

The clinical presentation of depression disorder

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A. Five (or more) 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.

Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g., a change or more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings or 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.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

Note: Criteria A to C represent a major depressive episode.

Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.¹

D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.

E. There has never been a manic episode or a hypomanic episode.

Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the

¹In distinguishing grief from a major depressive episode (MDE), it is useful to consider that in grief the predominant affect is feelings of emptiness and loss, while in MDE it is persistent depressed mood and the inability to anticipate happiness or pleasure. The dysphoria in grief is likely to decrease in intensity over days to weeks and occurs in waves, the so-called pangs of grief. These waves tend to be associated with thoughts or reminders of the deceased. The depressed mood of MDE is more persistent and not tied to specific thoughts or preoccupations. The pain of grief may be accompanied by positive emotions and humor that are uncharacteristic of the pervasive unhappiness and misery characteristic of MDE. The thought content associated with grief generally features a preoccupation with thoughts and memories of the deceased rather than the self-critical or pessimistic ruminations seen in MDE. In grief, self-esteem is generally preserved, whereas in MDE feelings of worthlessness and self-loathing are common. If self-derogatory ideation is present in grief, it typically involves perceived failings vis-à-vis the deceased (e.g., not visiting frequently enough, not telling the deceased how much he or she was loved). If a bereaved individual thinks about death and dying, such thoughts are general focused on the deceased and possibly "joining" the deceased, whereas in MDE, such thoughts are focused on ending one's own life because of feeling worthless, undeserving of life, or unable to cope with the pain of depression.

Coding and Recording Procedures

The diagnostic code for major depressive disorder is based on whether this is a single or recurrent episode, current severity, presence of psychotic features, and remission status. Current severity and psychotic features are only indicated if full criteria are not currently met for a major depressive episode. Codes are as follows:

Severity/Course Specifier	Single Episode	Recurrent Episode*
Mild (p. 188)	292.21 (F32.0)	296.31 (F33.0)
Moderate (p. 188)	296.22 (F32.1)	296.32 (F33.1)
Severe (p. 188)	296.23 (F32.2)	296.33 (F33.2)
With psychotic features [†] (p. 186)	296.24 (F32.3)	296.34 (F33.3)
In partial remission (p. 188)	296.25 (F32.4)	296.35 (F33.41)
In full remission (p. 188)	296.26 (F32.5)	296.36 (F33.42)
Unspecified	296.20 (F32.9)	296.30 (F33.9)

*For an episode to be considered recurrent, there must be an interval of at least 2 consecutive months between separate episodes in which criteria are not met for a major depressive episode. The definitions of specifiers are found on the indicated pages.

[†]If psychotic features are present, code the "with psychotic features" specifier irrespective of episode severity.

In recording the name of a diagnosis, terms should be listed in the following order: major depressive disorder, single or recurrent episode, severity/psychotic/remission specifiers followed by as many of the following specifiers without codes that apply to the current episode.

Specify:

With anxious distress (p. 184)

With mixed features (pp. 184–185)

With melancholic features (pp. 184–185)

With atypical features (pp. 185–186)

With mood-congruent psychotic features (p. 186)

With mood-incongruent psychotic features (p. 186)

With catatonia (p. 186). **Coding note:** use additional code 293.89 (F06.1).

With peripartum onset (pp. 186–187)

With seasonal pattern (recurrent episode only) (pp. 187–188)

ویژگی های علایم

○ با خصایص روان پریشانه :

Mood – Congruent

Mood – Incongruent

○ با خصایص مالیخولیایی

○ با خصایص آتیپیک

○ با خصایص کاتاتونیک

○ شروع پسازایمانی

○ الگوی فصلی



Table 8.1-9

Clinical Features Predictive of Bipolar Disorder

Early age at onset

Psychotic depression before 25 years of age

Postpartum depression, especially one with psychotic features

Rapid onset and offset of depressive episodes of short duration
(<3 months)

Recurrent depression (more than five episodes)

Depression with marked psychomotor retardation

Atypical features (reverse vegetative signs)

Seasonality

Bipolar family history

High-density, three-generation pedigrees

Trait mood lability (cyclothymia)

Hyperthymic temperament

Hypomania associated with antidepressants

Repeated (at least three times) loss of efficacy of antidepressants
after initial response

Depressive mixed state (with psychomotor excitement, irritable
hostility, racing thoughts, and sexual arousal *during* major
depression)

خصایص بالینی

○ افسردگی در کودکان و نوجوانان

○ افسردگی در سالمندان

معاینه وضعیت روانی

○ وضعیت هوشیاری و شناخت (موقعیت سنجی - حافظه)

○ کنترل تکانه

○ قضاوت و بینش

○ قابل اعتماد بودن

○ توصیف کلی

• خلق - Affect

○ تکلم

○ اختلالات درکی

○ فکر

تشخیص افتراقی

- اختلالات طبّی
- بیماری های نورولوژیک (Dementia – P.D، اختلالات عروقی مغز – صرع – تومور)
- دمانس کاذب
- اختلالات روانی (سایر اختلالات خلقی – سایر اختلالات روانی)
- داغدیگی غیر عارضه دار
- اسکیزوفرنی



Table 8.1-8
Mental Disorders That Commonly Have Depressive Features

Adjustment disorder with depressed mood
Alcohol use disorders
Anxiety disorders
 Generalized anxiety disorder
 Mixed anxiety–depressive disorder
 Panic disorder
 Posttraumatic stress disorder
 Obsessive-compulsive disorder
Eating disorders
 Anorexia nervosa
 Bulimia nervosa
Mood disorders
 Bipolar I disorder
 Bipolar II disorder
 Cyclothymic disorder
 Dysthymic disorder
 Major depressive disorder
 Minor depressive disorder
 Mood disorder due to a general medical condition
 Recurrent brief depressive disorder
 Substance-induced mood disorder
Schizophrenia
Schizophreniform disorder
Somatoform disorders (especially somatization disorder)

