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Research Article

Psychological research about persistent depressive disorder (dysthymia)

B Vishwanath Pradeep*

Research Associate , CPAH
* **Corresponding Author Email:** pradeep.bodduluri@gmail.com- **ORCID:** 0000-0002-5247-7859

Abstract: Persistent depressive disorder, also known as dysthymia, is characterized by a chronic form of depression that lacks distinct episodes. Its onset is gradual, potentially beginning in either adolescence or adulthood. Often, dysthymia goes unnoticed and undiagnosed for extended periods. It frequently coexists with major depression, anxiety disorders, personality disorders, somatoform disorders, and substance use disorders. The primary symptoms include a pervasive sad mood, feelings of pessimism, and hopelessness. Individuals affected by this condition often face considerable functional impairment and have an elevated risk of suicide. Those at the highest risk tend to be female, unmarried, reside in high-income countries, and have a family history of depression. The Cornell Dysthymia Rating Scale (CDRS) is one of the tools used for screening. Common treatment options include antidepressant medications and the cognitive behavioral analysis system of psychotherapy (CBASP). This document aims to equip healthcare professionals with a comprehensive understanding of the assessment and treatment strategies for dysthymia.

Keywords: Persistent depressive disorder, dysthymia,CBASP

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1. Introduction

Approximately 20–30% of depressive disorders exhibit a chronic trajectory, which is linked to more severe health implications and less favorable outcomes compared to non-chronic depression. While previously not differentiated from episodic depression, persistent depressive disorder is now recognized as a distinct clinical entity in the DSM-5. This narrative Review delves into the historical debates regarding the concept of persistent depressive disorder. The distinction between chronic and non-chronic depression, often neglected, could lead to more uniform phenotypes for research aimed at understanding causes and treatments. Among the various types of chronic depression categorized as persistent depressive disorder, dysthymia is particularly prone to being overlooked by both clinicians and patients, as it may seem less severe than other chronic forms and can be challenging to differentiate from the individual's pre-existing personality traits. Nevertheless, we contest the notion that pure dysthymia is merely a mild condition when viewed longitudinally, while acknowledging that variations in severity carry significant implications for treatment. This Review aims to provide a comprehensive overview of the controversies and challenges associated with this topic and to establish a foundation for future research concerning the classification, causation, and treatment of persistent depressive disorder, including dysthymia. Historically, mood disorders have been perceived as episodic and remitting conditions. However, starting in the late 1970s, it became evident that numerous patients suffering from depression experience a chronic progression. The diagnosis of dysthymic disorder was introduced in DSM-III and later in ICD-10 to categorize unipolar depressions that are persistent and of a low-grade nature. Dysthymia embodies the intersection of various earlier clinical concepts, such as neurotic depression and depressive personality, which, while overlapping, exhibit distinct characteristics. Approximately 20–30% of depressive disorders exhibit a chronic trajectory, which is linked to more severe health implications and less favorable outcomes compared to non-chronic depression. While previously not differentiated from episodic depression, persistent depressive disorder is now recognized as a distinct clinical entity in the DSM-

5. This narrative Review delves into the historical debates regarding the concept of persistent depressive disorder. The distinction between chronic and non-chronic depression, often neglected, could lead to more uniform phenotypes for research aimed at understanding causes and treatments. Among the various types of chronic depression categorized as persistent depressive disorder, dysthymia is particularly prone to being overlooked by both clinicians and patients, as it may seem less severe than other chronic forms and can be challenging to differentiate from the individual's pre-existing personality traits. Nevertheless, we contest the notion that pure dysthymia is merely a mild condition when viewed longitudinally, while acknowledging that variations in severity carry significant implications for treatment. This Review aims to provide a comprehensive overview of the controversies and challenges associated with this topic and to establish a foundation for future research concerning the classification, causation, and treatment of persistent depressive disorder, including dysthymia. For numerous individuals, an ongoing struggle with mild depression, persistent sadness, and a deficiency of enthusiasm has become a norm. Previously referred to as neurotic depression, the term dysthymia was introduced in 1980 in the third edition of the Diagnostic and Statistical Manual of Mental Disorders, known as DSM-III [1]. At that time, the depressive symptoms associated with dysthymia were noted to be less intense but more prolonged than those of major depressive disorder (MDD). Dysthymia was linked to issues with appetite, sleep, energy levels, concentration, self-worth, and feelings of despair [1]. Subsequently, in 2000, the DSM-IV-TR [2] introduced the diagnosis of chronic depressive disorder, characterized by symptoms of a depressed mood, diminished interest in everyday activities, and impaired social, occupational, or educational functioning lasting over two years. Currently, the DSM-5 has merged the diagnoses of dysthymia and chronic depressive disorder into what is now termed persistent depressive disorder (PDD), which is frequently still referred to as dysthymia [3]. The persistent nature of dysthymia can lead to more significant functional impairment than that caused by acute depression [4]. Individuals suffering from dysthymia are less likely to engage in full-time employment, more frequently rely on income support, and are more prone to report disruptions in social activities due to emotional and physical challenges [5]. For those with concurrent personality disorders, dysthymia presents considerable additional challenges to their psychosocial functioning. Individuals with dysthymia face a 71.4% likelihood of relapsing into another episode of chronic depression [7]. The occurrence of suicidal thoughts during one depressive episode often recurs in later episodes. It is crucial to note that individuals with dysthymia are more likely to attempt suicide and require hospitalization compared to those with major depression [8]. Approximately 51% of individuals undergoing treatment for persistent depression continue to experience suicidal thoughts after 32 months. Therefore, it is essential for healthcare professionals to evaluate for suicidal ideation when assessing individuals experiencing depression. Dysthymia, characterized as a long-term “smouldering mood disturbance” with rare and brief episodes of normal mood, is prevalent in community, primary care, and mental health environments [9]. This disorder is estimated to affect around 1.5 percent of the adult population, with 49.7% of these cases deemed severe [10]. Only 67.5% of those diagnosed with the disorder are receiving treatment, and for 27.5% of these individuals, the treatment is only minimally effective. As many as 7% of primary care patients may be affected by this condition.

