

Diagnosis and Prevention of Dysthymia

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DESCRIPTION

Dysthymia, commonly referred to as Persistent Depressed Disorder (PDD), is a mental and behavioural condition, more precisely a mood disorder with symptoms that endure longer than those of major depressive disorder but have some of the same cognitive and physical issues. Dysthymia, which is classified as a severe form of persistent depression in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), lasts for at least two years (one year for children and adolescents). Dysthymia is a serious form of profound depression and, for some people, may be much more incapacitating.

Dysthymia is a chronic ailment, therefore persons who have it may experience symptoms for a long time before being identified, if at all. As a result, people can think that having depression is just who they are, and as a result, they might not even talk to their doctors, loved ones, or friends about their symptoms. Dysthymia is replaced by persistent depressive disorder in the DSM-5. Both the former dysthymic disorder and the chronic major depressive disorder are included in this new disease. This change was made because there was no proof that the two conditions were significantly different from one another.

Diagnosis

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) defines dysthymic disorder. The main sign of depression is that it lasts for at least two years, with the person experiencing it most days and for portions of each day. Low self-esteem, lack of energy, sleep or appetite difficulties, and low self-esteem frequently add to the clinical picture. Before a diagnosis is made, dysthymia is frequently a long-term symptom for those with the disorder. People close to them frequently use phrases like "simply a moody person" to characterize them. These are the diagnostic standards:

- For two years or longer, the adult patient reports feeling down most of the time or presents as down most of the day to others.
- The patient experiences two or more of the following symptoms when depressed: decreased or increased appetite.

decreased or increased sleep (insomnia or hypersomnia); fatigue or low energy; decreased self-esteem; decreased concentration or difficulty making decisions; and hopelessness or pessimism.

- The aforementioned symptoms are never absent for more than two months straight during this two-year timeframe.
- The patient might have experienced a persistent major depressive episode during the course of the two-year timeframe.
- The patient has never met the criteria for cyclothymic disorder and has never experienced any manic, hypomanic, or mixed episodes.
- The depression is not just a symptom of a long-term psychosis (such as schizophrenia or delusional disorder). Frequently, medical conditions, substances, such as drug use or other prescriptions, are not the root cause of the symptoms. The symptoms may significantly impair or distress one's ability to perform in social, occupational, intellectual, or other important spheres of life.

In contrast to adults, who require two years of symptoms for a diagnosis, children and adolescents just need to experience irritable mood for at least one year. Early onset (diagnosed before age 21) is linked to greater relapses, hospitalizations for mental health issues, and co-occurring disorders. Younger persons with dysthymia are more likely to also have personality disorders, and their symptoms are more likely to be long-lasting. However, the psychological symptoms of dysthymia in older persons are connected to illnesses, stressful life events, and/or traumatic losses.

A comparison of dysthymia and major depressive illness can be made based on how acute the symptoms are. Compared to major depressive illness, when symptoms may last as short as two weeks, dysthymia is far more chronic (long-lasting). Additionally, dysthymia frequently manifests earlier than major depressive disorder.

Prevention

Although there is no surefire technique to stop dysthymia from happening, various ideas have been given. It's critical to

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recognise kids who could be at risk for dysthymia because it frequently manifests in childhood. Working with kids can help them manage their stress, build their resilience, raise their self-

esteem, and create robust social support systems. These strategies might be effective in preventing or postponing the onset of dysthymic symptoms.