Jane is a 40 year old, married, Caucasian woman who lives in Florida. A year ago, Jane’s husband lost his job, and 2 months ago they lost their house through foreclosure. Jane’s parents divorced when she was 12. Her mother suffered from depression and alcoholism. Jane works as a secretary in a travel agency, which has seen a major drop in business over the past year. She has two children, ages 18 and 6. Her six year old son has chronic asthma, which is stabilized through a complicated and expensive medication regimen. Her 18 year old daughter is working after school and dreams of going to University of Central Florida.

Jane began drinking at age 16. She always drank to get drunk and experienced blackouts, nausea, and tremulousness. She had a high tolerance for alcohol. She would drink a liter of wine at night during the week and she would drink as much as a case of beer and a fifth of whiskey on the weekends. She has had one arrest and conviction for DUI, dropped out of college as a result of her drinking, and was a victim of a date rape at age 19. At age 21, her family held an intervention for her and she was admitted for a two month course of residential treatment.

While in treatment, Jane felt depressed, had little energy, complained of “feeling down,” rarely joined in social activities and would isolate between groups. She had a difficult time concentrating or remembering what she learned. Her treatment team believed that this was related to her withdrawal and her trauma. After residential treatment, Jane was referred to an intensive outpatient program where, during an assessment, it was noted that she had been experiencing symptoms of depression daily for the last 2 to 3 years and this seemed to be concurrent with (but not necessarily caused by) her substance use disorder. She was prescribed Zoloft and participated in cognitive behavior therapy. After six weeks of medication and therapy, she began to concentrate better and retain what she was learning in treatment. Her symptoms decreased and she reported “feeling normal” for the first time ever.

After 10 years of sobriety, Jane stopped taking medication for depression. As a result, feelings of hopelessness low self-esteem returned. At the age of 31, Jane’s mother died and she relapsed. She drank off and on until, around age 35 when she learned that she was pregnant with her second child, began outpatient therapy and resumed an SSRI regimen. Jane had been sober for the past 5 years and was active in mutual support groups. She was connected to a women’s group and had a good relationship with her sponsor. During the last year, she again stopped taking her medication as she was feeling good and things were really looking up for her.

In recent months, however, Jane has experienced insomnia, difficulty concentrating and has lost over 25 pounds due to a poor appetite. Also, her former feelings of low self-esteem and hopelessness have resumed. Jane had stopped attending mutual support meetings 7 months ago and when her husband lost his job, she felt totally overwhelmed and began drinking to cope with her feelings. For the first couple of months she was able to have one or two drinks before going to bed. She began drinking in the morning to feel awake, the evening to go to sleep and during lunch to “feel normal.” She continually worries about paying her bills, feeding her family and
buying her son’s medication. She was seen drinking wine at her work desk and has been told that she needs proof of treatment if she wants to keep her job.

Jane experiences guilt around relapsing and losing her home. She is embarrassed that her daughter has to work and that they cannot afford to send her to college. At times she thinks that her family would be better off without her as they would receive the money from her life insurance policy and 401K. Jane’s daughter came home from work to find her mother unconscious on the couch. She was unable rouse her. She called 911 and Jane was taken to the local emergency room. Jane was admitted to the hospital for suicide ideation and depression.

Of course, one doesn’t have the whole picture when reading a case study, but with the information provided and assuming Jane is diagnosed with a substance use disorder, which of the following do you think would be the appropriate co-occurring DSM-5 diagnosis for Jane?

- major depression
- persistent depressive disorder
- SUD only; no COD

What criteria support this diagnosis?