

# Using the DSM-5 in the Differential Diagnosis of Depression

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# Depressive Disorders- DSM5

- Major Depressive Disorder
- Persistent Depressive Disorder
- Pre-menstrual Dysphoric Disorder
- Disruptive Mood Dysregulation Disorder
- Substance/Medication Induced Depressive Disorder
- Depressive Disorder due to another medical condition
- Other Specified Depressive Disorder
- Unspecified Depressive Disorder





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# Case 1

- YP, a 38-year-old Mexican-American woman, presents to her PCP for check-up regarding previous diagnoses of hypertension and elevated cholesterol. YP missed two previously scheduled appointments and presented today after receiving a letter from her PCP's office regarding her missed visits. In the course of the appointment, she admits that there have been days that she had not taken her medications. PHQ-9 = 18. Further inquiry reveals that she has been generally unmotivated, has been isolating at home, and not engaging with others or activities as she used to. She reports that she sleeps a lot but "always feels tired", that doing anything seems to take a lot of effort, and "nothing is fun anymore". YP also admits to feelings of sadness, and hopelessness. She becomes mildly tearful at discussing this because she admits...





## Case 1 (con't)

- ... that in recent weeks, she has been having thoughts of not wanting to live, and this scares her. She reports that she has been struggling with these symptoms for at least the past six weeks after the death of her mother, and that in the past 3 weeks she has been feeling worse. This has been getting in the way of her functioning at work as a cashier. She reports that in the last week she missed 2 days of work because she “just didn’t feel like going” and now is very worried about the possibility of losing her job. She also reports that she has been not getting along with her sister, who she is usually very close to. With additional inquiry, YP mentioned no prior psychiatric or pharmacological treatment for these symptoms.





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# Case 1 (con't)

- ... that in recent weeks, **she has been having thoughts of not wanting to live**, and this scares her. She reports that she has been struggling with these symptoms for at least the past six months after the break up of her eight-year romantic relationship, and that in the past 3 weeks she has been feeling worse. This **has been getting in the way of her functioning at work as a cashier**. She reports that in the last week she missed 2 days of work because she “just didn’t feel like going” and now is very worried about the possibility of losing her job. **She also reports that she has been not getting along with her sister, who she is usually very close to**. With additional inquiry, YP mentioned no prior psychiatric or pharmacological treatment for these symptoms.





# Differential Diagnosis

- What else may be contributing to depression symptoms in this case?





