ENTITLEMENT ELIGIBILITY GUIDELINE
DEPRESSIVE DISORDERS

MPC 03000
ICD-9 296.2, 296.3, 300.4, 311
ICD-10 F32, F33, F34.1

DEFINITION

DEPRESSIVE DISORDERS

Depressive Disorders include:
  Major Depressive Disorder
  Dysthymic Disorder
  Depressive Disorder Not Otherwise Specified (NOS)

NOTE: Substance - Induced Mood Disorder with Depressive Features, Mood Disorder due to a General Medical Condition with Depressive Features, and Mood Disorder due to a General Medical Condition with Major Depressive-Like Episodes are also Axis I diagnoses characterized by dysphoric mood.

If a substance(s) or a general medical condition(s) is claimed to be related to the clinical onset, or clinical worsening, of an Axis I Depressive Disorder or Mood Disorder with Depressive Features or with Major Depressive-Like Episodes, consultation with Medical Advisory should be considered.

Criteria Sets for Depressive Disorders

The Depressive Disorder criteria sets are derived from The American Psychiatric Association-s Diagnostic and Statistical Manual of Mental Disorders 4th Edition Text Revision (DSM-IV-TR).

MAJOR DEPRESSIVE DISORDER:

For Veterans Affairs Canada (VAC) purposes, the criteria sets for Major Depressive Disorder, Single Episode and Major Depressive Disorder, Recurrent have been combined.
Criterion A
Presence of one or more Major Depressive Episodes.
Note: Major Depressive Episode is defined below.

Criterion B
The Major Depressive Episode(s) is not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Criterion C
There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode.

MAJOR DEPRESSIVE EPISODE:

Criterion A
Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
(2) markedly diminished interest or pleasure in all, or most all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
(3) significant weight loss when not dieting or weight gain (e.g., change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
(4) insomnia or hypersomnia nearly every day
(5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
(6) fatigue or loss of energy nearly every day
(7) feeling of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Criterion B
The symptoms do not meet criteria for a Mixed Episode.
**Criterion C**  
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Criterion D**  
The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

**Criterion E**  
The symptoms are not better accounted for by Bereavement (as defined in the DSM-IV-TR).

**DYSTHYMIC DISORDER:**

**Criterion A**  
Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years.

**Criterion B**  
Presence, while depressed, of two (or more) of the following:  
(1) poor appetite or overeating  
(2) insomnia or hypersomnia  
(3) low energy or fatigue  
(4) low self-esteem  
(5) poor concentration or difficulty making decisions  
(6) feelings of hopelessness

**Criterion C**  
During the 2-year period of the disturbance, the person has never been without the symptoms in Criteria A and B for more than 2 months at a time.

**Criterion D**  
No Major Depressive Episode has been present during the first 2 years of the disturbance; i.e., the disturbance is not better accounted for by chronic Major Depressive Disorder, or Major Depressive Disorder, In Partial Remission.
Criterion E
There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode, and criteria have never been met for Cyclothymic Disorder.

Criterion F
The disturbance does not occur exclusively during the course of a chronic Psychotic Disorder, such as Schizophrenia or Delusional Disorder.

Criterion G
The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

Criterion H
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

DEPRESSIVE DISORDER NOT OTHERWISE SPECIFIED:

The Depressive Disorder Not Otherwise Specified category includes disorders with depressive features that do not meet the criteria for Major Depressive Disorder, Dysthymic Disorder, Adjustment Disorder with Depressed Mood or Adjustment Disorder with Mixed Anxiety and Depressed Mood. Examples include, but are not limited to:

1. Premenstrual Dysphoric Disorder: in most menstrual cycles during the past year, symptoms (e.g., markedly depressed mood, marked anxiety, marked affective lability, decreased interest in activities) regularly occurred during the last week of the luteal phase (and remitted within a few days of the onset of menses). These symptoms must be severe enough to markedly interfere with work, school, or usual activities and be entirely absent for at least 1 week postmenses.

2. Minor Depressive Disorder: episodes of at least 2 weeks of depressive symptoms but with fewer than the five items required for Major Depressive Disorder.

3. Recurrent Brief Depressive Disorder: depressive episodes lasting from 2 days up to 2 weeks, occurring at least once a month for 12 months (not associated with the menstrual cycle).

