Understanding the Different Types of Depression

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Know the Types of Depression for Accurate Treatment

Depression is such a part of popular culture that everyone knows about it. Your friend has depression. Your neighbor has depression. Maybe someone in your family has depression or maybe that someone is you.

Despite the fact that depression is widely accepted, there is a general lack of information when it comes to the disorder.

Depression is not one-size-fits-all. In actuality, there are various types of depressive disorders. When you consider the numerous types of depression combined with the available specifiers, the types of depression can be overwhelming.

Since not all depression is created equally, knowing the different types of depression can give you the advantage of having the best information to understand yourself and the people around you.

With better understanding, you will be better able to assist in treatment and problem-solving. More information is always a good thing.

Major Depressive Disorder

Any conversation about depression must begin with major depressive disorder (MDD). This is the commonly understood version of depression that most people are familiar with either from seeing it in media or in your own life.

When diagnosing someone with any mental health disorder, a professional, like a psychiatrist or therapist, uses a book called the Diagnostic and Statistical Manual (DSM). This book has all the criteria needed to diagnosis along with added information regarding prevalence, prognosis and comorbidity.

For MDD, the symptoms include:

- Feeling depressed most of the day, almost every day.
- Having less interest or pleasure in activities that were previously enjoyable.
- Experiencing weight loss when not dieting. The DSM states that a significant weight loss is more that five percent of your total weight in a month.
- Problems sleeping. Insomnia or hypersomnia almost every day. Look for changes in your typical patterns.
- Movement issues feeling sped up or slowed down almost every day.
- Having less energy almost every day.
- Feeling excessively worthless or guilty almost every day
- Problems with your ability to be decisive, think clearly and maintain concentration
- Experiencing frequent thoughts of death, thinking you would be better off dead.

Having five out of the nine symptoms for a period of two weeks means that your symptoms fit with MDD. When you have MDD, your symptoms will change so that the five symptoms you experience during one episode are not necessarily the ones that you will experience in every episode.

Also, expect your episodes to come on, last for a variable period and then alleviate. Similarly to bipolar disorder, depressive episodes associated with MDD cycle in and out. You may experience weeks, months or years between episodes.

Once your mental health professional has concluded that you have MDD, there is still work to be done. With depressive disorders, there are specifiers that serve to provide a clearer image of your presentation, prognosis and functioning level.

Often with MDD, your professional will add a specifier to comment on the intensity and occurrence of your symptoms.

A common diagnosis is major depressive disorder recurrent, moderate. The recurrent means that the symptoms leave and then return. If this is the only occurrence of your symptoms, your professional will use the “single episode” specifier.

The moderate refers to the intensity of symptoms. Mild, moderate, severe and severe with psychotic features are options here. At times depressive symptoms become so strong, the patient will begin to experience hallucinations or delusions. These psychotic symptoms dissipate when depressive symptoms resolve.

Premenstrual Dysphoric Disorder

You hopefully know that your body and your brain are linked intimately; this is commonly referred to as the mind-body connection. The relationship between your mind and your body is displayed clearly with premenstrual dysphoric disorder (PDD).

With PDD, your menstrual cycles trigger your depressive symptoms. Symptoms will peak the week before your period and diminish a few days after your menstruation begins. Symptoms of PDD include:

- Mood swings and increased sensitivity
- Increased irritability, anger or conflicts
- Feeling depressed, hopeless or worthless
- Feeling anxious, tense or on edge

You must have at least one of the symptoms above, at least one of the symptoms below and five symptoms combined to meet the diagnosis criteria. The second group of symptoms includes:

- Less interest in common activities
- Less concentration
- Feeling tired or easily fatigued
- Having a change in appetite usually overeating
- Sleeping too much or too little
- Feeling overwhelmed or powerless
- Experiencing physical discomfort, tenderness, swelling or feeling bloated

Next page: Presistent depressive disorder, disruptive mood dysregulation disorder, and other types of depressive disorders.

Persistent Depressive Disorder

Persistent depressive disorder (formerly known as dysthymia) presents a bit differently than the disorders

previously discussed.

Premenstrual dysphoric disorder is marked by changing symptoms that come and go over time. Persistent depressive disorder is aptly named, as it is long lasting and more consistent than the others are.

For example, MDD looks at symptoms lasting longer than two weeks and PDD is interested in symptoms during the days before your period.

Persistent depressive disorder is based on a two-year time period. The duration only has to be one year for children. During this time, you need to have a depressed mood more times than not.

Along with the low mood you will need to report two or more depressive symptoms including:

- Poor appetite, usually overeating
- Poor sleep marked by sleeping too much or too little
- Feeling low energy
- Feeling low self-esteem
- Poor concentration and decision-making skills
- Feeling hopeless

Another interesting facet of persistent depressive disorder is that it can occur comorbidly with other depressive disorders like MDD. This means that you have symptoms of MDD at the same time you have persistent depressive disorder.

Persistent depressive disorder is a difficult diagnosis for professionals to treat because the patient does not have the periods of symptom relief that other with MDD or PDD do. If your professional believes you have persistent depressive disorder, which was previously called dysthymia or dysthymic disorder, work hard to establish the best treatment plan.

Disruptive Mood Dysregulation Disorder

Disruptive mood dysregulation disorder is a new diagnosis that made its way into the DSM. This disorder does not fit into the typical mold of depression stereotypes.

Do you know a teenager that is very angry or one that throws frequent temper tantrums? If yes, disruptive mood dysregulation disorder might fit them.

The criteria include:

- Severe, recurrent outbursts that are shown by verbal or physical aggression
- Temper outbursts that do not fit in with their age or developmental level. Here an older child will behave like a three year-old.
- They have outbursts that happen at least three times weekly.
- They have been behaving this way for one year or longer.
- The above symptoms must occur in two or more settings like school, home and in the community. If the child is only problematic at home, he does not fit into this disorder.

