PSYCHIATRIC NEWS
The First and Last Word in Psychiatry

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Last week, the Washington Post published an article on relationships with the pharmaceutical industry held by members of both the *DSM-5* Mood Disorders Work Group and APA's Clinical Practice Guidelines work group on major depressive disorders. While speculation is bound to occur, we think it important to stay focused on the fact that APA has gone to great lengths to ensure that *DSM-5* and APA's clinical practice guidelines are free from bias. Throughout the development of each product, APA established, upheld, and enforced its disclosure policies and relationship limits. With this renewed focus on potential conflicts of interest, we want to reiterate a few of those measures:

- *DSM-5*:
    - Since the time of their nomination in 2007 and 2008, all *DSM-5* Task Force and work group members have been required by the APA Board of Trustees to follow a set of guiding principles and disclosure policies. As a precondition to appointment to work on *DSM-5*, members were required to disclose of any competing interests or potentially conflicting relationships with entities that have an interest in psychiatric diagnoses and treatments.

    - In addition, all individuals agreed that, starting in 2007 and continuing for the duration of each individual member's work on *DSM-5*, that individual's total annual income derived from industry sources (excluding unrestricted research grants) would not exceed $10,000 in any calendar year, and he or she would not hold stock or shares of a pharmaceutical or device company valued at more than $50,000.

    - All work group and task force members serve in a volunteer capacity and will not be compensated for their work on *DSM-5*.

    - Disclosures are updated annually and actively monitored during the duration of work on *DSM-5*. Anyone who is unwilling or unable to meet these guidelines will discontinue their work on *DSM-5*.

- Clinical Practice Guidelines:
    - The six-member work group that developed APA's 2010 Major Depressive Disorder practice guideline was appointed by the APA President in 2005. At that time, APA had a different conflict-of-interest policy in place for practice guideline work groups that emphasized disclosure rather than limits on the participation of experts who had industry relationships.

- In 2010, APA's Board of Trustees appointed an independent five-member expert group who had no relationships with industry to review the content of the guideline for potential bias before it was approved and published. As described in the front matter of the guideline, the review group found no evidence of bias. This review step was taken because of APA's change in its conflict-of-interest policy.

- In September 2011, APA took steps to strengthen these policies for future working groups intended to meet standards published by the Institute of Medicine in March 2011, including establishing transparency, managing conflicts of interest, formulating work groups, using systematic reviews of evidence, articulating and rating recommendations in guidelines, obtaining external review, and updating guidelines.

The *Washington Post* article also highlighted the *DSM-5* revision that will remove the bereavement exclusion from the criteria for major depressive disorder. This change from *DSM-IV* would replace the bereavement exclusion criterion with notes in the criteria and text that caution clinicians to differentiate between normal grieving associated with a significant loss and a diagnosis of a mental disorder.

While the grieving process is natural and unique to each individual and shares some of the same features of depression, such as intense sadness and withdrawal from customary activities, grief and depression are also different in important aspects. Removing the bereavement exclusion helps prevent major depression from being overlooked and facilitates the possibility of appropriate treatment including therapy or other interventions.

It is important that clinicians have an opportunity to make sure that patients and their families receive the appropriate diagnosis and the correct intervention without necessarily being constrained by a criterion specifying a period of time. In the same sense, it is important to realize that *DSM-5* includes material to make sure that it is understood that sadness, grief, and bereavement are not things that have a time limitation to them or go away within two or three months. These feelings and emotions can persist a year and perhaps beyond. We need to understand more clearly the differences between the sadness and grief and those conditions that require intervention.