Depressive Disorders				
Disruptive Mood Dysregulation	Major Depressive Disorder	Persistent Depressive Disorder	Premenstrual Dysphoric Disorder	
Temper outbursts, severe/recurrent Verbal or habovieral	MAJOR DEPRESSIVE EPISODE (5+)	Depressed mood for >2 years Most days most of days	5+ sx in week before menses Sy improve with days of another.	
Verbal or behavioral Greekly out of proportion	Present for same 2-week periodWith either low mood or anhedonia	Most days, most of day>1 yr in child/adol	Sx improve with days of onset Minimal av in week postmenage	
Grossly out of proportion	• With either low mood or annedoma	• >1 yr in chiid/adol	Minimal sx in week postmensesMost of menstrual cycles in past yr	
	Depressed mood		iviost of menstrual cycles in past yi	
3+ outbursts per week (average)	2. Anhedonia	DEPRESSIVE SYMPTOMS (2+)	AFFECTIVE SYMPTOMS (1+)	
or catearsts per treet (average)	3. Appetite/weight change (>5%)	Appetite change	Labile affect	
Persistently irritable/angry	4. Sleep disturbance	Sleep disturbance	2. Irritability/anger, interprsnl conflicts	
Persistently irritable/angry Between outbursts	5. Energy low	3. Energy low	3. Low mood, hopelessness, self-	
Most of day, every day	6. Concentration difficult/indecisive7. Psychomotor agitation/retardation	Concentration difficulty/indecisive	deprecating thoughts	
Observable by others	8. Guilt (inappropriate, worthlessness)	5. Low self-esteem6. Hopelessness	4. Anxiety, tension, on edge	
02331 742313 27 5 111313	Suicidal ideation or attempt	6. Hopelessiless		
Inconsistent with development level	i i		FUNCTIONAL SYMPTOMS (1+)	
Age of onset <10 yo			1. Anhedonia	
Diagnosis made between 6-18 yo			Appetite changes	
			Sleep disturbance	
			4. Energy low	
			Concentration difficulties Overwhelmed, out of control	
			7. Physical sx (breast tender/swelling,	
			joint/muscle pain, bloating, wt gain)	
Duration >12 months		Not without sx >2 months during 2-yr	Confirmed by daily ratings	
Not >3 months without all symptoms		period (1 yr for child/adol)	During at least 2 symptomatic cycles	
Dur		14 1 14 14 14 14 14 14 14 14 14 14 14 14		
		May have continuous MDD for 2 yrs		
In 2/3 settings (home, school, peers)	Sig distress/fxnal impairment	Sig distress/fxnal impairment	Sig distress/fxnal impairment	
Severe in at least one setting	3ig distress/fixilal impairment	Sig distress/txtial impairment	3ig distress/txtial impairment	
is severe in at least one setting				
Not due to substance or AMC	Not due to substance or AMC	Not due to substance or AMC	Not due to substance or AMC	
Does not meet hypomania/mania	No hypomanic or manic episodes	No hypomanic or manic episodes		
episode sx criteria for >1 day	,	Not cyclothymic disorder		
ਹ				
Not exclusively during MDE	Not due to another mental disorder	Not due to another mental disorder	Not due to another mental disorder	
Not due to another mental disorder	(schizophrenia spectrum disorders)	(schizophrenia spectrum disorders)	(not exacerbation of MDD, panic,	
(autism, PTSD, separation anxiety,			dysthymia, personality disorder)	
persistent depressive disorder)Cannot coexist with ODD, IED, bipolar				
Garinot Gookist With Obb, IEB, Dipolal				
None	Mild/moderate/severe	Mild/moderate/severe	Provisional (if no prospective daily	
	In partial/full remission	In partial/full remission	ratings)	
	Unspecified	Early/late onset (before/after 21)		
	With anxious distress	With anxious distress		
	With mixed features With malanahalia features	With mixed features With malanahalia features		
	With melancholic featuresWith atypical features	With melancholic features With atypical features		
S.L.	With atypical reatures With mood-congruent psychotic fts.	With atypical reatures With mood-congruent psychotic fts.		
J. J	 With moon-incongruent psychotic fts. 	With mood-incongruent psychotic its. With mood-incongruent psychotic fts.		
e do	With peripartum onset	With peripartum onset		
	With catatonia			
	With seasonal pattern	For most recent 2 years of PDD:		
		With pure dysthymic syndrome		
		With persistent MDE		
		With intermittent MDE, with current		
		episode		
		With intermittent MDE, without current enisode		
		current episode		