# Differential Diagnosis





# DSM-5 Major Depressive Disorder

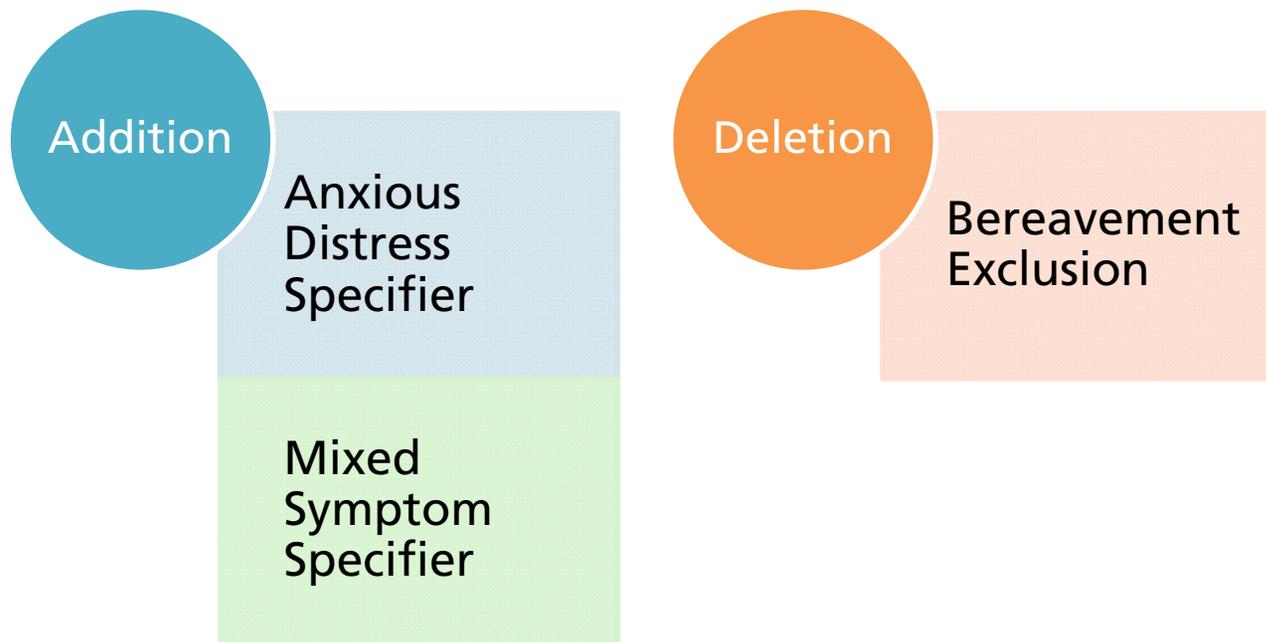
- Core Symptoms are same as DSM IV TR
  - Depressed mood
  - Loss of interest/pleasure
  - Changes in sleep
  - Changes in appetite or weight
  - Changes in activity
  - Guilt/worthlessness
  - Death/suicide
  - Fatigue/loss of energy
  - Decreased focus or concentration





# DSM-5 Major Depressive Disorder

- Changes from the DSM-IV-TR





# DSM-5 Major Depressive Disorder

- **With Anxious Distress (at least 2)**
  - Feeling keyed up or tense
  - Feeling unusually restless
  - Difficulty concentrating due to worry
  - Fear that something awful may happen
  - Feeling of loss of control





# DSM-5 Major Depressive Disorder

- With mixed features (at least 3)
  - Elevated, expansive mood
  - Inflated self-esteem/grandiosity
  - More talkative/pressured
  - Flight of ideas/racing thoughts
  - Increased energy/goal directed activity
  - Consequential behavior
  - Decreased need for sleep
- Observable by others
- **Mania/hypomania excluded**
- Not due to effects of substance or medication





# DSM-5 Major Depressive Disorder

- **Bereavement Exclusion DSM-IV-TR**
  - Depression symptoms lasting less than 2 months after the death of a loved one
- **No Bereavement exclusion in DSM 5**
  - Bereavement can last 1-2 years
  - Bereavement can precipitate major depressive episode
  - Major depression in bereavement worsens clinical course
  - Depressive symptoms with bereavement respond to same interventions as non-bereavement associated depression





# DSM-5 Major Depressive Disorder

## Bereavement/Grief

- Loss of loved one
- Painful emotions in waves, intermixed with positive feelings and memories
- Preserved self-esteem

## Major Depression

- Triggered or spontaneous
- Mood and ideation consistently negative
- Low self-worth, poor self concept are common

These are different clinical phenomenon & should be approached as such!!





## Case 2

- TP, a 25-year-old female, who recently moved to the area, presents to establish care and to find “someone to prescribe my meds”. She reports she’s been previously diagnosed with bipolar disorder, depression, anxiety. She’s currently prescribed ZOLOFT, AMBIEN, BUSPAR, but has not taken them in the last month, citing lapse in prescription and complicated move. She admits to current depressed mood, irritability, tiredness, over eating with 15 lb weight gain in the past month. She denies suicidal ideation, but reports that she and her boyfriend have been really concerned about how irritable she can get. She works as a nursing assistant and states that she’s been generally overwhelmed at work, although she recognizes that some weeks are better than others. She also reports insomnia (some weeks better than others). She’s never been hospitalized. She as been prescribed mood stabilizers in the past none of which were effective and caused side effects.



