

DYSTHYMIA (DYSTHYMIC DISORDER)

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What is dysthymia?

Dysthymia is a chronic form of depression that lasts for at least two years (one year for children), but often lasts for many years. Although the symptoms that are associated with this type of depression are fewer and less severe than those that are associated with major depression, they can still seriously reduce the quality of life for anyone who suffers from it. Over the long term, these symptoms can negatively impact normal functioning as much as major depression.

The disorder often begins early in life, either in childhood, adolescence, or early adulthood. 6% of the population will suffer from it at some point in their lives. Adult women are 2 to 3 times more likely to develop dysthymia than men. In the case of children, the disorder occurs just as often among boys as among girls.

Studies tend to suggest that there is a genetic vulnerability to the disorder. However, a person can have the vulnerability without ever developing the disorder. There are many interactive factors that cause dysthymia, including biological, psychological, and social factors.

From a biological perspective, certain neurotransmitters (e.g.: serotonin) may be involved. In terms of the environment, a number of situations (e.g.: financial and relationship problems and high stress levels) can take

their toll on a person's morale over the long term, and can lead to the development of dysthymic disorder.

Warning signs

It's normal to feel more depressed some days or when going through hard times, or to be sad occasionally, or to feel inadequate. This only becomes a problem when the feeling doesn't go away over time, and when the symptoms cause serious distress or interfere with general functioning, whether at work, in relationships, or in other important aspects of the person's life.

Symptoms

In addition to a depressed mood for most of the day and most days for at least two years, people who suffer from dysthymia exhibit at least two of the following symptoms:

- Low energy levels or fatigue;
- Low self-esteem;
- Trouble concentrating or making decisions;
- Feelings of hopelessness;
- Appetite problems (poor appetite or overeating);
- Sleep problems (insomnia or hypersomnia).

However, the psychomotor symptoms, sleep problems, and appetite problems are less frequent than in the case of major depression.

People who suffer from dysthymia can also feel sad frequently, be self-critical and hard on themselves and everything around them, ruminate about things from the past, feel guilty, be irritable or angry, be less productive, and take little interest or pleasure in most activities. They can also isolate themselves from others and withdraw into themselves.

People who suffer from dysthymia sometimes ascribe their symptoms to their personality, because they may believe that they have always been like that, especially if the disorder began early in life.

Children who suffer from dysthymia may seem to be more irritable than depressed. Children often do worse at school, and have problems with social interactions, low self-esteem, and a pessimistic attitude.

Although people can occasionally feel happier and more energetic, in order for someone to be diagnosed with dysthymic disorder, the intervals of feeling better can't last more for than two months within a two-year period.

Sometimes the symptoms can get worse, at which time the individual may experience major depression along with their dysthymia for a period of time. When this happens, it is

referred to as double depression. However, an individual is not diagnosed with dysthymic disorder if an episode of major depression occurs within the first two-year period.

Treatment

The two preferred forms of treatment are medication and psychotherapy.

In terms of medication, antidepressants that act on a number of the neurotransmitters involved in the symptoms of depression (e.g.: serotonin, norepinephrine, and dopamine) are usually prescribed. These medications take several weeks to reach their full effect, and in the case of dysthymia, it is recommended that they be taken over a long period. Once the person feels better, the doctor may suggest a maintenance dose for several years, and sometimes for life, in order to prevent relapses.

In terms of psychotherapy, an individual who suffers from dysthymia can work on the thoughts, emotions, and behaviours associated with depressed moods. The bond of trust

with the psychotherapist is the one of the most important factors. There are a variety of approaches that can help, but research supports the value of cognitive-behavioural therapy in particular. This type of therapy works on the negative thought processes that feed the depression, replacing them with a more accurate view of reality. This can help the individual to improve his self-esteem, regain confidence in his abilities, and find hope for the future. The individual also works on behaviours that can be adopted gradually in order to get back into action despite the symptoms, and to return to an active and social life.

Interpersonal psychotherapy is another type of therapy that is effective in treating major depression, and it is also helpful in treating dysthymia.

Self-help groups and workshops – such as those at Revivre – can also be another effective form of support. They provide a place where people can talk about their feelings without being judged. This can help people to feel less alone in what they're going through, and validate their experience of feeling depressed in the company of others who are going through similar situations.

They can get ideas from other people's stories, and try new ways of getting through the tough times.

Where to go for help

If you think you have dysthymia and you want to learn more about available treatments, one of the first steps may be to talk to a doctor. For psychological help, you can consult a psychotherapist who is recognized by a professional association, such as a psychologist or a social worker.

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