



# Understanding Psychiatric Diagnoses Using Mnemonics

## Major Depressive Episode & Persistent Depressive Disorder



This program is paid for by  
Otsuka Pharmaceutical Development &  
Commercialization, Inc. (OPDC) and Lundbeck, LLC.

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# Objectives

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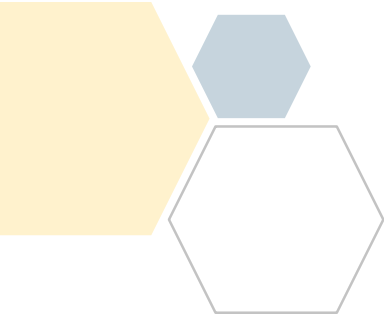
- Discuss the implications of the use of mnemonics in educational settings, specifically in medicine
- Review diagnostic differences between DSM-IV-TR and DSM-5 Major Depressive Episode and Dysthymia
- Examine mnemonics that can assist with understanding the Major Depressive Episode and Persistent Depressive Disorder diagnoses

# Mnemonic Use In Educational Settings

- Mnemonics, derived from the Greek word *mnemonikos*, are techniques used to assist memory dating back to 477 BCE. Use of mnemonics is a strategy for encoding new information in memory in such a way that it can be more easily retrieved, freeing up more cognitive resources for higher-order thinking.<sup>1</sup>
- Memory for factual information is absolutely essential for success in school, particularly at the secondary level. Mnemonic strategies are a way to relate new information to information students already have locked in long-term memory.<sup>2</sup>
- Having an organized, structured thinking process is critical in medicine. It is this thinking process that enables one to go through the method of history-taking, which will eventually lead to making a definitive diagnosis and all other processes that follow.<sup>3</sup>
- Effective communication is central to safe and effective patient care.<sup>4</sup>

1. Mocko M et al. Journal of Statistics Education. 2017;25(1):2-11;
2. Mastropieri M et al. Intervention in School and Clinic. 1998;33(4):201-2008;
3. Zabidi-Hussin ZA. Advances in Medical Education and Practice.2016;7:247-248
4. Risenberg LA et al. American Journal of Medical Quality. 2009; 196-203;.

# Major Depressive Episode DSM-IV-TR Compared With DSM-5



# Major Changes In MDE Diagnostic Criteria

For depressed mood, addition of “hopeless” in DSM-5 compared with DSM-IV-TR

In *DSM-IV-TR*, Depressed Mood occurs “most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation by others (e.g., appears tearful).<sup>1</sup>



In *DSM-5*, Depressed Mood occurs “most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, *hopeless* or empty) or observation by others (e.g., appears tearful).<sup>2</sup>

DSM, Diagnostic and Statistical Manual of Mental Disorders; MDD, Major Depressive Disorder; MDE, Major Depressive Episode.

1. Diagnostic and Statistical Manual of Mental Disorders: **DSM-IV-TR**. Washington, DC: American Psychiatric Association. 2000. Pg.. 356
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

# Major Changes In MDE Diagnostic Criteria<sup>1</sup> (Cont'd)

- Removal of the “bereavement exclusion”

In *DSM-IV-TR*, there was an exclusion criterion for an MDE that was applied to depressive symptoms lasting <2 months following the death of a loved one (i.e., the bereavement exclusion)



In *DSM-5*, this exclusion has been omitted and replaced by a detailed footnote that can aid clinicians in making the critical distinction between the symptoms characteristic of bereavement and those of MDD

- Addition of a “mixed feature” specifier:

The presence of at least 3 of the manic or hypomanic symptoms (insufficient to satisfy criteria for a manic or hypomanic episode), allowing for the possibility of manic or *hypomanic* features in individuals with a diagnosis of unipolar depression.

DSM, Diagnostic and Statistical Manual of Mental Disorders; MDD, Major Depressive Disorder; MDE, Major Depressive Episode.

