F32 Depressive episode - 100 - In typical depressive episodes of all three varieties described below (mild (F32.0), moderate (F32.1), and severe (F32.2 and F32.3)), the individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy leading to increased fatiguability and diminished activity. Marked tiredness after only slight effort is common. Other common symptoms are: (a)reduced concentration and attention; (b)reduced self-esteem and self-confidence; (c)ideas of guilt and unworthiness (even in a mild type of episode); (d)bleak and pessimistic views of the future; (e)ideas or acts of self-harm or suicide; (f)disturbed sleep (g)diminished appetite. The lowered mood varies little from day to day, and is often unresponsive to circumstances, yet may show a characteristic diurnal variation as the day goes on. As with manic episodes, the clinical presentation shows marked individual variations, and atypical presentations are particularly common in adolescence. In some cases, anxiety, distress, and motor agitation may be more prominent at times than the depression, and the mood change may also be masked by added features such as irritability, excessive consumption of alcohol, histrionic behaviour, and exacerbation of pre-existing phobic or obsessional symptoms, or by hypochondriacal preoccupations. For depressive episodes of all three grades of severity, a duration of at least 2 weeks is usually required for diagnosis, but shorter periods may be reasonable if symptoms are unusually severe and of rapid onset. Some of the above symptoms may be marked and develop characteristic features that are widely regarded as having special clinical significance. The most typical examples of these "somatic" symptoms (see introduction to this block, page 112 [of Blue Book]) are: loss of interest or pleasure in activities that are normally enjoyable; lack of emotional reactivity to normally pleasurable surroundings and events; waking in the morning 2 hours or more before the usual time; depression worse in the morning; objective evidence of definite psychomotor retardation or agitation (remarked on or reported by other people); marked loss of appetite; weight loss (often defined as 5% or more of body weight in the past month); marked loss of libido. Usually, this somatic syndrome is not regarded as present unless about four of these symptoms are definitely present. The categories of mild (F32.0), moderate (F32.1) and severe (F32.2 and F32.3) depressive episodes described in more detail below should be used only for a single (first) depressive episode. Further depressive episodes should be classified under one of the subdivisions of recurrent depressive disorder (F33.-). These grades of severity are specified to cover a wide range of clinical states that are encountered in different types of psychiatric practice. Individuals with mild depressive episodes are common in primary care and general medical settings, whereas psychiatric inpatient units deal largely with patients suffering from the severe grades. - 101 - Acts of self-harm associated with mood [affective] disorders, most commonly self-poisoning by prescribed medication, should be recorded by means of an additional code from Chapter XX of ICD-10 (X60-X84). These codes do not involve differentiation between attempted suicide and "parasuicide", since both are included in the general category of self-harm. Differentiation between mild, moderate, and severe depressive episodes rests upon a complicated clinical judgement that involves the number, type, and severity of symptoms present. The extent of ordinary social and work activities is often a useful general guide to the likely degree of severity of the episode, but individual, social, and cultural influences that disrupt a smooth relationship between severity of symptoms and social performance are sufficiently common and powerful to make it unwise to include social performance amongst the essential criteria of severity. The presence of dementia (F00-F03) or mental retardation (F70-F79) does not rule out the diagnosis of a treatable depressive episode, but communication difficulties are likely to make it necessary to rely more than usual for the diagnosis upon objectively observed somatic symptoms, such as psychomotor retardation, loss of appetite and weight, and sleep disturbance. Includes: single episodes of depressive reaction, major depression (without psychotic symptoms), psychogenic depression or reactive depression (F32.0, F32.1 or F32.2) F32.0 Mild depressive episode Diagnostic guidelines Depressed mood, loss of interest and enjoyment, and increased fatiguability are usually regarded as the most typical symptoms of depression, and at least two of these, plus at least two of the other symptoms described on page 119 (for F32.