

Highlights: Bereavement exclusion for Depression

In DSM-IV TR, 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 exclusion is omitted in DSM-5 to remove the implication that bereavement typically lasts only 2 months when clinicians recognize that the duration is more commonly 1–2 years.

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. Bereavement-related major depression is genetically influenced and is associated with similar personality characteristics, patterns of comorbidity, and risks of chronicity and/or recurrence as non–bereavement-related major depressive episodes.

The depressive symptoms associated with bereavement-related depression respond to the same psychosocial and medication treatments as non–bereavement-related depression.

Persistent Depressive Disorder [Dysthymia] (300.4) Diagnostic Checklist

Check the box next to the following criteria that are present for this patient:

Yes	No	DSM-5 Diagnostic Criteria
<input type="checkbox"/>	<input type="checkbox"/>	A. Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years. <i>NOTE: In children and adolescents, mood can be irritable and duration must be at least 1 year.</i>
<input type="checkbox"/>	<input type="checkbox"/>	B. Presence, while depressed of two (or more) of the following: <input type="checkbox"/> 1. Poor appetite or overeating. <input type="checkbox"/> 2. Insomnia of hypersomnia. <input type="checkbox"/> 3. Low energy or fatigue. <input type="checkbox"/> 4. Low self-esteem. <input type="checkbox"/> 5. Poor concentration or difficulty making decisions. <input type="checkbox"/> 6. Feelings of hopelessness.
<input type="checkbox"/>	<input type="checkbox"/>	C. During the 2 year period (or 1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.
<input type="checkbox"/>	<input type="checkbox"/>	D. Criteria for a major depressive disorder may be continuously present for 2 years.
<input type="checkbox"/>	<input type="checkbox"/>	E. There has never been a manic episode of a hypomanic episode, and criteria have never been met for cyclothymic disorder.
<input type="checkbox"/>	<input type="checkbox"/>	F. The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
<input type="checkbox"/>	<input type="checkbox"/>	G. The symptoms are not attributable to the physiological effects of a substance (e.g. a drug of abuse, a medication) or another medication condition (e.g. hypothyroidism).
<input type="checkbox"/>	<input type="checkbox"/>	H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

<p>Specify if: With anxious distress With mixed features With melancholic features With atypical features With mood-congruent psychotic features With mood-incongruent psychotic features With peripartum onset</p>	<p>Specify if: With pure dysthymic syndrome With persistent major depressive episode With intermittent major depressive episodes, with current episode With intermittent major depressive episodes, without current episode</p>
<p>Specify if: In partial remission In full remission</p>	<p>Specify if: Mild, Moderate, Severe</p>

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Highlights: Anxiety Disorders

- Panic Disorder and Agoraphobia are now unlinked in DSM-5 as many patients experience Agoraphobia without panic symptoms
- For Agoraphobia, Specific Phobia, and Social Anxiety Disorder (Social Phobia):
 - the 6 month duration criterion has been extended to all ages (formerly just individuals under age 18) to minimize over diagnosis of transient fears.
 - The anxiety must be out of proportion to the actual danger or threat, but the requirement that individuals over age 18 years recognize their anxiety as excessive or unreasonable has been eliminated.

Highlights: Anxiety Disorders (continued)

- Panic attack descriptors have changed to identify “unexpected and expected” panic attacks. Panic attacks function as a prognostic factor for severity of diagnosis, course, and comorbidity across many anxiety and other disorders, and thus can be listed as a specifier that is applicable to all DSM-5 disorders.
- Separation Anxiety Disorder and Selective Mutism now fall under the Anxiety Disorders chapter instead of the Disorders of Infancy, Childhood or Adolescence (this chapter has been eliminated).
- Age criteria for Separation Anxiety Disorder have been changed to allow onset after age 18, with a duration criterion added of “typically lasting 6 months or more”.

Highlights: Obsessive-Compulsive and Related Disorders

- A new chapter has been developed to include Obsessive-Compulsive Disorder along with four new disorders:
 - Hoarding Disorder
 - Excoriation Disorder (skin picking)
 - Substance-medication induced obsessive-compulsive and related disorder
 - Obsessive-compulsive and related disorder due to another medical condition
- Body Dysmorphic Disorder and Trichotillomania now fall under Obsessive-Compulsive and Related Disorders
- Insight specifiers have been refined to distinguish between levels of insight of patients with these disorders.

Highlights: Trauma- and Stressor- Related Disorders

- A new chapter called Trauma- and Stressor- Related Disorders has been made which includes:
 - Reactive Attachment Disorder (emotionally withdrawn/inhibited)
 - New diagnosis of Disinhibited Social Engagement Disorder (formerly the indiscriminately social/disinhibited version of Reactive Attachment Disorder)
 - Posttraumatic Stress Disorder and Acute Stress Disorder (moved from the Anxiety Disorders Chapter)
 - Adjustment Disorders (formerly in a separate chapter)
- Acute Stress Disorder has a change in stressor criterion being explicit as to whether the traumatic event was experienced directly or indirectly, or witnessed

Highlights: Trauma- and Stressor- Related Disorders (continued)

- Posttraumatic Stress Disorder has also had changes in the stressor criterion being explicit as to whether the traumatic event was experienced directly or indirectly, or witnessed
- The criterion for subjective reaction is eliminated.
- There are now four symptom clusters instead of three because avoidance/numbing is divided into two clusters: avoidance and persistent negative emotional states.
- Arousal/reactivity cluster includes irritable or aggressive behavior and reckless/self-destructive behavior.
- Diagnostic thresholds lowered for children/adolescents and separate criteria for children ages 6 and younger.