1. American Psychiatric Association. Highlight of Changes from DSM-IV-TR to DSM-5. Available at: [http://www.dsm5.org/Documents/changes\\_from\\_dsm-iv-tr\\_to\\_dsm-5.pdf](http://www.dsm5.org/Documents/changes_from_dsm-iv-tr_to_dsm-5.pdf).



# DSM-5 Diagnostic Criteria For MDD

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
- Note:** Do not include symptoms that are clearly attributable to another medical condition.
1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
  2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
  3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.)
  4. Insomnia or hypersomnia nearly every day.
  5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).
  6. Fatigue or loss of energy nearly every day.
  7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
  8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
  9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

DSM, Diagnostic and Statistical Manual of Mental Disorders.

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

# DSM-5 Diagnostic Criteria For MDD

- B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- C. The episode is not attributable to the physiological effects of a substance or to another medical condition.

**Note:** Criteria A-C constitute a major depressive episode.

**Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble a depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.**

Text in bold, bright blue indicates new text in DSM-5 versus DSM-IV-TR.

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1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

# DSM-5 Diagnostic Criteria For MDD (Cont'd)

- D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
- E. There has never been a manic episode or a hypomanic episode.

**Note:** This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributable to the physiological effects of another medical condition.

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1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

# DSM-5 Mixed Features Specifier

## Depressive disorders, with mixed features:

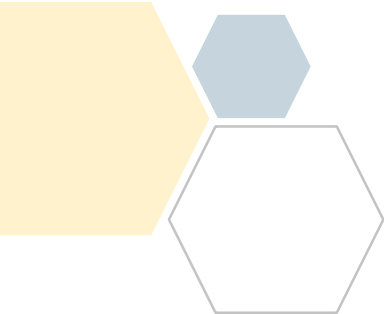
- A. Full criteria are met for a major depressive episode, and at least three of the following manic/hypomanic symptoms are present during the majority of days of the current or most recent episode of depression:
  1. Elevated, expansive mood.
  2. Inflated self-esteem or grandiosity.
  3. More talkative than usual or pressure to keep talking.
  4. Flight of ideas or subjective experience that thoughts are racing.
  5. Increase in energy or goal-directed activity (either socially, at work or school, or sexually).
  6. Increased or excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
  7. Decreased need for sleep (feeling rested despite sleeping less than usual, to be contrasted with insomnia).
- B. Mixed symptoms are observable by others and represent a change from the person's usual behavior.
- C. For individuals whose symptoms meet full episode criteria for both mania and depression simultaneously, the diagnosis should be manic episode, with mixed features.
- D. The mixed symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment).

DSM, Diagnostic and Statistical Manual of Mental Disorders.

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

# Dysthymia

## DSM-IV-TR Compared With DSM-5



# Major Changes In Dysthymia Diagnostic Criteria

## Removal of the “major depressive episode exclusion”

In *DSM-IV-TR*, there was an exclusion criterion for an MDE occurring in the first 2 years of the disturbance (1 year for children or adolescents) ; i.e., the disturbance is not better accounted for **Chronic Major Depressive or Major Depressive Disorder in partial remission**<sup>1</sup>



In *DSM-5*, this exclusion has been omitted and the 3 specifiers in *DSM-IV* (early onset, late onset, atypical features) are replaced with 18 specifiers, including specifiers to diagnose persistent, intermittent and current Major Depressive Episodes and the severity of illness.<sup>2</sup>

DSM, Diagnostic and Statistical Manual of Mental Disorders; MDD, Major Depressive Disorder; MDE, Major Depressive Episode.

