



UNIVERSITY OF WALES
Trinity Saint David
London

Module: Mental Disorders and Psychopathology

Module code: BMHP6006

Chosen disease: Dysthymia

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INTRODUCTION

Persistent depressive condition is discussed in this report. Included are the definition of "persistent depressive disorder," its meaning within the ICD-10 manual, its classification, causes, symptoms, diagnosis, and past and present treatments. There are also principles for treating patients with chronic depressive disorder with care, as well as suggestions for how to make their situation better.

Persistent depressive disorder (PDD), also known as dysthymia, is a form of chronic depression that lasts for a long time usually at least two years. It is characterised by a lingering sense of melancholy, a gloomy disposition, and a lack of interest in activities that one usually finds enjoyable. Although dysthymia symptoms are not as severe as those of major depressive disorder (MDD), they can nonetheless have a considerable negative influence on a person's functioning and everyday life. In their lifetime, one in four people will deal with a mental health issue, with depression being one of the most common. Around 1.5% of the population in the UK experiences dysthymia at any given moment, accounting for 20% of all occurrences of depression (Morken *et al.*, 2023).

The ICD-10 manual 'dysthymia is categorised under persistent mood [affective] disorders (F30-F39 and is F34.



CAUSES

It is believed that a mix of genetic, ecological, and psychological factors contribute to dysthymia. An imbalance of certain brain chemicals, including serotonin and norepinephrine, may contribute to the emergence of dysthymia. Environmental elements like long-term stress, trauma, and childhood adversity have also been connected to a higher likelihood of dysthymia development (Lu, 2021). Dysthymia may also develop because of psychological issues like low self-esteem, destructive thought habits, and a pessimistic attitude toward life. Also, a higher chance of developing dysthymia has been associated with several medical ailments, including chronic pain, sleep issues, and hormonal imbalances.

SYMPTOMS/SIGNS

Low mood, irritability, exhaustion, changes in eating and sleep patterns, low self-esteem, decision-making challenges, and a lack of enthusiasm or enjoyment in activities are some of the symptoms of dysthymia. Other physical symptoms associated with dysthymia include migraines, stomach-aches, and persistent pain. These symptoms endure for at least two years in adults and one year in children and adolescents (Tromans *et al.*, 2020). However, they are less severe than those linked to major depressive disorder. The symptoms must also cause significant distress or hinder everyday functioning and cannot be brought on by a medical condition or substance addiction.

DIAGNOSIS

Diagnosing dysthymia requires a thorough evaluation of the patient's symptoms, medical background, and overall functioning. A physical examination and a battery of laboratory tests are usually conducted first to rule out any underlying medical disorders that might be the source of the symptoms. A diagnostic interview will be conducted by a mental health specialist when a physical cause has been ruled out to assess the person's emotional state, thought patterns, and behaviours. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) outlines the requirements for making a dysthymia diagnosis (Luty, 2020). An individual must have had depressive symptoms for at least two years and no longer than two months without them to meet the diagnostic criteria. The symptoms must be present most of the time, and they must significantly impair the individual's ability to function in daily life.

HISTORICAL VIEW AND TREATMENTS

Dysthymia, a persistent form of depression, has long been understood and researched. The origins and mechanisms causing dysthymia were poorly understood in the past, and there were few effective therapies available. Treatment before the 20th century primarily consisted of moral and religious instruction. With varying degrees of effectiveness, dysthymia was

treated with psychoanalysis and other forms of psychotherapy in the middle of the 20th century. The development of imipramine, the first antidepressant, in the 1950s represented a substantial improvement in the management of dysthymia (Schramm *et al.*, 2020). Dysthymia can now be treated in several ways, including with drugs, psychotherapy, and holistic methods including meditation and exercise. Despite tremendous advancements, the stigma associated with mental illness and lack of access to care remains important barriers to the proper diagnosis and treatment of dysthymia.

CURRENT TREATMENTS (NHS)

Dysthymia can be treated with a variety of approaches, including medication and psychotherapy, through the National Health Service (Bone *et al.*, 2021). For assisting manage symptoms and regulating mood, doctors frequently prescribe antidepressant drugs such as tricyclic antidepressants (TCAs) and selective serotonin reuptake inhibitors (SSRIs). Dysthymia may also benefit from psychotherapy, such as cognitive behavioural therapy (CBT). CBT assists people in recognising and altering harmful thought patterns and actions that contribute to their symptoms. As part of a comprehensive therapy strategy, self-help techniques like exercise, mindfulness, and a good diet may also be advised. Individuals with dysthymia may also be referred by the NHS to specialised services or community mental health teams for additional assistance.

PRINCIPLES WHEN WORKING WITH PEOPLE WITH DYSTHYMIA

In the UK, it's crucial to abide by several fundamental principles while working with persons who have dysthymia. Maintaining a person-centred approach is crucial in the first place, considering the individual's special experiences and circumstances. It entails developing a solid therapeutic alliance based on mutual respect, trust, and empathy. Also, it's critical to take a collaborative approach to treatment, collaborating with the patient to create a personalised treatment plan that takes into consideration their preferences and goals (Ekkekakis, 2020). Additional important guidelines include adhering to best practice guidelines and making sure that therapy is evidence-based while also considering cultural, linguistic, and religious diversity.

