

## AUBREY LEWIS' DIAGNOSTIC CRITERIA OF MELANCHOLIA

1. DEPRESSED MOOD
2. ANXIETY/  
ANXIOUS MOOD
3. COMPLAINTIVENESS/  
DRIVEN COMPLAINTIVENESS
4. RETARDED THINKING
5. DISTURBANCE OF CONCENTRATION/  
RESTRICTED THINKING/  
RUMINATION
6. ABULIA/  
LACK OF DRIVE/  
MOTOR RETARDATION
7. STUPOR
8. MOTOR RESTLESSNESS
9. DELUSIONS
10. FEELINGS OF GUILT/  
SELF-INCRIMINATION
11. CONSTRICTED AFFECT
12. DEPERSONALISATION/  
DEREALISATION
13. HALLUCINATIONS/  
HYPOCHONDRIASIS
14. SUICIDAL TENDENCIES
15. DECREASED APPETITE
16. INSOMNIA/  
TIME STILL
17. ASTHENIA/  
FEELING OF INADEQUACY/  
FEELING OF LOSS OF VITALITY
18. DIURNAL VARIATION/  
WORSE IN THE MORNING

At least 4 of 18 present, proceed to 19  
Less than 4 of 18 present, stop

Possible Melancholia  
PSYCHIATRIC DISORDER

19. MEDICAL ILLNESS
20. DEPRESSIVE SYNDROME IN TEMPORAL  
CONNECTION WITH MEDICAL ILLNESS

Less than 2 present, proceed to 21  
Both present, stop

Possible Melancholia  
PSYCHIATRIC DISORDER

21. NON-AFFECTIVE PSYCHOTIC

PSYCHIATRIC ILLNESS  
 22. DEPRESSIVE SYNDROME IN TEMPORAL  
 CONNECTION WITH NON-AFFECTIVE  
 PSYCHOTIC PSYCHIATRIC ILLNESS

Less than 2 present, proceed to 23

Probable Melancholia

Both present, stop

PSYCHIATRIC DISORDER

23. MANIA/  
 HYPOMANIA

Present, stop

PSYCHIATRIC DISORDER

Absent, stop

MELANCHOLIA

It consists of a total number of 37 digits, based on 37 codes included in 23 variables and organized into 4 decision clusters, yielding 1 diagnosis.

It is based on Aubrey Lewis' paper on "melancholia: A clinical survey of depressive states," published in the *Journal of Mental Science* in 1934 in which melancholia is characterized by depressed mood, anxiety (anxious mood), complaintiveness driven complaintiveness), retarded thinking, constricted thinking (disturbance of concentration (rumination), abulia (lack of drive, or motor retardation), stupor, motor restlessness, delusions, feeling of guilt (self-incrimination), constricted affect, depersonalisation (derealisation), hallucinations (hypochondriasis), suicidal tendencies, decreased appetite, insomnia (time still), asthenia (feeling of inadequacy, or feeling of loss of vitality), and diurnal variation (worse in the morning) in the absence of medical illness or non-affective psychotic illness in temporal connection with the depressive syndrome.

LEWIS A (1934) MELANCHOLIA: A CLINICAL SURVEY OF DEPRESSIVE STATES. JOURNAL OF MENTAL SCIENCE 80: 277-378

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MELANCHOLIA