



Dysthymia

What Is Dysthymia?

Between 1 and 2 percent of people experience dysthymia (or dysthymic disorder) at some time during their lives. Dysthymia is a type of low-grade depression that lasts for at least two years. Dysthymia is less severe than major depression, but the chronic symptoms often have negative effects on work, relationships, and family and social interactions. Typically, having dysthymia means feeling mildly or moderately depressed more often than not. This may or may not be intertwined with periods of no symptoms or with periods of extreme symptoms or depressive episodes. Though dysthymia may result in an intense, short-term depressive episode, the symptoms are more constant and long term. People with dysthymia may even believe their depressive symptoms are their normal state of being.

What Dysthymia Is Not

Dysthymia is not just the typical feelings of sadness or withdrawal from other people that may occur when grieving a loss or while adjusting to a life change such as a divorce or job change. These common reactions usually last for a short time.

Dysthymia should also not be confused with the depressant effects of long-term substance use, particularly alcoholism. Sometimes dark and negative moods are associated with withdrawal from or cravings for substances. In early recovery, feelings of guilt, shame, grief, and regret typically arise. These are normal feelings as people come to terms with the consequences of their addiction. Experiencing and facing these feelings are important tasks of early recovery.

What Are the Primary Symptoms of Dysthymia?

Symptoms of dysthymia often overlap with symptoms of other depressive disorders, but they tend to be less intense. Symptoms include

- feelings of hopelessness, sadness, or pessimism
- excessive sleeping or having difficulty sleeping
- extreme fatigue, which causes the person to feel too physically drained to complete even small tasks
- feelings of worthlessness, guilt, or constant self-criticism
- inability to concentrate or focus

- irritability and frustration
- indecisiveness

What Is the Cause of Dysthymia?

Dysthymia runs in families and is more common in women than in men. Dysthymia is not preventable, and symptoms may occur in childhood and continue throughout adulthood. Experiencing a major loss during childhood, such as the death of a parent, is associated with an increased risk of later-developing dysthymia.

What Are the Usual Treatments for Dysthymia?

Antidepressant medications can be very helpful in reducing symptoms of dysthymia.* It may take a few weeks to see results from medications, and dosages may need to be adjusted during treatment.

Therapy in the form of cognitive-behavioral therapy (CBT) or interpersonal therapy may also be used to treat dysthymia, either alone or in combination with the medications listed above. CBT works by helping people identify and challenge inaccurate and self-defeating thinking that contributes to depression, become involved again in enjoyable activities, and learn skills for having more rewarding interactions with other people. Interpersonal therapy helps people work through problems in current relationships while sorting through underlying causes for current behavioral patterns.

How Does the Use of Alcohol and Other Drugs Affect Dysthymia?

Mood disorders, including dysthymia, exist in 30 to 40 percent of people with a substance use disorder. Among people with mood disorders, about one-third have a substance use disorder. These are by far the most common co-occurring disorders.

People with dysthymia often try to cope with their negative moods by using alcohol and other drugs, but this compounds the severity of their symptoms. Drug and alcohol use also places them at increased risk for deterioration in their mood and functioning, and it can even lead to suicide. Many people with dysthymia try an antidepressant medication while they continue to use alcohol and other drugs. In these cases, the medication has less beneficial effect on the mood disorder and no effect on addiction. Psychotherapies, such as CBT or interpersonal therapy, are also less effective for dysthymia in people who are actively using substances.

* More information on antidepressants can be found in Handout 1, Antidepressant Medications.

How Does Dysthymia Affect Addiction Treatment and Recovery?

Dysthymia may be difficult to diagnose during the initial phases of abstinence or early recovery because negative feelings and depressed mood are notable in almost everyone during this period. Therefore, people with dysthymia may not have this disorder accurately detected and will thus go untreated. People with untreated dysthymia may have more emotional struggles during early recovery and may be more likely to leave treatment early and relapse. Sometimes the symptoms of dysthymia will appear later, after a period of abstinence. The risk of relapse to substance use is often associated with untreated dysthymia during the phases of advanced recovery.

Treatment for Co-occurring Dysthymia and a Substance Use Disorder

Since untreated dysthymia poses a significant risk to people recovering from a substance use disorder, it is important for dysthymia to be detected and treated whenever it is apparent. Also, treatment for dysthymia without interventions for substance use problems is less effective. Therefore, integrating treatments for both will result in the best outcome.

Integrated treatment will both improve mood and reduce relapses into substance use. People sometimes feel stigmatized because of their dysthymia when they are trying to recover from addiction. However, both addiction and mood disorders can be chronic diseases, which are not caused by problems of willpower, character, or fortitude. People with dysthymia can benefit from attending peer support groups, and they can also benefit from connecting with others who have these co-occurring disorders and are in recovery.

Resources

- Burns, D. D. 1980. *Feeling good: The new mood therapy*. New York: Avon.
- Copeland, M. E. 1994. *Living without depression and manic depression*. Oakland, CA: New Harbinger.
- Daley, D. C., and A. E. Douaihy. 2006. *Addiction and mood disorder*. New York: Oxford University Press.
- DePaulo, J. R., Jr. 2002. *Understanding depression: What we know and what you can do about it*. New York: John Wiley & Sons.
- National Institute of Mental Health. "Depression." Available at www.nimh.nih.gov/health/topics/depression/index.shtml.
- National Institute on Alcohol Abuse and Alcoholism. "FAQ for the general public." Available at www.niaaa.nih.gov/FAQs/General-English/default.htm.

National Institute on Drug Abuse. "Drugs of abuse information." Available at www.nida.nih.gov/drugpages.html.

Nicholson, J., A. D. Henry, J. C. Clayfield, and S. M. Phillips. 2001. *Parenting well when you're depressed: A complete resource for maintaining a healthy family*. Oakland, CA: New Harbinger.

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