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DİSTİMİK BOZUKLUK:MUHTEMEL ALT-TİPLERİN ÖZELLİKLERİ

DYSTHYMIC DISORDER: FEATURES OF THE POSSIBLE SUBTYPES*

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SUMMARY: According to current nosological classifications (DSM-III, DSM-III-R-ICD-9) the terms of dyathymic disorder or neurotic depression are widely accepted. However, the subcategorization of the "chronic depressive disorders" are still being questioned. The DSM-III and DSM-III-R term dysthymic disorder is in the category of chronic depressive disorders (Kocnis and Frances, 1987).

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80 inpatients (of whom 40 male) who are diagnosed as dysthymic disorder (DSM-III and DSM-III-R) and treated at Bakırköy Neuro-Psychiatric Hospital are investigated considering the types of onset (acute or insidious), onset of age, course, relationship with major depression, the role of stress and axis I, II and III disorders, family loading and somatic complaints.

We compared the features of our dysthymic disorder inpatients on the basis of "chronic depressive disorder" concept. The proposed subtypes of chronic depressive disorders, their contribution to the spectrum of dysthymic disorders and the factors influencing nosological concept are discussed under the scope of our results.

Key Words: Dysthymic disorder, nosology, subtypes.

ÖZET: Çağdaş nosolojik sınıflandırmalarda (DSM-III, DSM-III-R, ICD-9) distimik bozukluk ve nörotik depresyon terimleri oldukça kabul görmüştür.

Fakat, kronik depresif bozuklukların alt kategorilere ayrılmaları halâ sorgulanmaktadır. DSM-III ve DSM-III-R'de kullanılan distimik bozukluk terimi kronik depresif bozukluklar kategorisindedir (Kocsis ve Frances, 1987).

Distimik bozukluk tanısı alan (DSM-III ve DSM-III-R) ve Bakırköy Ruh ve Sinir Hastalıkları Hastanesi'nde yatarak tedavi gören 80 hasta (40'ı erkek) başlangıç tipi (ani veya sinsi), başlangıç yaşı, gidiş, major depresyonla ilişki, stres ve I, II veya III eksen hastalıklarının rolleri, aile yükü ve somatik şikayetleri göz önünde tutularak araştırılmıştır.

Distimik bozukluğu olan hastalarımızın özelliklerini "kronik depresif bozukluklar" kavramını temel alarak karşılaştırdık. Kronik depresif bozuklukların öngörülen alt-tipleri, distimik bozukluklar spektrumuna katkıları ve nosolojik kavramı etkileyen faktörler sonuçlarımızın ışığında tartışılmıştır.

Anahtar Sözcükler: Distimik bozukluk, nosoloji, alt-tipler.

Chronic depression is defined as "symptomatic non-recovery for a period of 2 or more years (Cassano et al, 1983). Dyathymia is defined as chronic disturbance of mood involving depressed mood, for most of the days than not, for at least two years. In order to make the diagnosis there must be two year period in which the person is never without depressive symptoms for more than two months (DSM-III-R, 1987).

When DSM-III were introduced in 1980 dysthymic disorder was one of the most controversial nosological concepts. In DSM-II chronic states of depression were classified within the personality disorders and neurosis section and subsumed under cyclothymic personality or depressive neurosis.

DSM-III classified dysthymic disorder within affective disorders. The new system had the virtue of attempting to distinguish chronic minor from acute major depression and stimulated research to determine the descriptive characteristics and treatment response of chronic depression (3, 6, 9).

Akiskal et al (1) subdividedly 37 patients with chronic depression into three groups according to the course of the illness. One group consisted of patients who developed chronic depression following clear cut episodes of major depression in middle or late life. A second group developed chronic depression as complications of other psychiatric or chronic medical illness. The third group consisted of characterological depressions with intermittent subsyndromal depression and has insidious onset in childhood or adolescence.

DSM-III-R reassesses the status of chronic depression and methods of classifying it. The severity of criteria is one of the major changes. Whereas DSM-III required the presence of three of 13 depressive symptoms, DSM-III-R requires only two of 6.

Two methods of sub-typing dysthymia were also introduced by DSM-III-R. Primary dysthymia occurs independent of another chronic axis I or axis III disorder. Anorexia nervosa, somatization disorder, psychoactive substance dependence are some of the causes of secondary type (7).

The early onset type dysthymia refers to patients whose symptoms began before age 21. The subtyping of chronic depression has only recently been subjected to investigation (7, 8, 9).

The recent study on nosological concept of dysthymia was accomplished by Kocsis and Frances (7). They suggested three subtypes on December, 1987. One subtype of chronic depression has an early, insidious onset followed by a course

that may or may not progress to intermittent or chronic depression of major proportions. A second type of intermittent or chronic depression may develop after an acute major depression, often at a later age. A third type appears to be chronic depression in association with other axis I or axis II psychopathology, chronic medical disorder or chronic stress.

