

Major Depressive Disorder (Diagnosis)

These are the DSM V diagnostic criteria for Major Depressive Disorder. Please review your diagnostic assessment using this checklist. IF the symptom is “clearly present” mark that box. If the symptom has been sustained for at least for at least two weeks, every day, most of the day mark the box “sustained”. For a diagnosis of MDD to be present, 5 of 9 criteria from Section A must be marked as BOTH “clearly present” and “sustained”. As well, criteria B and criteria C must be met. As well, items C, D and E must be clearly present.

Clearly Present	Sustained	
		<p>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. <i>(Note: Do not include symptoms that are clearly attributable to another medical condition)</i></p>
		<p>1) Depressed mood most of the day, nearly every day as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). <i>(Note: In children and adolescents, can be irritable mood).</i></p>
		<p>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).</p>
		<p>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. <i>(Note: In children, consider failure to make expected weight gain.)</i></p>
		<p>4) Insomnia or hypersomnia nearly every day.</p>
		<p>5) Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).</p>
		<p>6) Fatigue or loss of energy nearly every day.</p>
		<p>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).</p>
		<p>8) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).</p>
		<p>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.</p>
		<p>B) The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.</p>
		<p>C) The episode is not attributable to the physiological effects of a substance or to another medical condition.</p>
		<p><i>Note: Criteria A-C represent a major depressive episode</i> <i>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.</i></p>
		<p>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.</p>
		<p>E) There has never been a manic episode or a hypomanic-like episode. <i>Note: This exclusion does not apply if all of the manic-like or hypomanic-like episodes are substance-induced or are attributes to the physiological effects of another medical condition.</i></p>