



## Double Depression that Caused in Children due to Dysthymia

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### Abstract

Because dysthymia is a chronic disorder, people who have it may not be diagnosed for years, if they are ever diagnosed at all. As a result, they may not even discuss their symptoms with doctors, family members, or friends because they may believe that depression is a part of who they are. Persistent depressive disorder, which includes both chronic major depressive disorder and the previous dysthymic disorder, takes the place of dysthymia in the DSM-5. This change was made because there was no evidence that these two conditions were significantly different.

**Keywords:** Dysthymia; Depressive disorder

### Introduction

Dysthymia is characterized by a prolonged period of depression accompanied by at least two additional symptoms, such as insomnia or hypersomnia, fatigue or low energy, alterations in eating habits (more or less), low self-esteem, or hopelessness. Another possible symptom is difficulty concentrating or making decisions. One of the more prevalent signs in children and adolescents is irritability.

People who have mild dysthymia may avoid opportunities for failure and withdraw from stress. People with dysthymia may withdraw from daily activities in more severe cases. Most of the time, they won't take much pleasure in routine activities and pastimes. Dysthymia can be difficult to diagnose due to the subtle nature of the symptoms and the fact that patients frequently conceal them from others in social settings. Additionally, dysthymia frequently manifests at the same time as other psychological disorders, making it even more difficult to determine whether dysthymia is present. This is due to the fact that the symptoms of various disorders frequently overlap. Dysthymia sufferers are more likely to have more than one illness at the same time. Dysthymic individuals also have a higher risk of suicidal ideation. Double depression occurs when a person experiences a major depressive episode in addition to the dysthymia that is already present [1-4].

### Discussion

It is essential to look for signs of major depression, panic disorder, generalized anxiety disorder, alcohol and substance use disorders, and personality disorders. Patients accept these major depressive symptoms as a natural part of their personality or as a part of their life that they cannot control, making it difficult to treat. Treatment can be delayed if dysthymic patients accept these worsening symptoms as inevitable. Patients with double depression typically report significantly higher levels of hopelessness than is normal, so if and when they seek treatment, it may not be very effective if only the major depression symptoms are addressed. It has been suggested that treating the dysthymia is the best way to prevent double depression. Cognitive therapies can be effective for working with people with double depression in order to help change negative thinking patterns and give individuals a new way of seeing themselves and their environment. This can be a useful symptom for mental health services providers to focus on when working with patients to treat the condition. Preventing major depressive symptoms can be made easier with the help of cognitive therapy and antidepressants in combination. Exercise and good sleep hygiene, such as improving sleep patterns, are thought to work together to treat dysthymic symptoms and keep them from getting worse.

There is evidence that early-onset dysthymia may have neurological signs. Women with dysthymia have distinct brain structures, such as the corpus callosum and frontal lobe, from those without the condition. This may suggest that these two groups have different developmental milestones. Another study that used fMRI to compare people with dysthymia to other people found additional support for neurological symptoms of the disorder. Several brain regions were found to function differently in this study. Dysthymia patients had increased activation of the amygdala, which is responsible for processing emotions like fear. The insula, which is associated with sad emotions, also showed increased activity, according to the study. Finally, there was an increase in activity in the cingulate gyrus, which connects attention and emotion. A study comparing healthy people to people with dysthymia suggests that dysthymia has additional biological signs. People with dysthymia expected fewer positive adjectives to be used of them in the future, whereas healthy people expected fewer negative adjectives to be used of them [5-7]. On a biological level, these groups are also different from one another because healthy people's neurological anticipation for all kinds of events—positive, neutral, or negative—was higher than that of dysthymic people. There is some evidence of a genetic basis for all types of depression, including dysthymia. This provides neurological evidence of the dulling of emotion that people with dysthymia have learned to use to protect themselves from overly strong negative feelings in comparison to healthy people. A study comparing identical and fraternal twins found that identical twins were more likely to suffer from depression than fraternal twins. A new model of the HPA axis-structures in the brain that get activated in response to stress—recently surfaced in the literature regarding its involvement with dysthymia (e.g., phenotypic variations of corticotropin releasing hormone (CRH) and arginine vasopressin (AVP), as well as down-regulation of adrenal functioning—as well as forebrain serotonergic mechanisms.

Although there is no one-size-fits-all solution to dysthymia, there are some suggestions that can help lessen its effects. Since dysthymia typically first manifests in childhood, it is critical to identify at-risk

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children. Working with children can help them control their stress, improve their resilience, boost their self-esteem, and establish strong social support networks. Dysthymic symptoms may be prevented or delayed by employing these strategies [8-10].

## Conclusion

Studies have found that the mean response to antidepressant medications for people with dysthymia is 55%, compared to a 31% response rate to a placebo. The most commonly prescribed antidepressants/SSRIs for dysthymia are escitalopram, citalopram, sertraline, fluoxetine, paroxetine, and fluvoxamine. STAR\*D, a multi-clinic governmental study, found that people with overall depression will typically need to try different brands of medication before finding one that works specifically for them.[citation needed] Research also shows that one in four people who switch medications get better results regardless of whether the second medication is an SSRI or some other type of antidepressant. A meta-analytic study from 2005 found that SSRIs and TCAs are equally effective in treating dysthymia. The author of this study warns that MAOIs should not necessarily be the first line of defense in the treatment of dysthymia because they are frequently less tolerable than their counterparts, such as SSRIs. Additionally, there is tentative evidence to support the use of amisulpride to treat dysthymia, despite the fact that it has a higher risk of side effects.

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