## **Information Handout**

Professional Version | US English

# Recognizing Persistent Depressive Disorder (Dysthymia)



## Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the '*Recognizing*...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

Dysthymia is characterized by a depressed mood that occurs for most of the day, more days than not, and has been present for at least two years. It is distinguished from a depressive episode primarily by nature of its duration. *Recognizing Persistent Depressive Disorder* (*Dysthymia*) compares the DSM-5 and ICD-10 criteria for dysthymia, and the *Persistent Depressive Disorder Checklist* is an assessment tool for clinicians.

## Instructions

The '*Recognizing...*' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated. Information for the '*Recognzing* ....' series was drawn from:

- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

## References

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Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: a systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.

World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization.

World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research*. Geneva, World Health Organization.

Zigler, E., & Phillips, L. (1961). Psychiatric diagnosis: A critique. The Journal of Abnormal and Social Psychology, 63(3), 607.

#### **Recognizing Persistent Depressive Disorder (Dysthymia)**

The DSM-5 and ICD-10 criteria for dysthymia diverge in substantial ways. The ICD-10 states that the depressive episodes never (or rarely) meet the criteria for recurrent mild depressive disorder, whereas the DSM-5 indicates that there is substantial overlap and that both disorders can be present simultaneously.

	DSM-5	ICD-10
Depressed mood	2 of:	1 of:
Which is present for most of the day, occurring more days than not (constant or constantly recurring).	~	~
That is indicated by either a subjective account or an observation by others.	~	

Additional symptoms	2 of: *	3 of: †
Changes in appetite (overeating or lack of).	<b>v</b>	
Sleep disturbance (insomnia or hypersomnia).	<b>v</b>	~
Fatigue or loss of energy.	v	~
Loss of confidence or self-esteem.	<b>v</b>	~
Diminished ability to concentrate, or indecisiveness.	<b>v</b>	~
Feelings of hopelessness or despair.	<b>v</b>	~
The individual is often tearful.		~
Loss of interest or enjoyment in pleasurable activities (e.g. sex).		~
A perceived inability to cope with routine responsibilities.		~
Pessimistic about the future or ruminating on the past.		~
Social withdrawal.		~
The individual is less talkative than before.		~
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\*DSM: at least two symptoms must be present while mood is depressed. † ICD: at least three symptoms present during some of the periods of depression.

Duration / Severity / Exclusions	2 of:	2 of:
The symptoms must have lasted for at least two years.	~	~
The individual has never been without the necessary criteria for more than 2 months at a time.	~	
Periods of normal mood rarely last longer than a few weeks.		~
None (or very few) of the depressive episodes meet the criteria for recurrent mild depressive disorder.		~
There has never been a manic or hypomanic episode*.	~	~
Criteria for cyclothymic disorder have never been met.	~	

\*If the individual has experienced a previous hypomanic or manic episode refer to the diagnostic criteria for bipolar disorder.

## Persistent Depressive Disorder (Dysthymia) Checklist

	DSM-5	ICD-10
Depressed mood	2 of:	1 of:
Which is present for most of the day, occurring more days than not (constant or constantly recurring).		
That is indicated by either a subjective account or an observation by others.		

Additional symptoms	2 of: *	3 of: †
Changes in appetite (overeating or lack of).		
Sleep disturbance (insomnia or hypersomnia).		
Fatigue or loss of energy.		
Loss of confidence or self-esteem.		
Diminished ability to concentrate, or indecisiveness.		
Feelings of hopelessness or despair.		
The individual is often tearful.		
Loss of interest or enjoyment in pleasurable activities (e.g. sex).		
A perceived inability to cope with routine responsibilities.		
Pessimistic about the future or ruminating on the past.		
Social withdrawal.		
The individual is less talkative than before.		

\*DSM: at least two symptoms must be present while mood is depressed. † ICD: at least three symptoms present during some of the periods of depression.

Duration / Severity / Exclusions	2 of:	2 of:
The symptoms must have lasted for at least two years.		
The individual has never been without the necessary criteria for more than 2 months at a time.		
Periods of normal mood rarely last longer than a few weeks.		
None (or very few) of the depressive episodes meet the criteria for recurrent mild depressive disorder.		
There has never been a manic or hypomanic episode*.		
Criteria for cyclothymic disorder have never been met.		

\*If the individual has experienced a previous hypomanic or manic episode refer to the diagnostic criteria for bipolar disorder.

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#### **Resource details**

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