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Dysthymic Disorder: The Persistent Depression

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Dysthymic Disorder: The Persistent Depression

Randy A. Sansone, MD, and Terry Correll, DO

INTRODUCTION

Dysthymic disorder (DD) is a form of chronic depression that affects up to 6% of the general population and 5% to 15% of primary care populations. While the explicit etiology remains unknown, a variety of factors appear to contribute to this type of depression. DD is characterized by an insidious onset; waxing and waning symptomatology of at least 2 years' duration in adults and 1 year in children and adolescents; brief periods of euthymia; and symptoms that typically cluster around cognitive, social, and motivational areas. This form of depression is frequently comorbid with other medical and psychiatric disorders. Nearly all antidepressant trials have shown that patients benefit from these agents in varying degrees, and other forms of therapy are being investigated. However, the long-term outcome for sufferers of this disorder remains unclear.

EPIDEMIOLOGY

GENERAL POPULATION

The community prevalence of dysthymia in the United States varies depending on the source of the data. For example, according to data collected by the National Institute of Mental Health (1988)¹ for the Epidemiological Catchment Area Study, the lifetime prevalence of DD in the general population is 3.1%. Kessler and colleagues,² who reported on data from the National Comorbidity Survey in 1994, found the lifetime prevalence to be 4.8% among men and 8% among women (average, 6.4%). These latter findings echo the gender patterns typically observed in mood and anxiety disorders. Collectively, the data from these 2 large studies suggest that the lifetime prevalence of DD in the general population is approximately 3% to 6%. Narrow and colleagues³ reanalyzed these data and determined that the 1-year prevalence rate for dysthymia in the general population is 1.6%.

In addition to general population studies, nonclinical subpopulations have been examined. Among U.S. adolescents, the 1-year prevalence of dysthymia in a study by Garrison and colleagues⁴ was 3.4%. In a study examining Chinese Americans, Takeuchi and colleagues⁵ determined the lifetime prevalence of dysthymia as 5.2%. These rates are comparable with those reported for the broader population.

Do U.S. prevalence rates for dysthymia in the general population reflect international findings as well? The available studies are sparse. In a Norwegian study,⁶ the lifetime prevalence of dysthymia in the community was 5.9% among men and 13.3% among women (average, 10%). In a Swedish sample of very elderly individuals (aged 78–100 years), Forsell and colleagues⁷ found a current or point prevalence rate of 3.5%.

PRIMARY CARE POPULATION

According to Howland,⁸ the prevalence of dysthymia in U.S. primary care samples ranges from 1.3% to 31.9% (pooled prevalence rate of 7%). Spitzer and colleagues⁹ report that the majority of studies suggest that 5% to 15% of primary care patients suffer from DD. In addition, comparable rates have been found among low-income Mexican Americans in primary care settings.¹⁰

In an international study of primary care patients, Lecrubier and Weiller¹¹ examined the prevalence of dysthymia among 25,916 patients from 14 countries; the current or point prevalence rate was 2.1%. In a Canadian study, Browne and colleagues¹² reported the 12-month prevalence of DD as 3.9% for men and 5.9% for women. In a Spanish sample, Ruiz-Doblado¹³ determined a current or point prevalence of approximately 0.5%. Baldwin¹⁴ summarized the international data and concluded that the point and lifetime prevalence rates for dysthymia were between 1.2% to 3.7% and 0.5% to 20.6%, respectively.

In mental health settings, Klein and colleagues¹⁵ and Markowitz and colleagues¹⁶ examined psychiatric outpatients for dysthymia and found prevalence rates of 22% and 36%, respectively.