Information Handout
Professional Version | US English

Recognizing
Depression

PSYCHOLOGYTOOLS®

Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the '*Recognizing…*' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

Depression is characterized by an extended period of low mood, anhedonia, and reduction in activity. *Recognizing Depression* compares the DSM-5 and ICD-10 criteria for depression, and the *Depression Checklist* is an assessment tool for clinicians. Criteria for depression overlap significantly across both classification systems. Clinicians should attend carefully to exclusion criteria and should, for example, be careful about making a diagnosis of depression when a client has recently suffered a significant loss such as a bereavement.

Instructions

The '*Recognizing…*' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated.

Information for the '*Recognizing ….*' series was drawn from:

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).*

- The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10).* The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

References

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Recognizing Depression

The DSM-5 and ICD-10 criteria for depression are largely similar. Clinicians should be careful about making a diagnosis of depression when a client has recently suffered a significant loss such as a bereavement.

Symptoms	DSM-5 5 of: *	ICD-10 4 of: †
1. Depressed mood most of the day, nearly every day.	✔	✔
2. Diminished interest in previously pleasurable activities.	✔	✔
3. Fatigue or loss of energy.	✔	✔
4. Sleep disturbance (insomnia or hypersomnia).	✔	✔
5. Feelings of worthlessness, self-reproach, or excessive guilt.	✔	✔
6. Diminished ability to think or concentrate, or indecisiveness.	✔	✔
7. Recurrent thoughts of death or suicide, or suicidal behavior.	✔	✔
8. Changes in appetite, with corresponding weight change.	✔	✔
9. Psychomotor agitation or retardation (observable).	✔	✔
10. Loss of confidence and self-esteem.		✔

*DSM: five or more symptoms in the same two week period including at least one from 1 and 2.
† ICD: at least two symptoms from 1, 2 and 3 must be present.

Duration / Exclusions	2 of:	2 of:
The symptoms must have lasted for at least two weeks.	✔	✔
There has never been a manic or hypomanic episode*.	✔	✔

*If the individual has experienced a previous hypomanic or manic episode refer to the diagnostic criteria for bipolar disorder.

Depression Checklist

Symptoms	DSM-5 5 of: *	ICD-10 4 of: †
1. Depressed mood most of the day, nearly every day.	☐	☐
2. Diminished interest in previously pleasurable activities.	☐	☐
3. Fatigue or loss of energy.	☐	☐
4. Sleep disturbance (insomnia or hypersomnia).	☐	☐
5. Feelings of worthlessness, self-reproach, or excessive guilt.	☐	☐
6. Diminished ability to think or concentrate, or indecisiveness.	☐	☐
7. Recurrent thoughts of death or suicide, or suicidal behavior.	☐	☐
8. Changes in appetite, with corresponding weight change.	☐	☐
9. Psychomotor agitation or retardation (observable).	☐	☐
10. Loss of confidence and self-esteem.		☐

*DSM: five or more symptoms in the same two week period including at least one from 1 and 2.
† ICD: at least two symptoms from 1, 2 and 3 must be present.

Duration / Exclusions	2 of:	2 of:
The symptoms must have lasted for at least two weeks.	☐	☐
There has never been a manic or hypomanic episode*.	☐	☐

*If the individual has experienced a previous hypomanic or manic episode refer to the diagnostic criteria for bipolar disorder.

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