2. Literature Review

The Cornell Dysthymia Rating Scale (CDRS), initially created by Mason and his team in 1993, remains an effective screening tool [11,12,13,14,15]. This straightforward 20-item questionnaire can be easily utilized by all healthcare professionals to assess individuals under their care. It specifically evaluates the frequency and severity of dysthymia symptoms experienced over the past week [15]. Each item is rated on a scale from 0 to 4, resulting in a total score that ranges from 0 to 80, with higher scores reflecting more severe symptoms. The CDRS can be administered either by the individual or by a clinician and focuses on current and recent symptoms rather than pre-existing conditions, making it particularly effective for evaluating chronic and recurrent dysthymia symptoms [11]. The CDRS demonstrates strong severity range scores, concurrent validity, and content validity, confirming its value as an assessment tool [12]. Furthermore, its sensitivity to change allows it to be an effective means of monitoring treatment responses [14]. The CDRS is publicly accessible and does not require any specialized training for its application. The researchers employed a psychotherapeutic method known as the cognitive behavioral analysis system of psychotherapy (CBASP), which was specifically designed for individuals suffering

from chronic depression. This method utilized a structured and directive 'social problem-solving algorithm' to tackle interpersonal challenges, leading patients to understand how their cognitive and behavioral patterns contribute to and sustain their interpersonal issues, thus addressing maladaptive interpersonal behaviors (p. 1462). McCullough's 1999 publication, 'Treatment for chronic depression: cognitive behavioral analysis system of psychotherapy (CBASP),' provides a comprehensive explanation of this approach [16]. Although a subsequent study did not replicate the notably positive outcomes of CBASP [17], this distinctive form of cognitive behavior therapy, which emphasizes the non-episodic characteristics of dysthymia, remains recognized as a significant treatment method [18,19]. In their meta-analysis comparing the effectiveness of psychotherapy and pharmacotherapy for depression, Cuijpers and colleagues found that psychotherapy was more effective than tricyclic antidepressants [20]. Conversely, Kriston and colleagues' analysis of treatments for persistent depression revealed that while combined psychotherapy and medication surpassed medication alone in cases of chronic major depression, it did not show superior effectiveness in dysthymia [19]. The advantages of antidepressant medications can often be assessed within a few weeks, making them potentially more rapidly effective than the benefits derived from therapy sessions, which typically span several months [20]. However, adverse reactions to medications can hinder their use.

3. Results

This paper presents a comprehensive overview of persistent depressive disorder, also known as dysthymia, detailing assessment methods aligned with DSM-5 criteria, symptoms, comorbidities, etiology, severity, and prevalence. Individuals suffering from dysthymia often experience prolonged feelings of sadness, pessimism, and hopelessness, which can severely impair their ability to function. Many are at an elevated risk of suicide, necessitating regular assessments for suicidal thoughts by healthcare professionals. Dysthymia, characterized by its non-episodic nature and subtle onset, may first manifest during adolescence and can go untreated for extended periods. Women and unmarried individuals are particularly vulnerable. Scores from the Cornell Dysthymia Rating Scale (CDRS), whether reported by clinicians or self-reported, can effectively convey the perceived severity of the disorder. Prolonged sadness can lead those with dysthymia to feel resigned to a bleak outlook on life. While antidepressant medications can provide some relief, cognitive behavioral analysis system of psychotherapy (CBASP) is gaining recognition as a promising treatment option.

4. Conclusion

This paper advocates for the incorporation of dysthymia assessments and referral protocols into healthcare practices, which may help instill hope in individuals with dysthymia who are merely surviving rather than thriving.

Author Statements:

- **Ethical approval:** The conducted research is not related to either human or animal use.
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