In addition to nice.org, developing a trustworthy relationship while handling work in an open, interesting, and compassionate manner, advises nice.org.

CONCLUSION /RECOMMENDATION

Much progress has been made in the identification and management of dysthymia. The stigma associated with mental health frequently discourages people from seeking treatment, and

access to care continues to be a significant problem, especially for impoverished groups. The importance of raising awareness, lowering stigma, and supporting legislation that prioritises mental health and well-being cannot be overstated. When working with individuals who have dysthymia, it's critical to create a welcoming, judgment-free environment, actively listen to their worries, and collaborate with them to create a treatment plan. Also, it's critical to ensure that patients have access to adequate support and resources, as well as knowledge about the condition and available treatments.

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APPENDIX POWER POINT PRESENTATION

Assessment Component 1 Presentation

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UNIVERSITY OF WALES
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TOPIC: Mood
[affective] disorders
(Dysthymia)



Dysthymia within the ICD-10 Manual

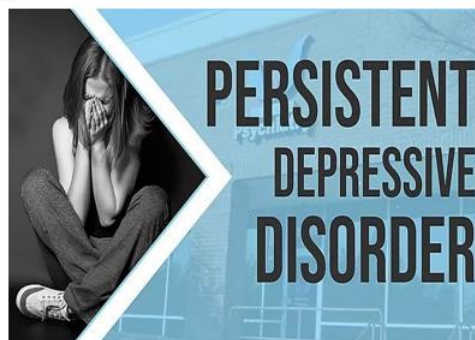
Group: Persistent
mood [affective]
disorders

(F30-F39)

Classification:
F34

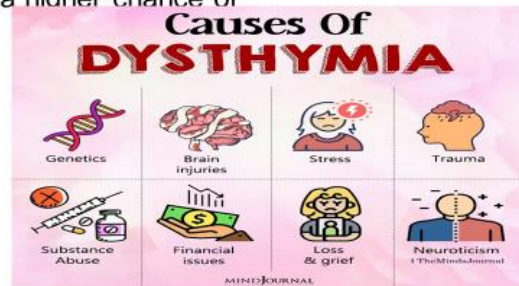
Definition of Dysthymia

- A form of mild chronic depression
- Less severe than major depressive disorder but can have a negative impact on everyday life.
- Experienced by 1.5% of the UK population (Morken et.,2023)



Causes

- A mix of genetic, environmental, and psychological factors contribute to dysthymia.
- Long-term stress, trauma, and childhood adversity are environmental elements linked to a higher likelihood of dysthymia development.
- Low self-esteem, destructive thought habits, and a pessimistic attitude.
- Medical ailments, including chronic pain, sleep issues, and hormonal imbalances have also been associated with a higher chance of developing dysthymia (Lu,2021).



Symptoms/signs of dysthymia

- Low mood, irritability, exhaustion, changes in eating and sleep patterns, low self-esteem, decision-making challenges, and a lack of enthusiasm or enjoyment in activities are some symptoms
- Physical symptoms include migraines, stomach aches, and persistent pain
- Symptoms cannot be brought on by a medical condition or substance addiction Symptoms must significantly impair the individual's ability to function in daily life (Tromans *et al.*, 2020)



Diagnosis of Dysthymia

- According to (Luty, 20202) this outlines the requirements for making a dysthymia diagnosis
- A physical examination and a battery of laboratory tests are usually conducted first to rule out any underlying medical disorders
- A diagnostic interview is then conducted by a mental health specialist to assess the person's emotional state, thought patterns, and behaviours
- Symptoms must be present most of the time and for at least two years with no longer than two months without them to meet the diagnostic criteria
- Symptoms must significantly impair the individual's ability to function in daily life

Historical view and treatments for dysthymia

- Dysthymia was poorly understood in the past and was primarily treated with moral and religious instruction
- Psychoanalysis and other forms of psychotherapy were used in the middle of the 20th century
- The development of imipramine, the first antidepressant, represented a substantial improvement in the management of dysthymia in the 1950s
- The stigma associated with mental illness and lack of access to care remain important barriers to proper diagnosis and treatment of dysthymia

(Schramm et al.,2020)



Current treatments for dysthymia (NHS)

- Antidepressant drugs such as tricyclic antidepressants and selective serotonin reuptake inhibitors are prescribed to manage symptoms and regulate mood
- Self-help techniques like exercise, mindfulness, and a good diet may also be advised
- Individuals with dysthymia may be referred to specialised services or community mental health teams for additional assistance.
- Psychotherapy such as cognitive-behavioural therapy assists people in recognising and altering harmful thought patterns and actions that contribute to their symptoms (Bone *et al.*, 2021)



Principles when working with people with dysthymia

- Maintain a person-centred approach
- Develop a strong therapeutic alliance based on mutual respect, trust, and empathy
- Adhere to best practice guidelines
- Consider cultural, linguistic, and religious diversity
- Take a collaborative approach to treatment (Ekkekakis, 2020).

The NHS provides a comprehensive service available to all

Recommendations and Conclusion

- Support legislation that prioritises mental health and wellbeing
- Create a welcoming, judgment-free environment when working with individuals with dysthymia
- Collaborate with patients to create a personalised treatment plan
- Raise awareness and reduce stigma surrounding mental health (Kaiya *et al* 2021).



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