

Depressive Disorders

Depression is one of the most prevalent issues people suffer when it comes to mental health. There are six conditions that fall under the Depressive Disorders classification in the DSM-5-TR and two others that may be diagnosed if the clinician believes the conditions exists but has not been able to identify enough criteria. The five conditions include: Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder (Dysthymia), Premenstrual Dysphoric Disorder, Substance/Medication Induced Depressive Disorder, and Depressive Disorder Due to Another Medical Condition.

What is Disruptive Mood Dysregulation Disorder?

This is an interesting diagnosis that emerged as a result of research from the Mid-1990's into the 2000's that showed "...severe, nonepisodic [childhood] irritability is a manifestation of pediatric mania."¹ As a result, there was a significant increase in children who received a diagnosis of Bipolar Disorder and subsequently put on medications for the condition. This was problematic, as these medications can be dangerous, have long term side effects, and was relatively untested in child populations. In

an effort to address this issue, the Diagnostic committee, with supporting research, formulated a new condition; one that was not directly linked to Bipolar Disorder. This resulted in a different way of thinking about these issues and, ultimately, a different way of treating it.

The criteria include :

Severe and recurrent temper outbursts manifested verbally and/or behaviorally that are grossly out of proportion in intensity and duration to the situation or provocation. These outbursts are not consistent with the child's age or developmental level and occur three or more times a week. The mood between temper outbursts is persistently irritable or angry most of the day, nearly everyday and is observable by others. The symptoms have been present for at least 12 months with no more than three months without them emerging. The symptoms must be present in more than one setting.

This diagnosis is only for those between the ages of 6 and 18 years of age. Also, the onset of the symptoms must have occurred before the age of ten. Additionally, this should not be diagnosed if certain other conditions are present (e.g. Autism, an actual history of a manic episode, trauma, separation anxiety, etc.).

¹ American Psychiatric Association, DSM-5-TR pg. 179.



Major Depressive Disorder & Persistent Depressive Disorder

Major Depressive Disorder is characterized by depressed mood and/or loss of interest or feelings of pleasure that is a substantial change from previous functioning and has lasted at least two weeks, nearly all day. It is also characterized by:

1. Significant change in weight and appetite.
2. Significant change in sleep.
3. Fatigue or loss of energy nearly every day.
4. Feelings of worthlessness or inappropriate guilt.
5. Diminished ability to think, concentrate, make decisions, nearly every day.
6. Recurrent thoughts of death.

Persistent Depressive Disorder is very similar to Major Depressive Disorder; however, the symptoms have been present for at least 2 years.

Premenstrual Dysphoric Disorder

The following symptoms occur during most menstrual cycles and start to improve within a few days after the menstrual cycle starts. The condition can manifest with significant mood swings beyond what would be expected, significant anger or irritability, significant depressed mood, and/or significant anxiety.

The following symptoms may also be present:

1. Decreased interest in activities
2. Problems with concentration
3. Lethargy
4. Significant change in appetite
5. Significant change in sleep
6. Feeling overwhelmed or out of control
7. Physical symptoms such as breast tenderness, bloating, muscle pain.

Treatment Considerations

1. Medication to help stabilize mood.
2. Psychological Treatments include:
 - a. Cognitive Behavior Therapy
 - b. Psychodynamic therapy
 - c. Behavioral therapy
 - d. Hypnotherapy
3. Assess for suicide risk
4. Seek assessment of medical conditions that could effect the depression (e.g. thyroid, adrenal issues).
5. Addressing any sleep cycle problems.
6. Addressing potential nutritional problems.
7. Addressing any contributing substance use problems.
8. Identifying any social issues that are contributing to the mood problems and working to remedy them.
9. Work to increase positive social interaction

