

before the beginning of the study about the *DSM* MDE criteria and were asked, during the protocol, to check individually each *DSM-IV* MDE diagnosis criterion. Thus, this hypothesis might not be the most likely, although it would be difficult to rule out. The second hypothesis, which could be more relevant, is that the bereavement exclusion criterion may not be applicable in the real life of office-based clinical practice. Difficulties in applying this exclusion criterion might be due to its polythetic presentation, as it includes not only symptom cues, but also functional impairment and time period features.

Before modifying or deleting the bereavement exclusion E criterion for MDE is proposed, obtaining prospective data about the outcome of individuals excluded from the diagnosis of MDE due to the bereavement exclusion criterion would be useful. Whatever the outcome of the MDE bereavement exclusion criterion in the *DSM-V* (modification or deletion), we do agree with the proposition of Dr Clayton that the V code for bereavement should be maintained. The V code for bereavement and MDE bereavement exclusion criterion are 2 separate issues, but could complement each other in the direction suggested by Dr Clayton. This recommendation would be in agreement with our data and would contribute to solving the issue of the controversial MDE bereavement exclusion criterion.

REFERENCE

1. Corruble E, Chouinard VA, Letierce A, et al. Is *DSM-IV* bereavement exclusion for major depressive episode relevant to severity and pattern of symptoms? a case-control, cross-sectional study. *J Clin Psychiatry*. 2009;70(8):1091–1097.

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Dr Corruble and Colleagues Reply

To the Editor: We thank Dr Clayton for her comment about our article.¹ We particularly appreciate her synthetic clinical description, based on a large number of publications, of the relationship between bereavement and depressive symptoms over time. One of the questions raised by this literature is whether, when, and how bereaved people with depressive symptoms should be recognized and treated as having major depressive episodes (MDE).

Our results tend to show that the *DSM-IV* bereavement exclusion for MDE, instead of giving the ability to identify a self-limited “normal” depressive syndrome, may lead to the exclusion of individuals with symptoms of major depression that are more severe than those of typical MDE patients. Keeping the MDE bereavement exclusion criterion could indeed result in patients’ failing to be correctly diagnosed, living with prolonged and unnecessary suffering, and not getting appropriate treatment.

We think that our results could be interpreted in 2 different ways. A first hypothesis would be that the investigators of this study may have skipped the bereavement exclusion E criterion for MDE. However, the involved clinicians were specifically trained