-) should usually be present for a definite diagnosis. None of the symptoms should be present to an intense degree. Minimum duration of the whole episode is about 2 weeks. An individual with a mild depressive episode is usually distressed by the symptoms and has some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. A fifth character may be used to specify the presence of the somatic syndrome: F32.00 Without somatic syndrome The criteria for mild depressive episode are fulfilled, and there are few or none of the somatic symptoms present. F32.01 With somatic syndrome The criteria for mild depressive episode are fulfilled, and four or more of the somatic symptoms are also present. (If only two or three somatic symptoms are present but they are unusually severe, use of this category may be justified.) - 102 - F32.1 Moderate depressive episode Diagnostic guidelines At least two of the three most typical symptoms noted for mild depressive episode (F32.0) should be present, plus at least three (and preferably four) of the other symptoms. Several symptoms are likely to be present to a marked degree, but this is not essential if a particularly wide variety of symptoms is present overall. Minimum duration of the whole episode is about 2 weeks. An individual with a moderately severe depressive episode will usually have considerable difficulty in continuing with social, work or domestic activities. A fifth character may be used to specify the occurrence of the somatic syndrome: F32.10 Without somatic syndrome The criteria for moderate depressive episode are fulfilled, and few if any of the somatic symptoms are present. F32.11 With somatic syndrome The criteria for moderate depressive episode are fulfilled, and four or more or the somatic symptoms are present. (If only two or three somatic symptoms are present but they are unusually severe, use of this category may be justified.) F32.2 Severe depressive episode without psychotic symptoms In a severe depressive episode, the sufferer usually shows considerable distress or agitation, unless retardation is a marked feature. Loss of self-esteem or feelings of uselessness or guilt are likely to be prominent, and suicide is a distinct danger in particularly severe cases. It is presumed here that the somatic syndrome will almost always be present in a severe depressive episode. Diagnostic guidelines All three of the typical symptoms noted for mild and moderate depressive episodes (F32.0, F32.1) should be present, plus at least four other symptoms, some of which should be of severe intensity. However, if important symptoms such as agitation or retardation are marked, the patient may be unwilling or unable to describe many symptoms in detail. An overall grading of severe episode may still be justified in such instances. The depressive episode should usually last at least 2 weeks, but if the symptoms are particularly severe and of very rapid onset, it may be justified to make this diagnosis after less than 2 weeks. During a severe depressive episode it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent. This category should be used only for single episodes of severe depression without psychotic symptoms; for further episodes, a subcategory of recurrent depressive disorder (F33.-) should be used. - 103 - Includes: single episodes of agitated depression melancholia or vital depression without psychotic symptoms F32.3 Severe depressive episode with psychotic symptoms Diagnostic guidelines A severe depressive episode which meets the criteria given for F32.2 above and in which delusions, hallucinations, or depressive stupor are present. The delusions usually involve ideas of sin, poverty, or imminent disasters, responsibility for which may be assumed by the patient. Auditory or olfactory hallucinations are usually of defamatory or accusatory voices or of rotting filth or decomposing flesh. Severe psychomotor retardation may progress to stupor. If required, delusions or hallucinations may be specified as mood-congruent or mood-incongruent (see F30.2). Differential diagnosis. Depressive stupor must be differentiated from catatonic schizophrenia (F20.2), from dissociative stupor (F44.2), and from organic forms of stupor. This category should be used only for single episodes of severe depression with psychotic symptoms; for further episodes a subcategory of recurrent depressive disorder (F33.-) should be used. Includes: single episodes of major depression with psychotic symptoms, psychotic depression, psychogenic depressive psychosis, reactive depressive psychosis F32.8 Other depressive episodes Episodes should be included here which do not fit the descriptions given for depressive episodes described in F32.0-F32.3, but for which the overall diagnostic impression indicates that they are depressive in nature. Examples include fluctuating mixtures of depressive symptoms (particularly the somatic variety) with non-diagnostic symptoms such as tension, worry, and distress, and mixtures of somatic depressive symptoms with persistent pain or fatigue not due to organic causes (as sometimes seen in general hospital services). Includes: atypical depression single episodes of "masked" depression NOS F32.9 Depressive episode, unspecified Includes: depression NOS depressive disorder NOS F33 Recurrent depressive disorder The disorder is characterized by repeated episodes of depression as specified in depressive episode (mild (F32.0), moderate (F32.1), or severe (F32.2 and F32.3)), without any history of independent episodes of mood elevation and overactivity that fulfil the criteria of mania (F30.1 and F30.2). However, the category should still be used if - 104 - there is evidence of brief episodes of mild mood elevation and overactivity which fulfil the criteria of hypomania (F30.0) immediately after a depressive episode (sometimes apparently precipitated by treatment of a depression). The age of onset and the severity, duration, and frequency of the episodes of depression are all highly variable. In general, the first episode occurs later than in bipolar disorder, with a mean age of onset in the fifth decade. Individual episodes also last between 3 and 12 months (median duration about 6 months) but recur less frequently. Recovery is usually complete between episodes, but a minority of patients may develop a persistent depression, mainly in old age (for which this category should still be used). Individual episodes of any severity are often precipitated by stressful life events; in many cultures, both individual episodes and persistent depression are twice as common in women as in men. The risk that a patient with recurrent depressive disorder will have an episode of mania never disappears completely, however many depressive episodes he or she has experienced. If a manic episode does occur, the diagnosis should change to bipolar affective disorder. Recurrent depressive episode may be subdivided, as below, by specifying first the type of the current episode and then (if sufficient information is available) the type that predominates in all the episodes. Includes: recurrent episodes of depressive reaction, psychogenic depression, reactive depression, seasonal affective disorder (F33.0 or F33.2) recurrent episodes of endogenous depression, major depression, manic depressive psychosis (depressed type), psychogenic or reactive depressive psychosis, psychotic depression, vital depression (F33.2 or F33.3) Excludes:recurrent brief depressive episodes (F38.1) F33.0 Recurrent depressive disorder, current episode mild Diagnostic guidelines For a definite diagnosis: (a)the criteria for recurrent depressive disorder (F33.-) should be fulfilled, and the current episode should fulfil the criteria for depressive episode, mild severity (F32.0); and (b)at least two episodes should have lasted a minimum of 2 weeks and should have been separated by several months without significant mood disturbance. Otherwise, the diagnosis should be other recurrent mood [affective] disorder (F38.1). A fifth character may be used to specify the presence of the somatic syndrome in the current episode: F33.00 Without somatic syndrome (See F32.00) - 105 - F33.01 With somatic syndrome (See F32.01) If required, the predominant type of previous episodes (mild or moderate, severe, uncertain) may be specified. F33.2Recurrent depressive disorder, current episode moderate Diagnostic guidelines For a definite diagnosis: (a)the criteria for recurrent depressive disorder (F33.-) should be fulfilled, and the current episode should fulfil the criteria for depressive episode, moderate severity (F32.1); and (b)at least two episodes should have lasted a minimum of 2 weeks and should have been separated by several months without significant mood disturbance. Otherwise the diagnosis should be other recurrent mood [affective] disorder (F38.1). A fifth character may be used to specify the presence of the somatic syndrome in the current episode: F33.10 Without somatic syndrome (see F32.10) F33.11 With somatic syndrome (see F32.11) If required, the predominant type of previous episodes (mild, moderate, severe, uncertain) may be specified. F33.3Recurrent depressive disorder, current episode severe with psychotic symptoms Diagnostic guidelines For a definite diagnosis: (a)the criteria for recurrent depressive disorder (F33.-) should be fulfilled, and the current episode should fulfil the criteria for severe depressive episode with psychotic symptoms (F32.3); and (b)at least two episodes should have lasted a minimum of 2 weeks and should have been separated by several months without significant mood disturbance. Otherwise the diagnosis should be other recurrent mood [affective] disorder (F38.1). If required, delusions or hallucinations may be specified as mood-congruent or moodincongruent (see F30.2). - 106 - If required, the predominant type of previous episodes (mild, moderate, severe, uncertain) may be specified. F33.4 Recurrent depressive disorder, currently in remission Diagnostic guidelines For a definite diagnosis: (a)the criteria for recurrent depressive disorder (F33.-) should have been fulfilled in the past, but the current state should not fulfil the criteria for depressive episode of any degree of severity or for any other disorder in F30 - F39; and (b)at least two episodes should have lasted a minimum of 2 weeks and should have been separated by several months without significant mood disturbance. Otherwise the diagnosis should be other recurrent mood [affective] disorder (F38.1). This category can still be used if the patient is receiving treatment to reduce the risk of further episodes. F33.8 Other recurrent depressive disorders F33.9 Recurrent depressive disorder, unspecified Includes: monopolar depression NOS F34 Persistent mood [affective] disorders These are persistent and usually fluctuating disorders of mood in which individual episodes are rarely if ever sufficiently severe to warrant being described as hypomanic or even mild depressive episodes. Because they last for years at a time, and sometimes for the greater part of the individual's adult life, they involve considerable subjective distress and disability. In some instances, however, recurrent or single episodes of manic disorder, or mild or severe depressive disorder, may become superimposed on a persistent affective disorder. The persistent affective disorders are classified here rather than with the personality disorders because of evidence from family studies that they are genetically related to the mood disorders, and because they are sometimes amenable to the same treatments as mood disorders. Both early- and lateonset varieties of cyclothymia and dysthymia are described, and should be specified as such if required. F34.0 Cyclothymia A persistent instability of mood, involving numerous periods of mild depression and mild elation. This instability usually develops early in adult life and pursues a chronic