•> CASE 22

A 34-year-old man visits a psychiatrist with a chief complaint of a depressed mood lasting "for as long as [he] can remember." The patient states that he never feels as if his mood is good. He describes it as being 4 on a scale of 1 to 10(10 being the best the patient has ever felt). He states that he does not sleep well but has a "decent" energy level. His appetite fluctuated for the past several years, although he did not lose any weight. He feels distracted much of the time and has trouble making decisions at his job as a computer operator. He notes that his self-esteem is low, although he denies thoughts of suicide. He notes that he was hospitalized once 5 years ago for major depression and was treated successfully with an antidepressant, although he does not remember which one. He notes that he has felt depressed for at least the last 10 years and that the feeling is constant and unwavering. He denies manic symptoms, psychotic symptoms, or drug or alcohol abuse. He has no medical problems.

- **What is the most likely diagnosis for this patient?**
- **Should this patient be given any medication?**

ANSWERS TO CASE 22: Dysthymic Disorder

Summary: A 34-year-old man suffered from major depression in the past and, according to his history, a 10-year-period of depressed mood with insomnia, a fluctuating appetite, and a decreased ability to concentrate. He also notes that his self-esteem is low. He is experiencing no suicidal ideation, psychotic symptoms, or weight loss and is able to continue working. He denies any other psychiatric symptoms or medical problems.

- **Most likely diagnosis:** Dysthymic disorder.
- **Best medical therapy:** Selective serotonin reuptake inhibitors (SSRIs) as well as other antidepressants such as bupropion can be helpful in many patients with this disorder. Although other antidepressants such as tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) can be effective, SSRIs have a better side effect profile and are usually the first choice.

Analysis

Objectives

1. Understand the diagnostic criteria for dysthymic disorder (Table 22-1).
2. Be aware of the pharmacologic treatment options available for this disorder.

Table 22-1
DIAGNOSTIC CRITERIA FOR DYSTHYMIC DISORDER

A. A subjective or objective depressed mood most of the day for more days than not for at least 2 years; can be only I year for children and adolescents.
B. The presence of two or more depressive symptoms such as appetite changes, sleep changes, a low energy level, low self-esteem, poor concentration or indecisiveness, or feelings of hopelessness.
C. During the 2-year time period the person has never been without the depressive symptoms for more than 2 months.
D. The criteria for major depression are not met during the first 2 years of the mood disturbance.
E. No manic, hypomanic, or mixed episodes or cyclothymic disorder have ever been present.
F. Not related to a psychotic disorder exclusively.
G. Symptoms are not caused by substances or by a general medical condition and must cause clinically significant impairment.

Considerations

This patient has at least a 10-year history of a depressed mood; this duration fulfills the **2-year requirement** for diagnosis. Although he experiences a fluctuating appetite and insomnia, neither appears to be severe. (The patient is able to continue to work and has not lost any weight.) He complains of other symptoms consistent with dysthymic disorder, such as poor concentration and low self-esteem. He **does not have psychotic symptoms or suicidal ideation,** either of which suggest a more severe disorder. He experienced major depression in the past, but does not currently meet criteria, and his prior episode did not occur during the first 2 years of the dysthymic disorder. The patient denies alcohol, drug abuse, or medical problems, all of which can mimic dysthymic disorder; therefore, a complete history, physical examination, and laboratory studies should be performed.

APPROACH TO DYSTHYMIC DISORDER

Clinical Approach

Dysthymic disorder is fairly common, affecting approximately 5% to 6% of the population. Whereas major depression is typically characterized by discrete episodes, dysthymia is usually chronic and nonepisodic. Other mental disorders often coexist with dysthymia, such as major depressive disorder, anxiety disorders (particularly panic disorder), substance abuse, and borderline personality disorder.

Differential Diagnosis

As in all affective disorders, substances of abuse (such as alcohol), medications (such as beta-blockers), and medical conditions (such as hypothyroidism) must be ruled out as potential causes of the depressive symptoms. Often, it can be difficult to make the distinction between dysthymic disorder and major depressive disorder (Table 22-2). Although there is a **significant overlap between the two,** there are important differences. **Dysthymic disorder tends to have an earlier onset** (in the teenage years and in early adulthood) and a **more chronic course** than major depressive disorder, which tends to be more episodic. In other words, **dysthymic disorder can be viewed as a less intense, longer-lasting depressive illness** compared to major depressive disorder. When an individual with dysthymic disorder develops an episode of major depression (after 2 years in adults), the condition is often referred to as "double depression," which has a poorer prognosis than either illness alone.

