

Supplementary Document 2: Differences between DSM-IV diagnoses and clinical syndromes in the 19up study

Clinical syndrome	Differences with the DSM-IV definition
Depression	<p data-bbox="607 325 1973 392"><u>DSM-IV cases had to answer No to the following questions. This was not enforced for the core criteria definition.</u></p> <p data-bbox="607 443 1973 549">Did this episode of feeling (depressed/ a lot less interested in things/ irritable) start during or shortly after a serious physical illness or a serious condition, such as thyroid disease, a stroke, multiple sclerosis, a brain tumour or HIV?</p> <p data-bbox="607 561 1973 628">Did this episode of feeling (depressed/ a lot less interested in things/ irritable) start within two months after childbirth?</p> <p data-bbox="607 641 1973 708">Did this episode of feeling (depressed/ a lot less interested in things/ irritable) start within two months of learning of the death of someone close to you?</p> <p data-bbox="607 721 1973 826">Did this episode of feeling (depressed/ a lot less interested in things/ irritable) begin within 6 weeks of starting or changing the dose of prescription medication, such as tranquillisers, tablets for high blood pressure, heart medicines, or steroids?</p> <p data-bbox="607 839 1973 906">Just before this episode began, had you been using any illegal drugs or using any prescription drugs more than prescribed?</p> <p data-bbox="607 919 1973 944">Just before this episode began, had there been any change in your use of alcohol?</p> <p data-bbox="607 957 1973 983">Just before this episode began, had there been any change in your use of cigarettes?</p>

Hypomania / Mania

DSM-IV cases had to report more than 3 (or 4) of the 7 symptoms below, while all the questions were treated as distinct symptoms in the core criteria definition.

- 1) Inflated self esteem. **Yes** to: “Were you so irritable that you either started arguments, shouted at people, or hit people?”
- 2) Decreased need for sleep. **Yes** to: “Did you sleep far less than usual and still not get tired or sleepy?”
- 3) More talkative than usual or pressure to keep talking. **Yes** to: “Did you do anything else that wasn't usual for you - like talking about things you would normally keep private, or acting in ways that you'd usually find embarrassing?”
- 4) Flight of ideas or subjective experience that thoughts are racing. **Yes** to “Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?”
- 5) Distractibility. **Yes to either**: “Did you constantly keep changing your plans or activities?”
“Did you find it hard to keep your mind on what you were doing?”
- 6) Increase in goal-directed activity (social, work, school, sexual) or psychomotor agitation. **Yes to either**: “Did you try to do things that were impossible to do, like taking on large amounts of work?”
“Did you become so restless or fidgety that you paced up and down or couldn't stand still?”
- 7) Excessive involvement in pleasurable activities that have a high potential for painful consequences. **Yes** to: “Did you spend so much more money than usual that it caused you to have financial trouble?”

DSM-IV cases had to answer “No” to the following question. This was not used in the core criteria definition.

Episodes of this sort sometimes occur as a result of physical causes such as physical illness or injury or the use of medication, drugs, or alcohol. Do you think all of your episodes were the result of physical causes?

The DSM-IV includes four sets of criteria for diagnosing most disorders. Namely, two sets of criteria for identifying core phenomenology (A and B criteria) and the C and D criteria which screen for comorbidities, other life experiences and/or use of medications. Whilst the A and B criteria recognise syndromes that meet casesness, the C and D criteria are used to identify potential confounders. However, in the assessment schedules employed, the C and D criteria were self-rated or recorded by interviewers without further scrutiny by clinical experts (to establish whether the diagnosis was rendered unreliable). As such, using the CIDI to assess the full set of A-D criteria recommended in the DSM-IV means that a high threshold is applied for identifying clinical cases. At the same time, using the A and B criteria alone (clinical symptom criteria) sets a lower threshold for clinical case identification. In research, both approaches are valid. For example, the higher threshold can be used for collaborations with other research consortia, such as the ENIGMA-MDD genetic research consortium^{33,34}, where it is important to exclude of physical or mental comorbidities (that mimic the symptoms of MDD) or exclusion of medication-induced syndromes (e.g. hypomania associated with amphetamine use). In contrast, the understanding of heterotypic continuities of symptoms, early illness trajectories and comparisons with other studies of psychopathology may be enhanced by using the broader definition of clinical syndrome.