

Major Depression

JUDY GARBER AND JOCELYN SMITH CARTER

DESCRIPTION OF THE DISORDERS AND CLINICAL PICTURE

Major depressive disorder (MDD) is categorized as a mood disorder in the fourth edition of the *Diagnostic and Statistical Manual—Text Revision (DSM-IV-TR)*; American Psychiatric Association [APA], 2000) and is characterized by one or more major depressive episodes (MDEs). To be diagnosed with an MDE, individuals must have at least five of the nine symptoms listed in Table 12.1, for most of the day nearly every day, for at least 2 weeks, and clinically significant distress or impairment. Dysthymic disorder (DD) is a more chronic but less severe condition than MDD. The depressed mood (or irritability in children and adolescents) generally is present most of the day for more days than not, with at least two additional symptoms as listed in Table 12.2. The required duration is at least 2 years (at least 1 year in children and adolescents), and the individual cannot be without these symptoms for more than 2 months at a time. Thus, the two minor developmental variations in *DSM-IV-TR* are that for children and adolescents, irritability is considered a manifestation of dysphoric mood, and the duration of dysthymia is 1 rather than 2 years.

Depressive disorders that do not meet criteria for MDD, dysthymia, or an adjustment disorder with depressed mood may be classified as depressive disorder not otherwise specified (D-NOS). Some examples of D-NOS include (a) premenstrual dysphoric disorder, with symptoms that last longer than a week and are severe enough to interfere with functioning; (b) minor depressive disorder, with depressive symp-

toms of at least 2 weeks but fewer symptoms than the five required for a diagnosis of MDE; or (c) recurrent brief depressive disorder, with depressive episodes from 2 days up to 2 weeks that occur at least once a month for at least a year (APA, 2000). D-NOS may be a subsyndromal level of depression that can be a risk for subsequent episodes of MDD (Hays, Wells, Sherbourne, Rogers, & Spritzer, 1995; Judd et al., 1998).

Although current psychiatric nomenclature (i.e., *DSM-IV-TR*) categorizes depression into qualitatively distinct diagnoses, some also consider depression to fall on a quantitative continuum of severity from normal sadness to a depressive disorder (e.g., Compas, Ey, & Grant, 1993; Flett, Vredenburg, & Krames, 1997; Ruscio & Ruscio, 2000). The single symptom of sadness is a subjective state that most individuals experience at various points in their lives and by itself is not necessarily pathological. The syndrome of depression is made up of more than an isolated dysphoric mood and occurs in combination with other symptoms (e.g., as listed in Table 12.1) to form a symptom complex or syndrome. When this clinical syndrome has a specifiable course, outcome, etiology, and treatment response, then it is considered a distinct nosologic disorder.

An important question is whether the specific symptoms that comprise the syndrome of depression differ with development. Although certain core symptoms invariantly may be a part of depression at any age, other symptoms may vary with developmental level, and different combinations of symptoms may characterize depression at different ages. In other words, some cognitive or physiological symptoms might not be present in children until they have reached a certain level of abstract thinking or biological maturity, respectively, and therefore may not be part of the depressive syndrome at a young age. For example, with development come the increasing capacities to maintain a negative self-view and negative expectation about the future, which then can sustain negative emotions beyond the immediate situation (Harris, 1989). Thus, although young children might be able to experience

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