



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

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Dysthymia

Sources: MediSource website, National Institute of Mental Health (NIMH),
National Alliance for the Mentally Ill (NAMI)

The facts

Dysthymic Disorder is a mood/affective disorder meaning ‘ill humour’ from its Greek roots. It’s a chronic, mild depression that lasts for a very long period of time. The depression of mood isn’t generally severe enough to meet the criteria for major or recurrent depressive disorder.

The condition usually sets in during early adulthood, and the disorder can last for years or even decades. Later onset is usually associated with bereavement or obvious stress, and often follows on the heels of a more extreme depressive episode. Since dysthymia is persistent rather than episodic, the affected person will tend to believe that depression is a part of who he or she is. Thus, he or she may not even think to report the depression to people in a position to help, such as health-care providers, family members, or friends.

Dysthymia, like major depression, tends to run in families. Women are twice as likely as men to suffer from dysthymia, in a similar ratio to that seen with major depression. About 3% of the population (2001 statistics) is affected by dysthymic disorder, with three-quarters of individuals displaying signs of other psychiatric or medical disorders as well. Some describe being under chronic stress. It is often difficult to tell whether an affected person’s stress is greater than average or if the dysthymia causes him or her to perceive more stress than others do.

In the past, dysthymia had several other names: *depressive neurosis*, *neurotic depression*, *depressive personality disorder*, and *persistent anxiety depression*.

The causes

Heredity plays a large part in the occurrence of dysthymia. Most people will have a family history of mood/affective disorders, including bipolar disorder (also call manic depression), especially when dysthymia starts early. In fact, up to 30% of individuals with dysthymia will at some point in time experience a switch to hypomanic (elevated mood) episodes. One or both parents may have been diagnosed with major depression. A family history of illness makes it likely that dysthymia will appear in the teenage years or early 20s.

About one-quarter of people with dysthymia develop the condition in mid-life, known as *late-onset dysthymia*. Symptoms usually follow a particular depressive episode, related to some shock or loss a person has experienced.

Symptoms and complications

Signs that a person may be suffering from dysthymia include:

- Depressed mood for prolonged periods
- Gloominess or irritability
- Low self-esteem
- Low energy, tiredness
- Sleep irregularities
- Changes in appetite
- Social conflicts or withdrawal
- Poor work or school performance
- Inability to enjoy once-pleasurable activities (a condition called *anhedonia*)
- Physiologic abnormalities

The severity of these symptoms range depending on the individual. Some people can still deal with the basic demands of life, while others undergo significant distress, making it difficult to cope with work, school, or social activities.

Making the diagnosis

An obviously depressed mood is the main sign of dysthymia, with intermittent wellness lasting for short periods, only days or weeks. For a diagnosis of dysthymia, mood depression and tiredness must have been present for at least two years (one year for children and adolescents), with symptoms severe enough to impair a person's ability to function normally from day to day. During those two years, there will have been no major depressive episodes, though there might have been a bout with major depression in the past that has since resolved. Other conditions will need to be ruled out, including schizophrenia and delusional or psychotic disorders. A doctor will also want to confirm that symptoms aren't a result of substance abuse or due to other mental conditions.

With the stigma still associated with depression, many people with this disorder go unrecognized and untreated. The chronic nature of the disorder may contribute to a failure to recognize it.

Recognizing and diagnosing dysthymia isn't always simple, and misdiagnosis is a possibility. People with the condition may not think of themselves as depressed, and often visit doctors with physical rather than psychological complaints. Mental health professionals aren't always consulted until more obvious symptoms are noticed.

When dysthymia goes undiagnosed, there's a danger that it can lead to substance abuse or even suicide. The longer it takes to diagnose it and get treatment underway, the slower the recovery period will be.

Treatment and prevention

The best treatment is a combination of psychotherapy and medication. People with dysthymia who have integrated 'feeling blue' into their self-image may be surprised that antidepressant medication can be very helpful. The most commonly prescribed antidepressants for this disorder are the SSRIs (selective serotonin reuptake inhibitors) and include fluoxetine (*Prozac*), sertraline (*Zoloft*), paroxetine (*Paxil*), and citalopram (*Celexa*). SSRIs are fairly easy to take and relatively safe compared with previous generations of antidepressants. However, all medications have side effects. SSRIs are known to cause nausea and problems with sexual functioning. They can also cause an increase of anxiety in the early stages of treatment and apathy in the long run. Concerns about the increased risk of suicide have been overblown, but a very small number of patients taking these medications will feel worse rather than better as a result of taking the medication. All troubling changes should be reported immediately to your doctor.

Other new and effective antidepressants include bupropion (*Wellbutrin*), venlafaxine (*Effexor*), and mirtazapine (*Remeron*). The older classes of antidepressants, tricyclic antidepressants and monoamine inhibitors, are still in use and can be very effective for those who do not respond to other treatments.

It usually takes at least two to six weeks of treatment with any antidepressant to see improvement. The dose may have to be adjusted, and often it will take up to a few months for the full positive effect to be seen.

Sometimes, two different antidepressant medications are prescribed together in order to enhance the positive effect. Or, a medication from the class called *mood stabilizers* is added. Sometimes, *anti-anxiety medication* is also used.

The herbal preparation St. John's wort may be effective at relieving the symptoms of depression. It's used mostly in Europe, where alternative approaches are increasingly a part of mainstream medicine. Studies have shown that St. John's wort reduces feelings of depression, anxiety, apathy, and worthlessness. Its effectiveness isn't well understood, though research has identified certain active components of the plant as possibly having an impact on depression. St. John's wort also reduces uptake of serotonin in the brain, which is similar to how some SSRIs function. Side effects of St. John's wort may be milder than with certain antidepressants and are less effective than the prescription drugs.

Herbal remedies are not closely regulated. This means that the amount of active ingredient may be uncertain in some products. Prescription drugs, on the other hand, are strictly regulated and must contain exactly the right amount of active ingredient.

Caution must be advised before people self-medicate to treat dysthymia. Just because a remedy is available over-the-counter and is herbal doesn't mean that it's safe. Adverse reactions to herbal remedies are increasingly reported to physicians. Before turning to St. John's wort for treating dysthymia, it's vital to first discuss this option with a doctor.

Short-term psychotherapeutic approaches to treating dysthymia are quite effective at minimizing the symptoms of depression. The type of psychotherapy that will help depends on a number of factors, including the nature of any stressful events, the availability of family and other social support, and personal preference. Therapy should always include education about depression, and support is essential. Cognitive behavioural therapy is designed to examine and help correct faulty, self-critical thought patterns. Psychodynamic, insight-oriented or interpersonal psychotherapy can help a person sort out conflicts in important relationships or explore the history behind and symptoms.

About 50% of people with dysthymic disorder will recover from the depression, but often only in the short run. Almost half of these will have a relapse of symptoms within the two years of recovery. If dysthymia is not treated, most people will eventually have bouts of major depression as well. Even though the symptoms of dysthymia are milder than those occurring with major depression, doctors strongly support the need for people with dysthymia to continue receiving long-term medical care and monitoring. Ongoing treatment and support offer the best chance for improved quality of life.

When treatment is successful, it is important to continue seeing your doctor/therapist periodically, since maintenance treatment is often required to prevent relapses.

“Knowledge is power.”