

Table 10-18: Differential diagnosis of major depressive disorder (MDD)

Disorder	Differentiated from MDD by:
Bipolar disorder	Racing thoughts, increased energy, decreased need for sleep, irritability, hypersexuality (these may coexist with depressed mood in a mixed bipolar state)
Grief	Onset associated with the loss; responsive to changes in the environment with less sadness or enjoyment; decreasing severity over time; preoccupation with deceased; “psychotic” symptoms related to deceased such as seeing, being visited by the deceased; rare suicidal intent although reunion fantasies may exist
Adjustment disorder with depressed mood	Sadness is rarely as profound; little anhedonia; no vegetative symptoms; identifiable precipitant; responsive to environmental change; suicidal ideation and intent may still occur
Organic mood disorder	Identifiable agent linked by time; less anhedonia or hopelessness; test for specific medical conditions such as TSH, B12, VDRL or RPR, CNS evaluation; no family history
Dementia	Less concern with cognitive decline; more gradual changes; may respond with laughter; worse at night; specific neurological deficits; CT scan often abnormal
Delirium	Fluctuating mental status with altered level of consciousness; distractibility; inability to focus or sustain attention; dysarthric speech; agitation; medical etiology
Medication-induced, substance-induced mood disorders	Onset with use of: steroids, anticholinergics, sedative-hypnotics, anticonvulsants, antiparkinsonians, beta-blockers, anti-TB meds; sympathomimetics; azidothymidine, stavudine; all illicit drugs; urine toxicology screen; medication history

TSH, thyroid-stimulating hormone; VDRL/RPR, nontreponemal serologic tests for syphilis.