# Differential Diagnosis

- What else may be contributing to depression symptoms in this case?





# Differential Diagnosis





# DSM-5 Premenstrual Dysphoric Disorder

- At least 5 core symptoms (including 1 or more of the first 4 symptoms) in the final week before menses, start to improve within menses, minimal the week post menses
- Clinically significant distress or interference with function
- Not due to another disorder
- Symptoms confirmed in at least 2 cycles vs. provisional
- Not due to a substance
- Core Symptoms
  - Affective lability
  - Irritability
  - Depressed mood
  - Anxiety/tension
  - Decreased interest
  - Poor concentration
  - Fatigue
  - Appetite change
  - Hypersomnia/insomnia
  - Overwhelmed
  - Breast tenderness/joint swelling/bloating/weight gain







## Case 3

- KJ 45 yo female

PHQ9=19; GAD7=12; CIDI +6/9

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Ms. J is a 45 yo female with previous diagnoses Bipolar Disorder NOS and history of polysubstance abuse (cocaine, alcohol, opioids) who is referred for diagnostic evaluation and medication recommendations. Currently she is taking SEROQUEL 100 mg at bedtime and reports that it is helpful, denying any depressed mood. She identifies insomnia as her most bothersome symptom citing multiple wakings throughout the night. Apparently SEROQUEL has decreased this some. She had recently been prescribed LITHIUM and found that this has made no difference. Been tried twice, and neither effective. Smokes marijuana occasionally to help relax to sleep. Has tried UNISOM but causes headaches.



## Case 3

- Currently reports that her mood is not particularly depressed, but struggles with anhedonia, motivation, energy level; appetite is fine; no suicidal ideation. She reports that her previous experience with "mood swings" all happened in the context of alcohol and substance abuse. She reports previous antidepressant trials each of them successful to varying degrees: AMITRIPTYLINE, CITALOPRAM, ZOLOFT, EFFEXOR. Other medication trials: XANAX, CLONAZEPAM, LAMICTAL, TRAZODONE.
- She has had multiple inpatient CD alcohol treatment episodes, last 2011; and, 2 episodes of intensive outpatient treatment. Reported last use of cocaine, 4 months ago.





