

**Proposal to Eliminate Bereavement Exclusion Criteria
From Major Depressive Episode in DSM-5**

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The DSM-5 Mood Disorders Work-group has recommended the elimination of the bereavement exclusion criteria from major depressive episodes in light of evidence that “the similarities between bereavement-related depression and depression related to other stressful life events substantially outweigh their differences” (Kendler et al., 2008). In a recent discussion of this topic, Wakefield et al. (2012) argued that many of the comparisons listed in the reviews of Zisook et al. (2007) and of Lamb et al. (2010) in support of the DSM 5 proposal compared subjects with bereavement-related depression to those with standard depression without the full application of the DSM-IV bereavement exclusion (BE): duration ≤ 2 months and no marked functional impairment, psychomotor retardation, suicidal ideation, psychotic features or morbid preoccupation with worthlessness. They go on to list five relatively recent studies that they assert did apply BE criteria in efforts to test the validity of the DSM-IV bereavement exclusion criteria and concluded that the findings from two of them “contradict the central argument for BE elimination, that there is no evidence that BE-excludable bereavement-related depression differs relevantly in course from standard major depression”.

Both of these studies (Mojtabai et al. 2011; Wakefield & Schmitz 2012) used data from community studies to compare cases with lifetime episodes that satisfied the full DSM-IV BE criteria to cases with brief (lasting 2 months or less) single episodes of standard major depression, those with non-brief episodes, and those with no history of depressive episodes. Prospectively observed recurrence rates for the BE cases resembled those of the cases with no history of depressive episodes and were substantially lower than those for cases with standard MD episodes, whether brief or non-brief. However, duration is only one component of the BE criteria. No attempt was made in these analyses to control for the necessary group differences between the BE group and the other groups in rates of marked impairment,

psychotic features, psycho-motor retardation, suicidal ideas or morbid feelings of worthlessness. Most of these features are established correlates of severity and severity, in turn, is a recognized correlate of occurrence risk.

One of the five studies listed did, in fact, consider the effects of using the full BE criteria for all groups in comparisons of bereavement-related depression to other stress-related depressions (Kendler et al., 2008). Results show neither a difference in recurrence rates over a 10-year follow-up period between these two groups nor any difference between them in risks for major depressive disorder in co-twins. Though the review of Wakefield & First (2012) incorrectly described the study's design and dismissed the results, the Kendler et al. findings go to the heart of the reason for eliminating the bereavement exclusion for major depressive episode, that bereavement related depression has not been shown to sufficiently different from other stress-related depression to justify a special diagnostic status.

References

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