4. Postpsychotic Depressive Disorder of Schizophrenia: a Major Depressive Episode that occurs during the residual phase of Schizophrenia.

5. A Major Depressive Episode superimposed on Delusional Disorder, Psychotic Disorder Not Otherwise Specified, or the active phase of Schizophrenia.
6. Situations in which the clinician has concluded that a depressive disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance induced.

**DIAGNOSTIC STANDARD**

A diagnosis from a qualified medical practitioner (family physician or psychiatrist) or a registered/licensed psychologist is required. The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible and should satisfy the requirements for diagnosis as outlined in the DSM-IV-TR diagnostic criteria.

**NOTE:** Entitlement should be granted for a chronic condition only. For VAC purposes, "chronic" means the condition has existed for at least six months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the six month period and thereafter.

**ENTITLEMENT CONSIDERATIONS**

**A. CAUSES AND / OR AGGRAVATION**

*THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.*

**NOTE:** The factors listed in Section A of the Entitlement Considerations include specific timelines for the clinical onset, or clinical worsening, of Depressive Disorders. If the medical evidence indicates an alternate timeline, consultation with Medical Advisory should be considered.

**NOTE:** The following list of factors is not all inclusive. Factors, other than those listed in Section A, may be claimed to cause, or aggravate, a Depressive Disorder. Other factors may be considered based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

1. *Being a prisoner of war before the clinical onset of Depressive Disorder*

2. *Experiencing a severe stressor* within the five years before the clinical onset, or clinical worsening, of Depressive Disorder

   * A severe stressor is a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing or being involved in an event that involves death, injury, or
a threat to the physical integrity of another person. The event or events evoke intense fear, helplessness, or horror.

The list of severe stressors below is not all inclusive. Other events may qualify as severe stressors. If the medical evidence indicates other events result in the clinical onset, or clinical worsening, of Depressive Disorder consultation with Medical Advisory should be considered.

(i) experiencing a life-threatening event
(ii) being subject to a serious physical attack or assault including rape and sexual molestation
(iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured
(iv) being an eyewitness to a person being killed or critically injured
(v) viewing corpses or critically injured casualties as an eyewitness
(vi) being an eyewitness to atrocities inflicted on another person or persons
(vii) killing or maiming a person in a non criminal act
(viii) being an eyewitness to, or participating in, the clearance of critically injured casualties

3. **Having a significant other* who experiences one of the applicable severe stressors within the two years before the clinical onset, or clinical worsening, of Depressive Disorder**

Applicable severe stressors:

(i) experiencing a life-threatening event
(ii) being subject to a serious physical attack or assault including rape and sexual molestation
(iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured.

* A significant other is a person who has a close family bond or a close personal relationship and is important or influential in one's life.

4. **Experiencing the death of a significant other within the two years before the clinical onset, or clinical worsening, of Depressive Disorder**
5. **Experiencing a stressful life event* within one year before the clinical onset, or clinical worsening, of Depressive Disorder**

* Events which qualify as stressful life events include, but are not limited to:  
  (i) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, or medical or psychiatric illness  
  (ii) experiencing a problem with a long-term relationship including: the break-up of a close personal relationship, the need for marital or relationship counseling, marital separation, or divorce  
  (iii) having concerns in the work or school environment including: on-going disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful workloads, or experiencing bullying in the workplace or school environment  
  (iv) experiencing serious legal issues including: being detained or held in custody, on-going involvement with law enforcement concerning violations of the law, or court appearances associated with personal legal problems  
  (v) having severe financial hardship including, but not limited to: loss of employment, long periods of unemployment, foreclosure on a property, or bankruptcy  
  (vi) having a family member or significant other experience a major deterioration in their health  
  (vii) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability

6. **Having a clinically significant psychiatric condition* within the two years before the clinical onset, or clinical worsening, of Depressive Disorder**

* A clinically significant psychiatric condition is an Axis I or Axis II disorder as defined in the DSM-IV-TR.

