The bereavement exclusion may not be applicable in real world settings

We thank Wakefield and First for citing three of our papers in their review article about the validity of the bereavement exclusion to major depression (1). However, we believe that their view about our work is incomplete and misleading.

First, they argue that no special training or checklist was used in our studies. This point is not correct, as clarified in our first paper (2) (“The MDE module of the Mini-International Neuropsychiatric Inventory (MINI) structured interview was used”), in the second (3) (“Doctors had a prestudy training session about DSM-IV MDE criteria, including the bereavement exclusion criterion. Moreover, they had to assess each MDE criterion (yes/no) to check the diagnosis of MDE”) and in the third (4) (“Clinicians, who were trained about the DSM-IV MDE criteria prior to the study, were asked to check each DSM-IV MDE diagnosis criterion”).

Second, they argue that the bereavement exclusion was inaccurately applied in our studies. Their view might be more dogmatic than pragmatic. Actually, our results from two different samples including 4,252 clinicians and 30,603 patients (2-4) show that the bereavement exclusion criterion has a poor discriminant validity in treatment seeking individuals. Indeed, there are two possible explanations for these results. The first is that the bereavement exclusion was not applied correctly by the trained physicians involved in the studies. The second, much more plausible, is that the bereavement exclusion is actually not applicable in real world settings, due to its complexity.

Thus, we conclude that the bereavement exclusion criterion is not discriminant in real world settings, and that further studies with a design similar to ours are needed to confirm our data. Finally, we think that the bereavement exclusion has to be reconsidered, even possibly deleted, in the DSM-5 definition of major depressive episode.

Emmanuelle Corruble

Paris XI University, INSERM U 669, Department of Psychiatry, Bicêtre University Hospital, Assistance Publique-Hôpitaux de Paris, 94275 Le Kremlin Bicêtre, France

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