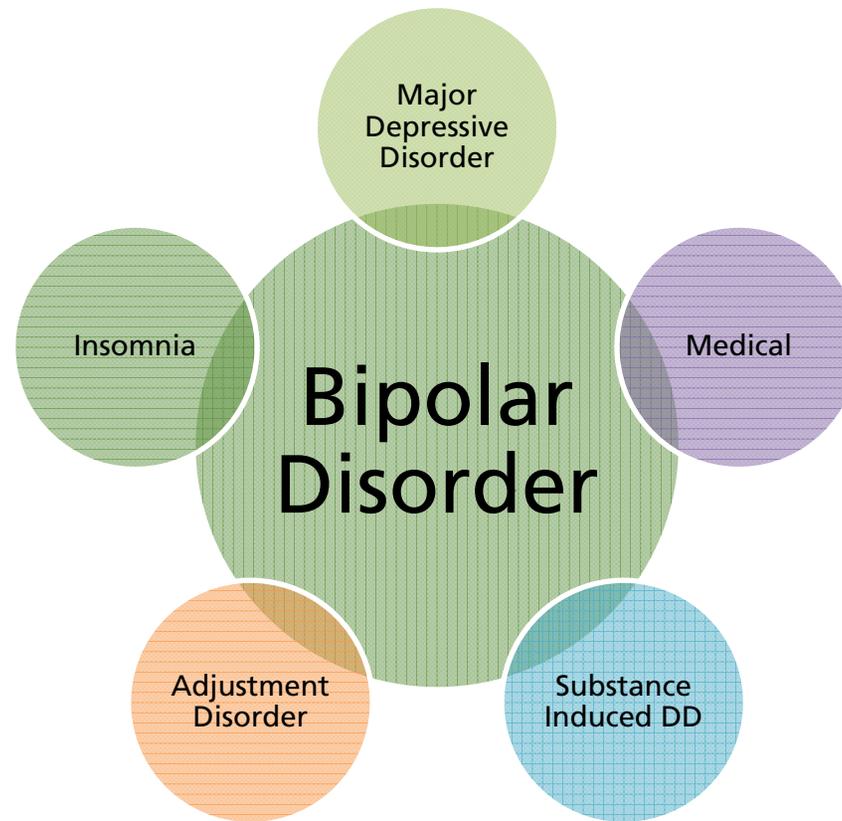
## Case 3

- Medically, pt has previous diagnosis of Grave's Disease, but not clear that she has had previous treatment. Also, has a history of nipple discharge. Currently being worked up for pituitary adenoma by PCP. Prolactin level 23.6. Pt also with Hepatitis C with a history of interferon trial. She did not experience any significant mood changes with this treatment.



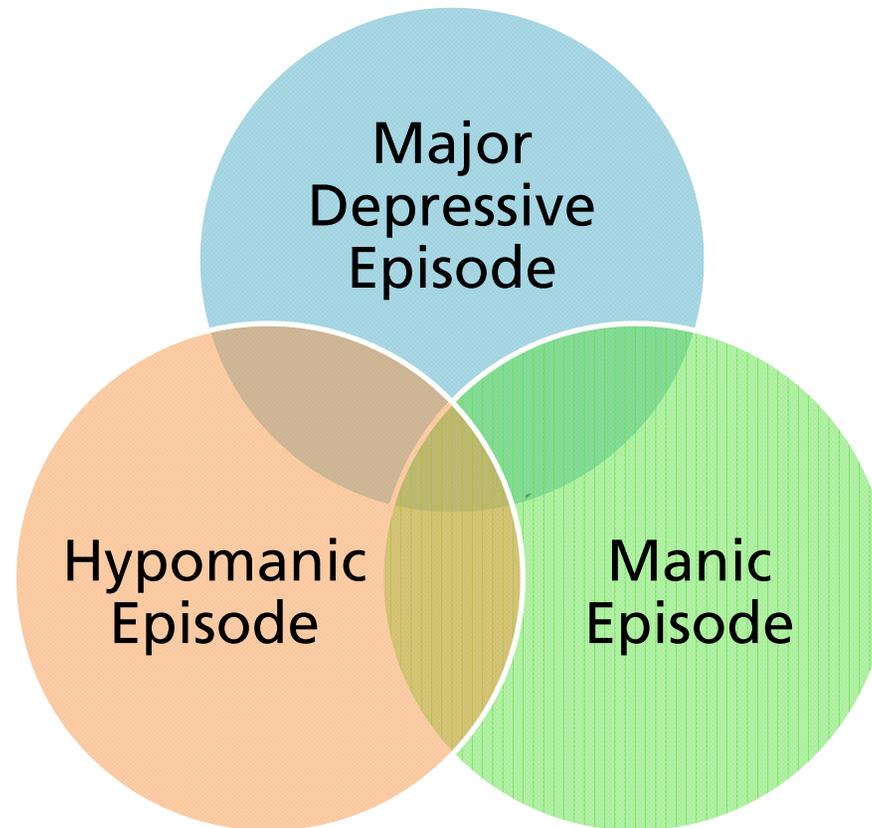


# Differential Diagnosis





# DSM-5 Bipolar Disorder





# DSM-5 Bipolar Disorder Mania/hypomania

- Persistently elevated, expansive, or irritable mood with increased activity or energy lasting at least 1 week (4 days for hypomania)
- 3 or more of the following
  - Grandiosity
  - Decreased need for sleep
  - Talkative/pressured
  - Flight of ideas/racing thoughts
  - Distractibility
  - Increased activity, psychomotor agitation
  - Excessive involvement in consequential behavior
- Severe social or occupational functioning (not for hypomania)
- Not due to substance/medication





# Depression Differential

