

Dysthymia (Persistent Depressive Disorder)

A plain-English guide for you and your family

WHAT IS HAPPENING

Dysthymia — now officially called persistent depressive disorder — means feeling depressed most of the day, on more days than not, for at least two years (one year for children and teenagers, where the mood can show up as crankiness instead of sadness). Along with the low mood come at least two of: appetite changes (eating much less or much more), sleep problems (insomnia or sleeping too much), low energy, low self-esteem (feeling worthless or not good enough), trouble concentrating or making decisions, or hopelessness (feeling like things will never get better). The person is never symptom-free for more than two months at a time. Because it lasts so long, many people think 'this is just who I am' — but it is a treatable illness, with talk therapy (especially cognitive-behavioral therapy) and the same medicines used for major depression (typically SSRIs like sertraline or citalopram).

What you might feel

- Depressed mood most of the day, more days than not, for at least 2 years (or 1 year in kids and teens — who may show irritability instead)
- Poor appetite or overeating
- Insomnia (trouble falling or staying asleep) or hypersomnia (sleeping too much)
- Low energy or fatigue
- Low self-esteem
- Poor concentration or trouble making decisions
- Feelings of hopelessness

Call the doctor right away if...

- Suicidal thoughts with a specific plan or intent to act — chronic hopelessness is one of the top predictors of suicide risk; assess safety and get mental health support the same day.

- A new, deeper depressive episode on top of the usual low mood (called 'double depression') — if the person suddenly can't function at work, school, or home, treat it as acute major depression right now.
- Any history of a manic or hypomanic episode (feeling extremely happy, needing little sleep, talking fast, risky behavior) — the diagnosis is actually bipolar disorder, not dysthymia, and starting an antidepressant alone can trigger mania; refer to psychiatry before starting medication.
- New confusion, unexplained weight change, feeling cold all the time, or very dry skin — check thyroid function (TSH blood test) before assuming it's all mood, because hypothyroidism (underactive thyroid) causes identical symptoms.
- Delusions (fixed false beliefs, especially about guilt or worthlessness) or hallucinations (hearing voices) — this is beyond dysthymia and means urgent psychiatric referral for possible psychotic depression.

What the care team will do

- Name the illness out loud: 'this is a treatable condition, not your personality'
- Screen suicide risk at every visit despite the 'mild' label
- Set the 4-6 week expectation for antidepressant response and schedule early follow-up
- Verify thyroid, CBC, and substance history before the label settles
- Track function, not just mood: appetite, sleep, work, relationships

Medicines you may be given — and why

Sertraline (SSRI class — first line)

Blocks the pump that sucks serotonin (a brain messenger that steadies mood) back out of the gap between nerve cells, so more serotonin stays in the gap and keeps signaling. Over a few weeks, the brain adjusts its receivers and wiring, lifting the long-running low mood baseline that defines dysthymia.

Escitalopram

The cleanest SSRI — it locks onto the serotonin pump very precisely and barely touches other brain chemicals, so it raises serotonin in the mood circuits with fewer drug interactions. A common first choice for chronic depression.

Venlafaxine or duloxetine (SNRI — second line or when fatigue dominates)

Blocks the pumps that pull back both serotonin (the mood steadier) and norepinephrine (a brain chemical that powers alertness and drive), so both build up in the mood circuits. This

adds an energy and focus boost — helpful when chronic depression comes with heavy fatigue and brain fog.

Bupropion (alternative first line or add-on when SSRIs cause sexual side effects)

Blocks the pumps that pull back norepinephrine (the alertness and drive chemical) and dopamine (the motivation and reward chemical), raising both in the brain's energy and focus circuits. It targets the low-energy, low-motivation, can't-concentrate core of chronic depression WITHOUT raising serotonin — so no sexual side effects.

Where this information comes from

- American Psychiatric Association DSM-5-TR (2022)
- NIMH Persistent Depressive Disorder Clinical Overview
- Keller et al., NEJM 2000 — chronic depression treatment trials
- U.S. Preventive Services Task Force depression screening guideline (2023)

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