course, although at times the mood may be normal and stable for months at a time. The mood swings are usually perceived by the individual as being unrelated to life events. The diagnosis is difficult to establish without a prolonged period of - 107 - observation or an unusually good account of the individual's past behaviour. Because the mood swings are relatively mild and the periods of mood elevation may be enjoyable, cyclothymia frequently fails to come to medical attention. In some cases this may be because the mood change, although present, is less prominent than cyclical changes in activity, self-confidence, sociability, or appetitive behaviour. If required, age of onset may be specified as early (in late teenage or the twenties) or late. Diagnostic guidelines The essential feature is a persistent instability of mood, involving numerous periods of mild depression and mild elation, none of which has been sufficiently severe or prolonged to fulfil the criteria for bipolar affective disorder (F31.-) or recurrent depressive disorder (F33.-). This implies that individual episodes of mood swings do not fulfil the criteria for any of the categories described under manic episode (F30.-) or depressive episode (F32.-). Includes:affective personality disorder cycloid personality cyclothymic personality Differential diagnosis. This disorder is common in the relatives of patients with bipolar affective disorder (F31.-) and some individuals with cyclothymia eventually develop bipolar affective disorder themselves. It may persist throughout adult life, cease temporarily or permanently, or develop into more severe mood swings meeting the criteria for bipolar affective disorder (F31.-) or recurrent depressive disorder (F33.-) F34.1 Dysthymia A chronic depression of mood which does not currently fulfil the criteria for recurrent depressive disorder, mild or moderate severity (F33.0 of F33.1), in terms of either severity or duration of individual episodes, although the criteria for mild depressive episode may have been fulfilled in the past, particularly at the onset of the disorder. The balance between individual phases of mild depression and intervening periods of comparative normality is very variable. Sufferers usually have periods of days or weeks when they describe themselves as well, but most of the time (often for months at a time) they feel tired and depressed; everything is an effort and nothing is enjoyed. They brood and complain, sleep badly and feel inadequate, but are usually able to cope with the basic demands of everyday life. Dysthymia therefore has much in common with the concepts of depressive neurosis and neurotic depression. If required, age of onset may be specified as early (in late teenage or the twenties) or late. Diagnostic guidelines The essential feature is a very long-standing depression of mood which is never, or only very rarely, severe enough to fulfil the criteria for recurrent depressive disorder, mild or moderate severity (F33.0 or F33.1). It usually begins early in adult life and lasts for at least several years, sometimes indefinitely. When the onset is later in life, the - 108 - disorder is often the aftermath of a discrete depressive episode (F32.-) and associated with bereavement or other obvious stress. Includes: depressive neurosis depressive personality disorder neurotic depression (with more than 2 years' duration) persistent anxiety depression Excludes: anxiety depression (mild or not persistent) (F41.2) bereavement reaction, lasting less than 2 years (F43.21, prolonged depressive reaction) residual schizophrenia (F20.5) F34.8 Other persistent mood [affective] disorders A residual category for persistent affective disorders that are not sufficiently severe or longlasting to fulfil the criteria for cyclothymia (F34.0) or dysthymia (F34.1) but that are nevertheless clinically significant. Some types of depression previously called "neurotic" are included here, provided that they do not meet the criteria for either cyclothymia (F34.0) or dysthymia (F34.1) or for depressive episode of mild (F32.0) or moderate (F32.1) severity. F34.9 Persistent mood [affective] disorder, unspecified F38 Other mood [affective] disorders F38.0 Other single mood [affective] disorders F38.00 Mixed affective episode An affective episode lasting for at least 2 weeks, characterized by either a mixture or a rapid alternation (usually within a few hours) of hypomanic, manic, and depressive symptoms. F38.1 Other recurrent mood [affective] disorders F38.10 Recurrent brief depressive disorder Recurrent brief depressive episodes, occurring about once a month over the past year. The individual depressive episodes all last less than 2 weeks (typically 2-3 days, with complete recovery) but fulfil the symptomatic criteria for mild, moderate, or severe depressive episode (F32.0, F32.1, F32.2). Differential diagnosis. In contrast to those with dysthymia (F34.1), patients are not depressed for the majority of the time. If the depressive episodes occur only in relation to the menstrual cycle, F38.8 should be used with a second code for the underlying cause (N94.8, other specified conditions associated with female genital organs and menstrual cycle). F38.8 Other specified mood [affective] disorders This is a residual category for affective disorders that do not meet the criteria for any other categories F30 - F38.1 above. - 109 - F39 Unspecified mood [affective] disorder To be used only as a last resort, when no other term can be used. Includes: affective psychosis NOS Excludes: mental disorder NOS (F99)