UPDATE # TWO

Depressive Disorders

This is the second in a monthly series of updates, emphasizing the differences between DSM5 and DSMIV, or highlighting necessary components to integrate the DSM5 into practice or update the department on additional changes to what was taught in the initial release.

Effective Use of DSM5

If you didn’t attend either of the Grand Rounds updates on the DSM5 this year, consider watching the YouTube video of the last presentation here.

March 2014 Grand Rounds

ALL ACCESS MATERIALS

DSM5 Update Web
www.musc.edu/dsm5update

APA DSM5 Site
www.dsm5.org

MUSC ACCESS ONLY

DSM5 Collection
www.psychiatryonline.com

MUSC Intranet- U: DRIVE:
•DSM5 Update Folder
•PsychResResources Folder

DSM5-Update SubFolder

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Depressive Disorders

1. Removing the Bereavement Exclusion in Depression

In DSM-IV, there was an exclusion criterion for a major depressive episode that was applied to depressive symptoms lasting less than 2 months following the death of a loved one (i.e., the bereavement exclusion). This was omitted in DSM-5 for several reasons.

• First is to remove the implication that bereavement typically lasts only 2 months when both physicians and grief counselors recognize that the duration is more commonly 1-2 years.

• Second, bereavement is recognized as a severe psychosocial stressor that can precipitate a major depressive episode in a vulnerable individual, generally beginning soon after the loss.

• Third, bereavement-related major depression is most likely to occur in individuals with past personal and family histories of major depressive episodes.

2. DSM-5 contains several new depressive disorders, including disruptive mood dysregulation disorder and premenstrual dysphoric disorder. Premenstrual dysphoric disorder (PMDD) has been moved to the main body of DSM-5 and DSM-5 conceptualizes chronic forms of depression in a somewhat modified way. Dysthymia in DSM-IV now falls under the category of Persistent depressive disorder, which includes both of the older terms: chronic major depressive disorder and the older dysthymic disorder. An inability to find scientifically meaningful differences between these two conditions led to their combination with specifiers, included to identify different pathways to the diagnosis and to provide continuity.

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