The purpose of our study was to identify the subtype of inpatients with dysthymic disorder. Inpatients were chosen considering that they belong to severest symptomatological dysthymia group and also to avoid double depression (6). We also examined the type of onset, onset of age, course relationship with with major depression, the role of stress and axis I, II and III disorders, family loading and somatic complaints and compared the features of our dysthymic disorder inpatients on the basis of "chronic depressive disorder" concept (8, 9).

80 inpatients who had the diagnoses of dysthymic disorder were taken into our study. 40 of the patients were female with the mean age of 40, 95 and 40 of them were male with the mean age of 34.125. Patients with the history of alcohol or substance dependence were excluded.

RESULTS

When we subcategorize our patients there are 5 females and 8 males at type I with the total of 13.5 and 3 males at type II with the total of 8 and 30 females and 29 males at type III with the total of 59 patients (Table I).

7 females and 7 males and an acute onset and, 33 females and 33 males had an insidious onset (Table 2). There were also not significant differences among the subtypes when of onset is considered (Table III).

As it was mentioned the early onset type dysthymia refers to patients whose symptoms began before age 21. 13 females and 19 males had early onset and 27 females and 21 males had late onset (Table IV).

There seems to be a close relationship between dysthymic disorder and axis II disorders (2, 12). In our patients a female had the diagnosis of both borderline personality disorder (PD) and histrionic personality disorder (PD). 5 females had borderline PD, 10 had histrionic personality disorder and 3 had dependent PD.

A male had the diagnosis of both borderline PD and antisocial PD. 9 had borderline PD, 1 had dependent PD, 4 had paranoid PD, 1 had narcissistic PD, 1 had antisocial PD, 3 had

mixed PD, 1 had passive-aggressive PD, 1 had avoidant PD and 1 had obsessive-compulsive PD. (Table V).

Only 9 females and 4 males had the history of a psychiatric illness at their family (Table VI). There no significant difference when sub-groups were considered.

21 females and 7 males had the diagnosis of somatization disorder. Somatization disorder is seen most often in females and closely related to dysthymia (4, 5, 10, 11). 7 females and 2 males were placed in type 3 since they only had somatization disorder and dysthymic disorder (Table 7).

DISCUSSION

According to our findings and also considering the available data in literature all of our patients diagnosed as dysthymic disorder according to DSM-III-R are sub-categorized as type I type II and type III respectively. However comparing the numbers of patients in each group type III revealed significantly excess numbers. The overall percentage is as follows: Type I 16.25 %, type II 10 %, type III 73.75 %.

15.25 % of type III is solely composed of somatization disorder. When we regard the somatization groups as a separate distinct sub-group, it yields 11.25 % which is greater than the second subgroup namely type II.

CONCLUSION

Thus, it may be proposed that somatization disorder can be regarded as a separate subgroup such as type IV. But it also seems that there is a lot go in the field of subcategorization of dysthymic disorder.

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Table I

	Type I	%	Type 2	%	Type 3	%
FEMALE	5	12.5	5	12.5	30	75.0
MALE	8	20.0	3	7.5	29	72.5

The Subcategorization of Inpatients

Table II

	ACUTE	%	INSIDIOUS	%
FEMALE	7	17.5	33	82.5
MALE	7	17.5	33	82.5

Type Of Onset

Table III

ACUTE				
TYPE	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
FEMALE	—	1	6	2
MALE	—	1	6	—
INSIDIOUS				
	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
	5	4	24	5
	5	2	23	2

Table IV

	<u>PRIMARY</u>	<u>%</u>	<u>SECONDARY</u>	<u>%</u>
FEMALE	13	32.5	27	67.5
MALE	19	47.5	21	52.5

Age at Onset

Table V

	<u>Female</u>	<u>%</u>	<u>Male</u>	<u>%</u>
Borderline PD	6	15	10	25
Histrionic PD	11	27.5	—	—
Dependent PD	3	7.5	1	2.5
Paranoid PD			4	10
Narcissistic PD			1	2.5
Antisocial PD			2	5
Mixed PD			3	7.5
Passive Aggressive PD			1	2.5
Avoidant PD			1	2.5
Obsessive Compulsive PD			1	2.5

Axis II Disorders

Table IV

YES				
TYPE	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
FEMALE	1	1	7	2
MALE	1		3	
NO				
	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
	4	4	23	5
	7	3	26	2

Family Loading

Table VII

	<u>Type I</u>	<u>Type II</u>	<u>Type III</u>	<u>Type III and onl Somatization Dis.</u>
FEMALE	1	2	18	7
MALE	2		5	2

Distrubution of Somatization Disorder