7. **Having a medical illness or injury which is life-threatening or which results in serious physical or cognitive disability within the five years before the clinical onset, or clinical worsening, of Depressive Disorder**

8. **Having chronic pain of at least three months duration at the time of the clinical onset, or clinical worsening, of Depressive Disorder**
9. Having a clinically significant Sleep Disorder* for the six months before the clinical onset, or clinical worsening, of Depressive Disorder

*A clinically significant sleep disorder is a Dyssomnia, a Parasomnia, a Sleep Disorder related to Another Mental Disorder other than Depressive Disorder, a Sleep Disorder due to a General Medical Condition or a Substance-Induced Sleep Disorder, as defined in the DSM-IV-TR.

**Note**: The diagnosis of a clinically significant Sleep disorder may not be submitted as per the DSM-IV-TR multiaxial assessment format (e.g., Obstructive Sleep Apnea).

10. Being in the second or third trimester of pregnancy, or the one year period following childbirth, at the time of the clinical onset, or clinical worsening, of Depressive Disorder

11. Having a miscarriage, fetal death in-utero or stillbirth, within the six months before the clinical onset, or clinical worsening, of Depressive Disorder

12. Having experienced severe childhood abuse* before the clinical onset of Depressive Disorder

*Severe childhood abuse is:

(i) serious physical, emotional, psychological or sexual harm to a child under the age of 16 years; or

(ii) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing of a child under the age of 16 years;

where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who was with or around the child, or any other adult in contact with the child.

13. Inability to obtain appropriate clinical management of Depressive Disorder

**NOTE**: Substance - Induced Mood Disorder with Depressive Features, Mood Disorder due to a General Medical Condition with Depressive Features, and Mood Disorder due to a General Medical Condition with Major Depressive-Like Episodes are also Axis I diagnoses characterized by dysphoric mood.

If a substance(s) or a general medical condition(s) is claimed to be related to the clinical onset, or clinical worsening, of an Axis I Depressive Disorder or Mood Disorder with
Depressive Features or with Major Depressive-Like Episodes, consultation with Medical Advisory should be considered.

B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT / ASSESSMENT

- Decreased libido- if the medical information indicates decreased libido is a symptom of a psychiatric condition
- Sleep Disorder related to Depressive Disorder
- Sleep Disorder Related to Another Mental Disorder
- Anxiety Disorders
- Other Mood Disorders
- Schizophrenia and her Psychotic Disorders
- Adjustment Disorder
- Personality Disorder
- Eating Disorder
- Alcohol Use Disorders
- Substance use Disorders
- Dissociative Disorders
- Pain Disorders/chronic Pain Syndrome (DSM-IV-TR Axis-I Diagnosis)

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM DEPRESSIVE DISORDER AND / OR ITS TREATMENT

Section C medical conditions may result in whole or in part as a direct result of Depressive Disorder, from the treatment of Depressive Disorder or the combined effects of Depressive Disorder and its treatment.

Conditions listed in Section C of the Entitlement Considerations are only granted entitlement if the individual merits and medical evidence of the case determines a consequential relationship exists. Consultation with Medical Advisory should be considered.

If it is claimed a medication required to treat Depressive Disorder resulted in whole, or in part, in the clinical onset, or clinical worsening, of a medical condition the following must be established:

1. The individual was receiving the medication at the time of the clinical onset, or clinical worsening, of the medical condition.
2. The medication was used for the treatment of the Depressive Disorder.
3. The medication is unlikely to be discontinued or the medication is known to have enduring effects after discontinuation.
4. The individual’s medical information and the current medical literature supports the medication can result in the clinical onset, or clinical worsening, of the medical condition.
5. Note: Individual medications may belong to a class, or grouping, of medications. The effects of a specific medication may vary from the grouping. The effects of the specific medication should be considered and not the effects of the group.

The list of Section C conditions is not all inclusive. Conditions, other than those listed in Section C, may be claimed to have a consequential relationship to a Depressive Disorder and / or its treatment. Other conditions may be considered for entitlement based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

- Sexual Dysfunction (e.g., Erectile Dysfunction)
- Irritable Bowel Syndrome
- Bruxism
- Xerostomia
- Periodic Limb Movement Disorder
- Restless Leg Syndrome
- Obstructive Sleep Apnea

REFERENCES FOR DEPRESSIVE DISORDERS


