

Brief Description of Depressive Disorders

This document briefly describes the various depressive disorders. This does not specify how to diagnose Major Depression or any other disorder; it is just an overview.

The defining feature of **Major Depressive Disorder** is a Major Depressive Episode: A combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. The symptom list includes:

- Depressed Mood: Persistent sad, anxious, or "empty" mood
- Anhedonia: Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Appetite and/or weight loss or overeating and weight gain
- Insomnia, early-morning awakening, or oversleeping
- Physical slowness ("psychomotor retardation")
- Restlessness, agitation
- Decreased energy, fatigue
- Feelings of guilt, worthlessness, helplessness
- Difficulty concentrating, remembering, making decisions
- Thoughts of death or suicide; suicide attempts

To be diagnosed with Major Depressive Episode, the patient must have **at least five symptoms** and they must include either **depressed mood or anhedonia**, and need to be present at least two weeks but often are present for much longer. There is no common profile of symptoms; individuals with Major Depression may present very differently, and only some will be obviously depressed. Not everyone who is depressed experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

A less severe type of depression is **Dysthymia**. It involves **long-term, chronic symptoms** that do not disable, but keep one from functioning well or from feeling good. The symptom list is similar but not identical to that of major depression. The most important difference is that the patient needs to have the **symptoms for at least two years**.

- Depressed mood most of the day, more days than not, for at least two years
- Appetite and/or weight loss or overeating and weight gain
- Insomnia, early-morning awakening, or oversleeping
- Decreased energy, fatigue
- Low self-esteem
- Difficulty concentrating, remembering, making decisions
- Feelings of hopelessness

Many people with Dysthymia also experience Major Depressive Episodes at some time in their lives. When this happens, it is sometimes called "Double depression."

Another less severe type of depression is **Minor Depressive Disorder**. This label applies to people when they have some symptoms of a Major Depressive Episode but not enough to reach the cut-off for that diagnosis. The symptom list is the same as for major depression. For minor depression, one needs **at least two but less than five symptoms**, and at least one of them must be depressed mood or anhedonia. Like major depression, the symptoms must last at least two weeks.

One should always consider **Bereavement** instead of a specific depressive disorder. Bereavement often consists of symptoms characteristic of major depression; however, there are no formal criteria for the Bereavement code, nor are there formal criteria for distinguishing Bereavement from an MDE. The Bereavement code is appropriate up to two months following the death of the loved one, during which time the Bereavement reaction is considered “normal.”

Finally, there is **Adjustment Disorder**. Adjustment Disorder is a catch-all category for the development of clinically significant emotional or behavioral symptoms in **response to an identifiable psychosocial stressor** or stressors. It is important to note that Major Depression also often is a response to a clearly identifiable stressor. Adjustment Disorder specifically is used when the patient is having difficulty coping with the stressor but does not meet criteria for Major Depression.

One should also consider **Bipolar Disorder**, also called manic-depressive illness. Not nearly as prevalent as other forms of depressive disorders, bipolar disorder is characterized by cycling mood changes: severe highs (manic episodes) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, an individual can have any or all of the symptoms of a depressive disorder. Symptoms of manic episodes include:

- Increased self-esteem or grandiosity
- Decreased need for sleep
- More talkative than usual or pressure to keep talking
- Flight of ideas or subjective experience that thoughts are racing
- Distractibility
- Increase in goal-directed activity or psychomotor agitation
- Excessive involvement in pleasurable activities that have high potential for painful consequences.

Many people think of mania as the opposite of depression, in that a manic person is thought to be feeling great, grandiose, and has inflated self-esteem. It is important to recognize that this is not true. **For many people, manic episodes are very frightening; one cannot sleep, feels out of control, feels unable to slow down one’s behavior or thoughts, and is extremely irritable.** Manic individuals, like depressed individuals, can be suicidal.