

Stonebriar Psychiatric Services News & Views

Dysthymic Disorder

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“I Feel like I’ve Been Depressed my Whole Life...”

At times I will sit down with a patient whose primary complaint may or may not be that they are feeling depressed, but as we begin to talk about their possibly feeling rather down, sad, or blue, they may acknowledge having felt that way for a long time. As we begin to clarify exactly what “a long time” means, she may describe how it feels like she has never been happy “for as long as I can remember.” She states that generally she is still able to function in her job and as a wife and mother, but that she just has no joy in her life, and it feels like a constant struggle. When one hears this, one must consider that this individual is struggling with a type of depression known as a dysthymic disorder.

In previous newsletters, we have talked about major depression, and particularly in our newsletters regarding bipolar disorder. Although major depression can occur on its own, either as a single episode or even as recurrent episodes, we have discussed how its presence is needed for the diagnosis of the different forms of bipolar disorder. For now, however, I would like to limit our discussion to that form of depression known as a dysthymic disorder or dysthymia. One very simple way of defining a dysthymic disorder is a chronic fluctuating depression that has lasted for at least two years.

Let’s look at the characteristics of a dysthymic disorder in a bit more detail, as this does represent a common form of depression that many experience. First, there must be a depressed mood which is present for most of the day, for more days than it is not, as indicated either by one’s own subjective experience or by the observation of others, and it has to have been present for at least two years. In the case of children and adolescents, it must be present for at least one year. It frequently can be characterized by a poor appetite or at times by overeating, sleep disturbance, low energy or feelings of general fatigue, low self-esteem, or poor concentration with difficulty in making decisions, and often feelings of hopelessness. Generally the symptoms are not as severe or disabling as with a major depressive disorder, and they frequently tend to be a bit more subjective with less in the way of physical symptoms. There often are feelings of irritability or excessive anger, social withdrawal, or a general loss of interest or feelings of enjoyment from one’s activities. Because of the frequent feelings of inadequacy and low energy, these individuals often seem to underestimate and underutilize their strengths and talents and therefore “do not live up to their potential.” It should be noted that one can have a major depressive disorder superimposed on a more chronic dysthymic disorder, which at times is called a “double depression.”

Dysthymic disorders affect approximately 5-6% of all individuals. As with many depressions, it seems to be slightly more common in women, but also among unmarried and young persons with lower incomes. It may affect up to 50% or more of individuals in general psychiatric clinics and frequently coexists with other psychiatric disorders, especially major depressive disorders. There may also be coexisting anxiety disorders, substance abuse, or personality disorders. It seems to be more common in those with first-degree relatives who have had a major depressive disorder, and individuals with a dysthymic disorder often have a history of taking a variety of psychiatric medications.

Etiology

Some studies have suggested that dysthymic disorders and major depressive disorders have common biological features, although this has not been consistently demonstrated. Certain EEG characteristics related to sleep patterns common in major depressive disorders, such as decreased time to begin REM sleep (associated with dreaming) along with increased REM density, also occur frequently with dysthymic disorder. Some studies have also suggested that the presence of these findings with dysthymic disorder may indicate an increased likelihood of a better response to antidepressant drugs. Although certain neuroendocrine studies related to adrenal and thyroid function indicate that those with dysthymic disorder may have a higher incidence of certain abnormalities than control subjects, it does not seem to be as common as with major depression.

A number of psychological theories have been advanced to explain the development of a dysthymic disorder, in past nomenclature known as a depressive neurosis, and all seem to contain some truth that seems useful in treatment along with other ideas that

are not.

Treatment

At times one of the most difficult aspects of treatment is simply recognizing that what one has experienced for so long does not necessarily have to represent the norm for one's life. For many, the most difficult thing is allowing oneself to even hope that things might be better in the future than it has been in the past. Frequently, one must look at long-standing behavior patterns that have either resulted from the chronic depression or perhaps contributed to its ongoing course, but change is always somewhat frightening even if the former condition has not been positive. These are some of the issues that need to be confronted in the course of treatment.

Several types of "talking therapy" have been found to frequently be useful with dysthymic disorders. **Cognitive therapy** involves looking at one's thought patterns and how they affect one's feelings and subsequent behaviors. In this process, one works to change negative attitudes and perceptions about himself, his world, his present and future, and it tends to be oriented toward dealing with current problems and ways of resolving them better than in the past. **Behavior therapy** is based on the idea that depression is caused by the loss of positive reinforcements in one's life with treatment tending to focus on specific goals to increase activity and successful experiences, along with helping one to better deal with stress. **Insight oriented psychotherapy**, also known as psychoanalytic or psychodynamic therapy, attempts to relate depressive symptoms and maladaptive behavior and personality features to past experiences and unresolved issues from earlier in life. In understanding how these past events affect one's current feelings and behavior, one is then able to make better choices in one's life, as well as being more able to realistically perceive and appreciate one's own strengths while accepting one's weaknesses. **Interpersonal therapy** focuses on one's current interpersonal experiences and relationships and how to better handle stress in one's life to reduce depressive symptoms and also to enhance one's sense of self-esteem. **Family and group therapy**, which are frequently helpful for a variety of issues, may utilize many of the techniques found in the above mentioned treatments but apply them to family and group settings.

Although it was often thought in the past that medication was primarily useful for major depressive disorders, particularly those thought to be of clear biological origin known in earlier nomenclature as "endogenous depressions," that thinking is no longer held to be true. As with major depression, the most effective treatment for dysthymic disorder is often a combination of antidepressant medication and psychotherapy. The SSRIs, such as fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa), paroxetine (Paxil), or escitalopram (Lexapro), are frequently useful, as is bupropion (Wellbutrin), and a number of other antidepressants.

One other interesting aspect of depression, whether it is a dysthymic form of depression, a major depression, or any of a number of variants, is that frequently it can significantly affect one's spiritual life as well as one's emotional life. For that reason, depressed individuals, as well as well-meaning friends and pastors, have often felt that if the depressed individual would only pray more, read more, or attend more, then it would get better. Although one's spiritual life, or lack thereof, can certainly affect one's emotions and at times create feelings of depression or anxiety, the reverse is also true. Depression, along with a variety of anxiety disorders, can also affect one's spiritual life. When depressed, one often prays but feels as though God is not listening or that somehow she is not praying effectively. Depression can make the most devout individual feel distant from God and ineffectual in their spiritual walk, and for that reason both the mood and, when appropriate, spiritual issues may need to be addressed. But one should not assume that because one's spiritual life is dry that it is only a spiritual issue. Depression, in its many forms, may also mimic "the dark night of the soul," but it may also benefit from psychotherapy and medication as well as prayer.

If your life has seemed joyless, boring, or simply without purpose, for a long time, don't assume that it has to remain that way. Talk to a professional and find out whether what you have been experiencing for so long might actually be a dysthymic disorder.



Do you have topical requests for future newsletters? Let us know at: NewsletterQuestions@stonebriarps.com



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