

# Dysthymia: Understanding the Shadow of Chronic Low Mood

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Dysthymia (pronounced dis-thigh-mee-uh, from Ancient Greek  $\delta\upsilon\sigma\theta\upsilon\mu\acute{\alpha}$ , "melancholy") is a mood disorder consisting of chronic depression, but with less severity than major depressive disorder. The concept was coined by Dr Robert Spitzer (an editor of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-III) as a replacement for the term "depressive personality" in the late 1970s.

According to the DSM's new definition, dysthymia is a type of mild depression. Harvard Health Publications states that "the Greek word dysthymia means 'bad state of mind' or 'ill humor'. As one of the two chief forms of clinical depression, it usually has fewer or less serious symptoms than major depression but lasts longer." Harvard Health Publications also says, "at least three-quarters of patients with dysthymia also have a chronic physical illness or another psychiatric disorder such as one of the anxiety disorders, drug addiction, or alcoholism". The prevalence estimate for dysthymia of "clinical significance" among the adult US population is 1.7 percent (CI: 1.5-1.9) based on the Epidemiologic Catchment Area Program and 1.8 percent (CI: 1.4-2.2) based on the National Comorbidity Survey. Harvard Health Publications says: "The rate of depression in the families of people with dysthymia is as high as fifty percent for the early-onset form of the disorder. Most people with dysthymia can't tell for sure when they first became depressed".

People with dysthymia have a higher-than-average chance of developing major depression. When an intense episode of depression occurs on top of dysthymia the state is called "double depression."

As dysthymia is a chronic disorder, sufferers may experience symptoms for many years before it is diagnosed, if diagnosis occurs at all. As a result, they may believe that depression is a part of their character, so they may not even discuss their symptoms with doctors, family members, or friends.

Dysthymia, like major depression, tends to run in families. Some sufferers describe being under chronic stress. When treating diagnosed individuals, it is often difficult to tell whether they are under unusually high environmental stress or the dysthymia is causing them to be more psychologically stressed in a standard environment.

### **Signs and symptoms**

Dysthymia is a chronic long-lasting form of depression sharing many characteristic symptoms of major depressive disorder (in the form of the melancholic depression subtype). These symptoms tend to be less severe but do fluctuate in intensity. Signs and symptoms can include:

Feelings of hopelessness

Insomnia or hypersomnia

Poor concentration or difficulty making decisions

Poor appetite or overeating

Low energy or fatigue

Low self-esteem

Low sex drive

Irritability

Symptoms exclude "manic, hypomanic or mixed episodes commonly associated with bipolar disorder". (If a person experiences these episodes, they may suffer from cyclothymia.)

### **Diagnostic criteria**

The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, characterizes dysthymic disorder. The essential symptom involves the individual feeling depressed for the majority of days and parts of the day for at least two years. Low energy, disturbances in sleep or in appetite, and low self-esteem typically contribute to the clinical picture as well. Sufferers have often experienced dysthymia for many years before it is diagnosed. People around them come to believe that the sufferer is 'just a moody person'. Note the following diagnostic criteria:

During a majority of days for two years or more, the adult patient reports depressed mood or appears depressed to others for most of the day.

When depressed, the patient has two or more of:

decreased or increased appetite

decreased or increased sleep (insomnia or hypersomnia)

Fatigue or low energy

Reduced self-esteem

Decreased concentration or problems making decisions

Feels hopeless or pessimistic

During this two-year period, the above symptoms are never absent longer than two consecutive months.

During the first two years of this syndrome, the patient has not had a major depressive episode.

The patient has not had any manic, hypomanic, or mixed episodes.

The patient has never fulfilled criteria for cyclothymic disorder.

The depression does not exist only as part of a chronic psychosis (such as schizophrenia or delusional disorder).

The symptoms are often not directly caused by a medical illness or by substances, including drug abuse, or other medications.

The symptoms may cause significant problems or distress in social, work, academic, or other major areas of life functioning.

People suffering from dysthymia aren't always capable of coping well with their everyday lives. Dysthymics who cope well with daily life tend to follow particular routines that provide certainty.

In children and adolescents, mood can be irritable, and duration must be at least one year, in contrast to two years needed for diagnosis in adults.

## **Treatments**

### **Medications**

If medication is deemed necessary, the most commonly prescribed anti-depressants for this disorder are the selective serotonin reuptake inhibitors (SSRIs), which include fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), paroxetine (Paxil), and citalopram (Celexa). Other anti-depressants which may be used include newer dual-acting agents such as bupropion (Wellbutrin), venlafaxine (Effexor), mirtazapine (Remeron, Avanza), and duloxetine (Cymbalta).

Sometimes two different anti-depressant medications are prescribed together, or a physician may prescribe a mood stabilizer or anti-anxiety medication in combination with an anti-depressant.

### **Side-effects of medications**

Some side-effects for SSRIs are "sexual dysfunction, nausea...diarrhea, sleepiness or insomnia, short-term memory loss and tremors". Antidepressant medications can also cause suicidality and aggression in some cases, in particular, in children and teens. Some antidepressants are ineffective in some patients. Older antidepressants such as a tricyclic antidepressant or an MAOI can be tried in such cases. Tricyclic antidepressants are more effective but have worse side-effects. Side-effects for tricyclic antidepressants are "weight gain, dry mouth, blurry vision, sexual dysfunction, and low blood pressure".