



Major Depressive Disorder and the “Bereavement Exclusion”



Major Depressive Disorder (MDD) is a medical illness that affects how you feel, think and behave causing persistent feelings of sadness and loss of interest in previously enjoyed activities. Depression can lead to a variety of emotional and physical problems. It is a chronic illness that usually requires long-term treatment.

Using DSM-IV, clinicians were advised to refrain from diagnosing major depression in individuals within the first two months following the death of a loved one in what has been referred to as the “bereavement exclusion.” By advising clinicians not to diagnose depression in recently bereaved individuals, the DSM-IV bereavement exclusion suggested that grief somehow protected someone from major depression.

As part of the ongoing study of major depression, the bereavement exclusion has been removed from DSM. This change from DSM-IV, would be replaced by notes in the criteria and text that caution clinicians to differentiate between normal grieving associated with a significant loss and a diagnosis of a mental disorder. Removing the bereavement exclusion helps prevent major depression from being overlooked and facilitates the possibility of appropriate treatment including therapy or other interventions.

While the grieving process is natural and unique to each individual and shares some of the same features of depression like intense sadness and withdrawal from customary activities, grief and depression are also different in important aspects:

- In grief, painful feelings come in waves, often intermixed with positive memories of the deceased; in depression, mood and ideation are almost constantly negative.
- In grief, self-esteem is usually preserved; in MDD, corrosive feelings of worthlessness and self-loathing are common.
- While many believe that some form of depression is a normal consequence of bereavement, MDD should not be diagnosed in the context of bereavement since diagnosis would incorrectly label a normal process as a disorder.

Research and clinical evidence have demonstrated that, for some people, the death of a loved one can precipitate major depression, as can other stressors, like losing a job or being a victim of a physical assault or a major disaster. However, unlike those stressors, bereavement is the only life event and stressor specifically excluded from a diagnosis of major depression in DSM-IV.

While bereavement may precipitate major depression in people who are especially vulnerable (i.e. they have already suffered a significant loss or have other mental disorders), when grief and depression co-exist, the grief is more severe and prolonged than grief without major depression. Despite some overlap between grief and MDD, they are different in important ways, and therefore they should be distinguished separately to enable people to benefit from the most appropriate treatment.

Changes to the Bereavement Exclusion

The diagnostic criteria proposed for the manual’s next edition includes language in the criteria for Major Depressive Disorder (MDD) to help differentiate between normal bereavement associated with

a significant loss and a diagnosis of a mental disorder. DSM-5 will address the misconception that grief symptoms are identical to those of MDD.

DSM-5 aims to provide an accurate diagnosis for people who need professional help and no diagnosis for those who do not. Therefore there are several proposed strategies to help clinicians using DSM-5 differentiate major depression, “normal” bereavement and pathological bereavement, including changes in diagnostic criteria as well as in the text.

The text in DSM-5 seeks to clarify that the normal and expected response to a significant loss may resemble a depressive episode. The presence of symptoms such as feelings of worthlessness, suicidal ideas (as distinct from wanting to join a deceased loved one), and impairment of overall function suggest the presence of major depression, in addition to the normal response to a significant loss.

The final criteria will be available when DSM-5 is completed and published in spring 2013.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.

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