



Depressive Disorders: Answers and Rationale

DSM-5 contains several new depressive disorders, including dysphoric mood dysregulation disorder and premenstrual dysphoric disorder. To address concerns about potential overdiagnosis and overtreatment of bipolar disorder in children, disruptive mood dysregulation disorder, is included for children up to age 12 years who exhibit persistent irritability and frequent episodes of extreme behavioral dyscontrol. What was referred to as dysthymia in DSM-IV now falls under the category of persistent depressive disorder that includes both persistent major depression and what was previously labeled dysthymia.

In DSM-IV there was an exclusion criterion for a major depressive episode that was applied to depressive symptoms lasting less than two months following the death of a loved one (that is, the bereavement exclusion). This exclusion is omitted in DSM-5 and reflects the recognition that bereavement is a severe psychosocial stressor that can precipitate a major depressive episode in a vulnerable individual, generally beginning soon after the loss.

Finally, the clinician is asked to inquire about suicidal thinking and plans and to rate the severity of suicide risk in order to make an explicit determination of the proportion of treatment planning that should be devoted to prevention of suicide in a given patient.

These questions are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which will be available in August. It may be preordered from American Psychiatric Publishing at <http://www.appi.org/SearchCenter/Pages/Search-Detail.aspx?ItemId=62467>. The questions were developed under the

leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons. The book contains 500 questions for all the categories of psychiatric disorders and includes Section III.

1. If a patient does not have depressed mood, which of the following symptoms is required to diagnose a major depressive episode?

- a. suicidal ideation
- b. guilt or worthlessness
- c. anhedonia
- d. insomnia
- e. weight loss

Correct Answer: C. anhedonia

Rationale: A patient must have either depressed mood or anhedonia to make the diagnosis of major depressive disorder. The remaining symptoms include significant weight loss or change in appetite, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or guilt, decreased concentration or indecisiveness, and recurrent thoughts of death or suicidal ideation, attempt, or plan.

2. A 6-year-old girl presenting with a chronic negative mood and frequent and severe verbal and behavioral outbursts to common stressors is most likely to go on to develop which disorder in adulthood?

- a. bipolar I disorder
- b. bipolar II disorder
- c. schizoaffective disorder
- d. generalized anxiety disorder
- e. major depressive disorder

Correct Answer: E. major depressive disorder

Rationale: Disruptive mood dysregulation disorder (DMDD) is a new

diagnostic category in DSM-5 whose core phenomenology is characterized by frequent and severe verbal and/or behavioral outbursts to common stressors that are pervasive and outside the developmental stage, and occur in the background of a chronic negative mood. The range of age of onset is between ages 6 and 10. The diagnosis emerges from research on severe mood dysregulation and irritability and observations on the overlap phenomenology of bipolar disorder and specific mood symptoms of irritability. It is placed in the class of depressive disorders because longitudinal follow-up evidence predicts emergence of depressive disorders (and not bipolar disorder) both in a short-term follow up of two years and long-term of 20 years later.

3. What is the most consistently described risk factor for suicidal behavior?

- a. past history of suicide attempt(s)
- b. female sex
- c. family history of suicide
- d. presence of a major depressive episode
- e. active substance use

Correct Answer: A. past history of suicide attempt(s)

Rationale: A previous suicide attempt is the most consistently described risk factor for suicidal behavior. However, it is important to remember that most completed suicides are not preceded by unsuccessful attempts. Rates of suicide attempts are higher in women; rates of suicide completion are higher in men. Family history, presence of a major depressive episode, and active substance use also elevate an individual's risk of suicide.