

Clinical Toolkit

Clinical Tips: Differential Diagnoses and Comorbidities of Depression

When considering differential diagnoses for depression, be aware that **comorbidities** are common and may be present.

Common comorbidities in young people with depression are: **anxiety** disorders, **eating** disorders and **personality** disorders.

Differential Diagnoses to Consider

Adjustment disorder

Consider whether the symptoms are associated with a significant stressor (e.g. a relationship breakup) in the past three months. A diagnosis of adjustment disorder may be indicated if marked distress is out of proportion to the severity or intensity of the stressor and/or functioning is significantly impaired.

Physical medical disorder

A limited physical examination and basic investigations are important. If history indicates a physical medical disorder (organic cause) relevant examination and investigations should be performed. For more information on baseline and specific investigations, click [here](#).

Non-affective disorder

Eating disorder, anxiety, ADHD.

Substance use

Determine if there is drug or alcohol use or withdrawal.

Bipolar disorder

Determine if there is a history or symptoms of mania or hypomania*. It is very important to do this as SSRIs can increase the risk of a manic episode if there is a history of mania or hypomania. A history of hypomania is particularly likely to go unreported by the young person.

* Hypomania is a mood state characterised by persistent and pervasive elevated or irritable mood, and thoughts and behaviours consistent with that mood. Unlike mania, there are no psychotic symptoms and there is less impact on functioning.

Grief and loss

Determine whether the young person recently experienced bereavement or loss (e.g. recent relationship breakup). A diagnosis of depression may still be indicated if this is the case but this would require careful assessment considering the young person's history and their cultural norms