1. American Psychiatric Association. Highlight of Changes from *DSM-IV-TR* to *DSM-5*. Available at: [http://www.dsm5.org/Documents/changes\\_from\\_dsm-iv-tr\\_to\\_dsm-5.pdf](http://www.dsm5.org/Documents/changes_from_dsm-iv-tr_to_dsm-5.pdf).
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

# Persistent Depressive Disorder (Dysthymia)

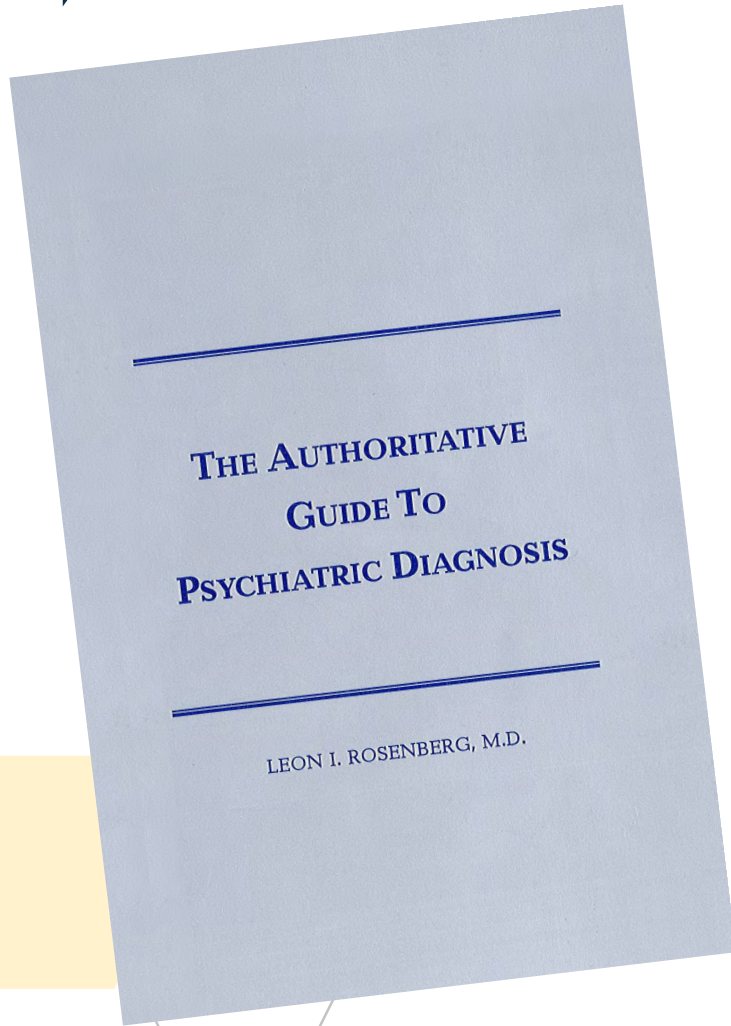
This disorder represents a combination of DSM-IV-defined chronic major depression disorder (for at least 2 years MDE) and dysthymic disorder.<sup>1</sup>

- If the symptoms criteria are sufficient for a diagnosis of a major depressive episode at any time during this period, then the diagnosis of major depression should be made and also noted as a specifier with the diagnosis of persistent depressive disorder.<sup>2</sup>
- Both Major Depressive Disorder and Persistent Depressive Disorder may be diagnosed comorbidly.<sup>2</sup>

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

2. American Psychiatric Association. Highlight of Changes of DSM-5. Available at :[https://psychiatryonline.org/pb-assets/dsm/update/DSM5Update\\_October2017.pdf](https://psychiatryonline.org/pb-assets/dsm/update/DSM5Update_October2017.pdf)





