This month, with the help of Sidney Zisook, MD, M. Katherine Shear, MD, and colleagues, we look at the issue of bereavement and how it relates to major depressive episode (MDE) as described in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

One of the changes that attracted a great deal of media attention, even before the DSM-5 made its official debut in May at this year’s annual meeting of the American Psychiatric Association, was the decision to drop the bereavement exclusion (BE) for MDE.

Previously, the DSM stated that if the symptoms of depression occurred within 2 months of the loss of a loved one, and certain severity symptoms were not present, then an MDE should not be diagnosed. The media largely focused on the idea of dropping the BE and leaving it up to a clinician’s judgment whether a person was depressed or grieving. Many claimed that this was tantamount to medicalizing grief. The implication was that the impetus for the change in criteria was to benefit the pharmaceutical industry. (A ridiculous claim, since the pharmaceuticals industry currently has only two patented antidepressant medications on the market.)

The collection of articles we feature this month presents the issue of how to treat depression when bereavement is present, from a very fair range of perspectives, including an article by Psychiatric Annals board member Paula L. Hensley, MD, and Paula J. Clayton, MD (see page 256) that examines why the BE was accepted by prior DSM classifications. Sidney Zisook, MD, and M. Katherine Shear, MD (see page 252) explore the rationale to drop the exclusion that was vetted, and ultimately accepted, by the DSM-5 Mood Disorders Work Group.

The fierceness of the arguments over the psychiatric classification of major depression versus bereavement reminds me of the importance of loss in the spectrum of our lives. Life is replete with losses, whether of loved ones, of our possessions, of our health, of our appearance. As well, we suffer and grieve as a result of the pain from our losses, including medical illness, or various other life mishaps and tragedies.

This is what the Four Noble Truths of Buddhism tell us: giving up our attachment to relationships, to our own egos, our own thoughts, and to material possessions, is the path toward happiness.

The problem is that our human narcissistic traits make giving up attachment to these things, especially our own ideas, extremely difficult. Therefore, the path of the Four Noble Truths is very difficult to follow.

Learning to deal with loss is one way we can come to appreciate what life and consciousness offers. Given this truth, how can we maximize our appreciation and enjoyment of life? By learning compassion, being helpful to others, by promoting our own creativity and that of others, and learning to live in the beauty of the present, free from our ego and material gain. This is our best response to the fact of life that there is death and loss.

Here’s to the moment!

Jan Fawcett, MD, is a Professor with the Department of Psychiatry at the University of New Mexico School of Medicine. He was chairperson of the DSM-5 Mood Disorders Task Force.

Contact Dr. Fawcett via email: Psychiatry@Healio.com.

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