Table 22-2
CHARACTERISTICS OF VARIOUS AFFECTIVE DISORDERS

DISORDER	CRITERIA
Major depression	Five or more SIG: E CAPS criteria for at least 2 weeks
Bipolar 1 disorder, manic	Meets critieria for **mania** (three or more criteria for at least 1 week causing **marked impairment or psychosis)** with or without depression (if present, major)
Bipolar II disorder (hypomania)	Meets critieria for **hypomania** (three or more criteria for at least 4 days **not** causing marked impairment or psychosis) with or without depression (if present, major)
Dysthymia	Depressed mood for most of the day on more days than not. for 2 years (1 year for adolescents and children), no mania or hypomania. no major depression during the first 2 years
Cyclothymia	Numerous episodes of hypomania and dysthymia for 2 years (I year for adolescents and children)

Treatment

Although psychotropic medications were previously viewed as not being effective in individuals with dysthymic disorder, more recent research demonstrates a significant benefit from antidepressants. As in major depressive disorder, **SSRIs, bupropion, TCAs, and MAOIs can all be useful in treating dysthymic disorder.** Because of its chronic nature, a significant therapeutic effect can require up to 8 weeks, and treatment is often continued for many years or even for life. Other modalities useful in treating dysthymic disorder include various psychotherapies. Whereas **cognitive-behavioral therapy** is the best studied, insight-oriented therapy and interpersonal therapy are also **likely to** be of benefit. Because of the pervasive nature of this illness, it is not unusual for patients to be treated with both pharmacotherapy and psychotherapy. This combination can be more efficacious than either treatment alone.

Comprehension Questions

[22.1] A 22-year-old woman is referred to your office from her family physician for evaluation of "depression." Her primary care doctor is unsure whether she is suffering from dysthymic disorder or a major depressive disorder. Which of the following characteristics is more consistent with dysthymic disorder versus major depression?

A. Early onset of illness
B. Episodic course
C. Numerous neurovegetative symptoms
D. Presence of psychotic symptoms
E. Severe impairment in functioning

[22.2] The patient in question [22.1] is evaluated fully and determined to have dysthymic disorder. Which of the following medications is the most appropriate first-line treatment for her?

A. Desipramine
B. Lithium
C. Lorazepam
D. Phenelzine
E. Sertraline

[22.3] The patient in questions [22.1] and [22.2] decides that she does not want medications at this time, but she would still like her depression treated. What would your recommendation be for the next best. evidence-based treatment modality?

A. Cognitive-behavioral therapy
B. Interpersonal therapy
C. Psychoanalysis
D. Supportive therapy

Answers

[22.1] A. Although the distinction between dysthymic disorder and major depressive disorder can sometimes be challenging (especially if the major depressive illness is chronic and/or recurrent), patients with dysthymic disorder tend to have an earlier onset of symptoms, a more chronic course, fewer neurovegetative symptoms, lack of psychosis, and less severe psychosocial or occupational impairment when compared to individuals with major depression.

[22.2] E. SSRIs (such as sertraline) and bupropion have demonstrated efficacy in treating dysthymia. Although TCAs and MAOIs are also beneficial, newer antidepressants such as SSRIs are better tolerated and safer in overdose. Neither lithium nor lorazepam are *indicated for* dysthymic disorder.

[22.3] A. If medications are not beneficial, poorly tolerated, or not preferred in patients with dysthymic disorder, there are various types of psychotherapy that can be pursued. Although interpersonal therapy and insight-oriented therapies such as psychoanalysis are likely efficacious, cognitive-behavioral therapy has the most research supporting its use in treating dysthymia.

CLINICAL PEARLS

- Patients with dysthymic disorder can function relatively well in their lives but experience subjective symptoms of a depressed mood and mild vegetative symptoms.
- Dysthymic disorder can be diagnosed in children if they are symptomatic over a 1-year time period (instead of the 2 years required for adults).
- Dysthymic disorder can be successfully treated with antidepressant medication, psychotherapy, or a combination of the two.

REFERENCES

Ebert M, Loosen P, Nurcombe B, eds. Current diagnosis and treatment in psychiatry. New York: McGraw-Hill. 2000:307-311.

Kaplan H, Sadoek B. Synopsis of psychiatry. 9th ed. Baltimore: Lippincott Williams & Wilkins. 2003:572-576.