# Major Depressive Episode & Persistent Depressive Disorder Mnemonics Based On DSM-IV-TR & DSM-5



# Major Depressive Episode: DISGUSTED<sup>©</sup>, 1 Based On DSM-IV-TR

Requires 5 of the 9 symptoms, including 1 of the first 2

- Depressed mood most of the day, most days (feels sad, empty, hopeless or tearful)\*
- Interest or pleasure in almost all activities is markedly diminished most days, subjectively or by observation
- Sleep difficulties nearly every day (insomnia [typically middle or terminal insomnia, but possibly initial insomnia] or hypersomnia)
- Guilt, excessive or inappropriate, or feelings of worthlessness nearly every day (may be delusional)
- Unusually quick or slow moving (observable psychomotor agitation or retardation)
- Suicidal thoughts, plan, or attempt or recurrent thoughts of death (not just fear of dying)
- Thinking or concentration problem or indecisiveness nearly every day (subjective or objective)
- Energy loss or fatigue nearly every day or efficiency with which tasks are accomplished is reduced
- Decreased or increased appetite nearly every day, or weight change (5% in a month) without trying

\*NOTE: In children & teens, mood can be irritable

1. Rosenberg LI. *The Authoritative Guide to Psychiatric Diagnosis*. 2018. (pending copyright)

# Major Depressive Episode: DISGUSTED<sup>©</sup>, <sup>1</sup> Based On DSM-5

Requires 5 of the 9 symptoms, including 1 of the first 2

- Depressed mood most of the day, most days (feels sad, empty, hopeless or tearful)\*
- Interest or pleasure in almost all activities is markedly diminished most days, subjectively or by observation
- Sleep difficulties nearly every day (insomnia [typically middle or terminal insomnia, but possibly initial insomnia] or hypersomnia)
- Guilt, excessive or inappropriate, or feelings of worthlessness nearly every day (may be delusional)
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\*NOTE: In children & teens, mood can be irritable

1. Rosenberg LI. *The Authoritative Guide to Psychiatric Diagnosis*. 2018. (pending copyright)

# Major Depressive Episode With Mixed Features: MANIA ER<sup>©</sup>, 1,2

Full criteria are met for a major depressive episode, and at least 3 of the following manic/hypomanic symptoms are present *nearly every day* during the majority of the days of the major depressive episode:<sup>1</sup>

- **M**ore talkative than usual or pressured speech;
- **A**cademic, social, work or sexually goal-directed activity or energy is increased
- **N**eed for sleep is decreased;
- **I**nflated self-esteem or grandiosity
- **A**ctivity involvement is excessive in pleasurable activities that have a high potential for painful consequences (unrestrained buying sprees, sexual indiscretions, foolish business investments).
  
- **E**xpansive or elated mood;
- **R**acing thoughts or flight of ideas.

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

2. Rosenberg LI. (2018). *The Authoritative Guide to Psychiatric Diagnosis*. (copyright pending)

# Dysthymia:

## DESPOND<sup>©,1</sup> Based On DSM-IV-TR

For more days than not for the past two years (one year in children)

- Depressed Mood and Two or More of the following:
- Energy Loss or Fatigue;
- Self-Esteem is Low;
- Poor Sleep (Insomnia or Hypersomnia);
- Overeating or Poor Appetite;
- No Hope (Feelings of Hopelessness);
- Difficulty Making Decisions or Poor Concentration;

1. Rosenberg L.I. (2002). The Authoritative Guide to Psychiatric Diagnosis. Pg. 10.

# Persistent Depressive Disorder (Dysthymia): DESPONDENT<sup>©1,2</sup> Based On DSM-5

For more days than not for the past two years (one year in children)

- Depressed Mood and Two or More of the Next Six Symptoms:
- Energy Loss or Fatigue;
- Self-Esteem is Low;
- Poor Sleep (Insomnia or Hypersomnia);
- Overeating or Poor Appetite;
- No Hope (Feelings of Hopelessness);
- Difficulty Making Decisions or Poor Concentration;
- Exclude diagnosis if better explained by psychosis or substance use
- Never a manic episode, hypomanic episode or cyclothymic disorder
- The symptoms cause clinically significant distress or impairment

1. Rosenberg L.I. *The Authoritative Guide to Psychiatric Diagnosis*. 2018. (copyright pending)  
2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

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# Understanding Psychiatric Diagnoses Using Mnemonics

## Major Depressive Episode & Persistent Depressive Disorder