drawn and depressed, and it may be difficult to distinguish this condition from Major Depression with psychomotor retardation. An amobarbital interview can often be helpful in making this distinction. However, when the differential is still unclear, it may be necessary to rely on symptoms that, on a statistical basis, are associated differentially with the two disorders. For example, the diagnosis of a Major Depressive Episode is more likely if there is a family history of Mood Disorder, good premorbid adjustment, and a previous episode of mood disturbance from which there was complete recovery.

In Schizoaffective Disorder there are periods of at least two weeks during which there have been delusions or hallucinations in the absence of prominent mood disturbance.

Uncomplicated Bereavement is distinguished from a Major Depressive Episode and is not considered a mental disorder even when associated with the full depressive syndrome. However, morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration suggests that bereavement is complicated by a Major Depressive Episode.

### Diagnostic criteria for Major Depressive Episode

**Note:** A "Major Depressive Syndrome" is defined as criterion A below.

**A.** At least five of the following symptoms have been present during the same two-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. (Do not include symptoms that are clearly due to a physical condition, mood-incongruent delusions or hallucinations, incoherence, or marked loosening of associations.)

- (1) depressed mood (or can be irritable mood in children and adolescents) most of the day, nearly every day, as indicated either by subjective account or observation by others
- (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 by others of apathy most of the time)
- (3) significant weight loss or weight gain when not dieting (e.g., more than 5% of body weight in a month), or decrease or increase in appetite nearly every day (in children, consider failure to make expected weight gains)
- (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 a specific plan for committing suicide
Major Depressive Episode continued

B. (1) It cannot be established that an organic factor initiated and maintained the disturbance
(2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement)

Note: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration suggest bereavement complicated by Major Depression.

C. At no time during the disturbance have there been delusions or hallucinations for as long as two weeks in the absence of prominent mood symptoms (i.e., before the mood symptoms developed or after they have remitted).

D. Not superimposed on Schizophrenia, Schizotypal Disorder, Delusional Disorder, or Psychotic Disorder NOS.

Major Depressive Episode codes: fifth-digit code numbers and criteria for severity of current state of Bipolar Disorder, Depressed, or Major Depression:

1-Mild: Few, if any, symptoms in excess of those required to make the diagnosis, and symptoms result in only minor impairment in occupational functioning or in usual social activities or relationships with others.

2-Moderate: Symptoms or functional impairment between “mild” and “severe.”

3-Severe, without Psychotic Features: Several symptoms in excess of those required to make the diagnosis, and symptoms markedly interfere with occupational functioning or with usual social activities or relationships with others.

4-With Psychotic Features: Delusions or hallucinations. If possible, specify whether the psychotic features are mood-congruent or mood-incongruent.

Mood-congruent psychotic features: Delusions or hallucinations whose content is entirely consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.

Mood-incongruent psychotic features: Delusions or hallucinations whose content does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment. Included here are such symptoms as persecutory delusions (not directly related to depressive themes), thought insertion, thought broadcasting, and delusions of control.

5-In Partial Remission: Intermediate between “In Full Remission” and “Mild,” and no previous Dysthymia. (If Major Depressive Episode was superimposed on Dysthymia, the diagnosis of Dysthymia alone is given once the full criteria for a Major Depressive Episode are no longer met.)

6-In Full Remission: During the past six months no significant signs or symptoms of the disturbance.

0-Unspecified.
Diagnostic criteria for Major Depressive Episode continued

**Specify chronic** if current episode has lasted two consecutive years without a period of two months or longer during which there were no significant depressive symptoms.

**Specify** if current episode is *Melancholic Type*.

### Diagnostic criteria for Melancholic Type

The presence of at least five of the following:

1. loss of interest or pleasure in all, or almost all, activities
2. lack of reactivity to usually pleasurable stimuli (does not feel much better, even temporarily, when something good happens)
3. depression regularly worse in the morning
4. early morning awakening (at least two hours before usual time of awakening)
5. psychomotor retardation or agitation (not merely subjective complaints)
6. significant anorexia or weight loss (e.g., more than 5% of body weight in a month)
7. no significant personality disturbance before first Major Depressive Episode
8. one or more previous Major Depressive Episodes followed by complete, or nearly complete, recovery
9. previous good response to specific and adequate somatic antidepressant therapy, e.g., tricyclics, ECT, MAOI, lithium

### Diagnostic criteria for seasonal pattern

A. There has been a regular temporal relationship between the onset of an episode of Bipolar Disorder (including Bipolar Disorder NOS) or Recurrent Major Depression (including Depressive Disorder NOS) and a particular 60-day period of the year (e.g., regular appearance of depression between the beginning of October and the end of November).

