommended
- Patients who respond to acute course of ECT should receive continuation pharmacotherapy or may be given continuation ECT if responded well to acute course and medication or psychotherapy has been ineffective in maintaining remission

Maintenance Phase Treatment of Major Depressive Disorder

- Maintenance therapy should be considered for patients with three or more prior MDD episodes or who have chronic MDD or those with additional risk factors for recurrence.
- To reduce risk of recurrence, patients should be monitored systematically and at regular intervals during the maintenance phase.
- Antidepressant medication that produced symptom remission during the acute phase and maintained remission during the continuation phase should be continued at a full therapeutic dose.
 - When pharmacotherapy is discontinued, it is best to taper the medication over the course of at least several weeks and monitor over several months for recurrence of symptoms.
- Patient preference, type of treatment, presence of side effects, the probability of recurrence, frequency and severity of prior depressive episodes, persistence of depressive symptoms and presence of co-occurring disorders may play a role in the decision to use maintenance therapy and for how long.
- Maintenance ECT may be considered for those patients who have shown a positive response to ECT.
- Psychotherapy discontinuation should be discussed with the patient well in advance of the final session.