Depressive Disorders				
Substance/Medication-Induced	Due to AMC	Other Specified	Unspecified	
Depressed mood or anhedonia predominate clinical picture Kibologo predominate clinical picture Kibologo predominate clinical picture	Depressed mood or anhedonia predominate clinical picture	Does not meet any full criteria Choose TO specify reason Recurrent brief depression Depressed mood and 4+ other sx Duration 2-13 days 1+ times/month, for 12+ months Not other mood/psychotic disorder Not psychotic disorder	Does not meet any full criteria Choose NOT to specify reason Insufficient information for dx	
Hx, P/E, lab findings of both: 1. Sx onset during/soon after substance intox/withdrawal or medication exposure 2. Sub/med capable of producing sx	Direct pathophysiological consequence of AMC, as per evidence from Hx, P/E, labs	Short-duration depressive episode Depressed mood and 4+ other sx Duration 4-13 days Not recurrent brief depression Not other mood/psychotic disorder Depressive episode with insufficient symptoms		
Sig distress/fxnal impairment	Sig distress/fxnal impairment	Depressed mood and 1+ other sx Duration >2 weeks Not other mood/psychotic disorder		
Not due to another depressive disorder (Sx precede sub/med use, symptoms >1 month after stopping, other evidence)	Not due to another mental disorder (adjustment disorder)			
Not during delirium	Not during delirium			
Indicate substance • With onset during intoxication • With onset during withdrawal • With onset after medication use	Indicate name of AMC • With depressive features • With major depressive-like features • With mixed features			

Sp	ecifiers for Depressive Disorders					
	With anxious distress	With mixed features	With melancholic features	With atypical features	With psychotic features	With catatonia
nenology	DURING MAJORITY OF MDE/PDD (2+) 1. Tense, keyed up 2. Restless 3. Concentration difficult due to worry 4. Fear something awful will happen 5. Feeling might lose control of self	HYPOMANIC/MANIC SYMPTOMS (3+) During majority of MDE Elevated, expansive mood Grandiosity, inflated self-esteem More talkative, pressured speech Racing thoughts, flight of ideas More energy, goal-directed activity Risky activities, sig consequences Decr need for sleep	DURING MOST SEVERE PERIOD (1+) 1. Loss of pleasure in most activities 2. Lack of reactivity to pleasurable stimuli	DURING MAJORITY OF MDE/PDD • Mood reactivity	Delusions/hallucinations present MOOD-CONGRUENT PSYCHOTIC FTS Consistent with typical depressive themes (inadequacy, guilt, nihilism, disease, death, deserved punishment) MOOD-INCONGRUENT PSYCHOTIC FTS None/mixture of typical depressive themes	Catatonic present for most of episode
Phenon		Change from usual behavior Observable by other Not due to substance or AMC	MELANCHOLIC SYMPTOMS (2+) 1. Despair, despondency, empty 2. Worse in morning 3. Early-morning wakening (>2 hrs) 4. Psychomotor agitation/retardation 5. Anorexia/weight loss 6. Guilt (excessive/inappropriate)	ATYPICAL SYMPTOMS (2+) 1. Weight gain/increased appetite 2. Hypersomnia 3. Leaden paralysis 4. Interpersonal rejection sensitivity		
Excl		Not hypomanic or manic episode		Not "with melancholic features" or "with catatonia"		
Specifiers	 Mild (2 sx) Moderate (3 sx) Moderate-severe (4-5 sx) Severe (4-5 sx, motor agitation) Higher suicide risk Longer duration of illness More likely nonresponsive to tx 	None	None Modest tendency to repeat More frequent in inpatients More likely in severe MDE More likely if psychotic features	None Historical significance May be euthymic if favorable situation Leaden paralysis usually >1hr/day Interpersonal rejective sensitivity usually early onset, persistent trait, occurs even if not depressed	None	None

Specifiers for Depressive Disorders					
With peripartum onset	With seasonal pattern	In partial/full remission	Severity		
If current/most recent MDE occurs during pregnancy, or in 4 weeks following delivery Most delivery	Regular temporal relationship between onset of MDE and particular time of year Applies to recurrent MDD Not due to seasonal stressors Full remission at particular time of yr For past 2 years, 2 MDEs with	In partial/full remission IN PARTIAL REMISSION Full criteria no longer met 2 months without sig symptoms IN FULL REMISSION >2 months without sig symptoms	MILD Few symptoms above required Manageable intensity of sx Minor impairment MODERATE Between mild and severe SEVERE Many symptoms above required Unmanageable intensity of sx Major fxnal impairment		
Excl	temporal seasonal relationships No nonseasonal MDEs in same period Seasonal MDEs sig outnumber nonseasonal MDEs over lifetime				
None 3-6% experience peripartum MDE 50% begin prior to delivery Often severe anxiety, panic attacks "Baby blues" increase risk Can have psychotic features Infanticide most often assoc with postpartum psychotic episodes, command hallucs to kill, delusions that infant is possessed Postpartum mood episodes with psychotic features: 1 in 500-1000 deliveries, more common in primiparous women	None	None	None		