**Note:** Do not include cases in which there is an obvious effect of seasonally related psychosocial stressors, e.g., regularly being unemployed every winter.

B. Full remissions (or a change from depression to mania or hypomania) also occurred within a particular 60-day period of the year (e.g., depression disappears from mid-February to mid-April).

C. There have been at least three episodes of mood disturbance in three separate years that demonstrated the temporal seasonal relationship defined in A and B; at least two of the years were consecutive.

D. Seasonal episodes of mood disturbance, as described above, outnumbered any nonseasonal episodes of such disturbance that may have occurred by more than three to one.
People with Dysthymia frequently have a superimposed Major Depression (often referred to as “double depression”). When a Major Depression is superimposed on preexisting Dysthymia (which has been present for at least two years), both diagnoses should be recorded since it is likely that the person will continue to have Dysthymia after he or she has recovered from the Major Depression.

Often there is evidence of a coexisting personality disturbance. When a person meets the criteria for both Dysthymia and a Personality Disorder, both diagnoses should be made. This disorder is particularly common in people with Borderline, Histrionic, Narcissistic, Avoidant, and Dependent Personality Disorders.

Normal fluctuations of mood are not as frequent or severe as the depressed mood in Dysthymia, and there is no interference with social functioning.

### Diagnostic criteria for 300.40 Dysthymia

A. Depressed mood (or can be irritable mood in children and adolescents) for most of the day, more days than not, as indicated either by subjective account or observation by others, for at least two years (one year for children and adolescents)

B. Presence, while depressed, of at least two 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 difficulty making decisions
6. feelings of hopelessness

C. During a two-year period (one-year for children and adolescents) of the disturbance, never without the symptoms in A for more than two months at a time.

D. No evidence of an unequivocal Major Depressive Episode during the first two years (one year for children and adolescents) of the disturbance.

**Note:** There may have been a previous Major Depressive Episode, provided there was a full remission (no significant signs or symptoms for six months) before development of the Dysthymia. In addition, after these two years (one year in children or adolescents) of Dysthymia, there may be superimposed episodes of Major Depression, in which case both diagnoses are given.

E. Has never had a Manic Episode (p. 217) or an unequivocal Hypomanic Episode (see p. 217).

F. Not superimposed on a chronic psychotic disorder, such as Schizophrenia or Delusional Disorder.

G. It cannot be established that an organic factor initiated and maintained the disturbance, e.g., prolonged administration of an antihypertensive medication.
Diagnostic criteria for 300.40 Dysthymia continued

**Specify primary or secondary type:**

**Primary type:** the mood disturbance is not related to a preexisting, chronic, nonmood, Axis I or Axis III disorder, e.g., Anorexia Nervosa, Somatization Disorder, a Psychoactive Substance Dependence Disorder, an Anxiety Disorder, or rheumatoid arthritis.

**Secondary type:** the mood disturbance is apparently related to a preexisting, chronic, nonmood Axis I or Axis III disorder.

**Specify early onset or late onset:**

- **Early onset:** onset of the disturbance before age 21.
- **Late onset:** onset of the disturbance at age 21 or later.

### 311.00 Depressive Disorder Not Otherwise Specified

Disorders with depressive features that do not meet the criteria for any specific Mood Disorder or Adjustment Disorder with Depressed Mood.

**Examples:**

1. a Major Depressive Episode superimposed on residual Schizophrenia
2. a recurrent, mild, depressive disturbance that does not meet the criteria for Dysthymia
3. non-stress-related depressive episodes that do not meet the criteria for a Major Depressive Episode

**Specify if seasonal pattern** (see p. 224).