You may be wondering what temper tantrums and verbal outbursts have to do with depression.

Many people believe that anger is a coping skill used to deal with symptoms of depression. When people turn the feelings on themselves, it looks like depression. When people turn the feels out against others, it presents as anger.

Other Depressive Disorders

Other disorders of note include substance/ medication-induced depressive disorder, depressive disorder due to another medical condition, manic-depression and unspecified depressive disorder.

The last on the list is a diagnosis given to people that have clear signs of depression, but their symptoms do not fit into one category yet. The professional will collect more information in future sessions to make a better diagnosis.

Manic-Depression

Manic-depression is the former name for bipolar. It is not really a type of depression. If a professional in the past told you that you had manic-depression, spend time reading up on bipolar disorder and consider seeking current treatment.

Substance-Induced Depressive Disorder

Substance/medication-induced depressive disorder is one that is a result of some type of addiction or prolonged use of a substance that results in changed brain functioning.

For example, if you used cocaine regularly for years, your brain will not respond to brain chemistry as it once did. This will trigger depressive symptoms.

Depressive Disorder due to Medical Condition

Similarly, depressive disorder due to another medical condition occurs when symptoms arrive from another issue. In this case, the condition causes the symptoms directly. Your symptoms are not a reaction to your issue.

An example here is if your MS has been creating lesions on your brain that impact your mood. You are having depressive symptoms, but they are triggered by the MS.

Next page: Digging deeper into the other types of depression.

Digging Deeper into Depression

Once you have a solid grasp of these primary depressive disorders, you can begin digging deeper to understand the role of specifiers.

When someone obtains a diagnosis from an expert mental health professional, they rarely receive something as general as MDD. Because depression is so intricate and multifaceted, they are various ways to provide additional information about the person's specific situation.

As mentioned, some terms are used to measure the intensity of symptoms like:

- Mild
- Moderate
- Severe
- Severe with psychotic features

Other terms – single episode or recurrent – are used to describe if this is a new or returning period of depression.

Depression specifiers represent a way to build a more detailed image of the condition and how it is affecting a person's life and ability to function. Since one person's depression can appear much differently from the depression of another, specifiers are helpful ways to guide treatment and achieve lasting recovery.

Depressive disorders have many possible specifiers that can be added to the diagnosis. Depressive disorder specifiers include:

Peripartum Onset

Though postpartum depression is a term used in popular culture, the official diagnosis is a depressive disorder with peripartum onset. The distinction between postpartum and peripartum is made because about half of pregnancy/ delivery depression actually begins before the child is born.

As many as six percent of women will develop the symptoms of a major depressive disorder during or soon after pregnancy. Women who have a period of peripartum depression after one birth are much more likely to experience symptoms with subsequent pregnancies.

Depression with peripartum onset can present a very serious risk to the mother as well as the child. Not only will the mother report depression, but anxiety, panic, delusional thinking, and hallucinations are common with this condition, which may result in the mother harming herself or someone else, including the child.

In women, depression with peripartum onset is due to a number of environmental and physiological factors. There is some evidence to support that male postpartum/ peripartum depression occurs regularly despite a lack of noticeable physiological changes connected to birth.

During pregnancy and in the days and weeks that follow, men will experience a change in structure, diet, activity level, sleep, and social interaction. Men also experience a decline of testosterone throughout the pregnancy.

At this point, paternal postpartum depression is not an officially recognized condition, but it may be in the future. As the understanding of peripartum depression expands, better diagnosis and treatments will emerge.

Seasonal Pattern and Depression

Just like depression with peripartum onset – postpartum depression, depression with seasonal pattern is not always comprehended fully in the mainstream. Sometimes called seasonal affective disorder (SAD), depression with seasonal pattern is a specific form of depression that is influenced by daylight, weather, and time of year.

Depression with seasonal pattern is a recurrent form of depression that usually worsens during the fall and winter and improves during the spring and summer. In some situations, rather than achieving a period of stability during the warmer months, a manic or hypomanic episode associated with bipolar disorder will occur.

Depression with seasonal pattern is only the actual diagnosis if there are no better explanations for the mood and activity level changes. For example, if the person has seasonal employment and has less work and less money during the winter months, the mood changes are expected and not linked to depression.

Seasonal pattern depression must present consistently for a two-year period to be accurately diagnosed. The condition is more common in younger people and people who live at farther from the equator.

Atypical Features With Depression

Depression with atypical features is a good example of depression creating a unique set of symptoms in certain people. Someone with this form of depression will experience:

- Mood reactivity where their outlook drastically improves briefly with life events.
- Increase in appetite and significant weight gain.
- Sleeping for extended amounts of time.
- Feeling heaviness, especially in the arms and legs.
- A pattern of being oversensitive to rejection in work or personal relationships.

The chief difference in depression with atypical features is that the individual can reports periods of happiness during the depressive episode when they receive a compliment or a visit from a loved one. The mood will quickly deteriorate when the positive influence leaves.

Anxious Distress and Depression

Many times, someone will receive a diagnosis of an anxiety disorder in addition to their depressive diagnosis. This system might not always be appropriate.

Does the depression exist on its own? Does the anxiety exist on its own, or does one only present with the other?

If your anxiety is inseparable from your depression, chances are good that you don't have two separate disorders. You only have depression with anxious distress.

Depression with anxious distress will trigger symptoms like:

- Feeling on edge
- Feeling restless
- Trouble concentrating
- Extreme fear of negative events
- Feeling like you may lose control of your thoughts or behaviors

Depression with anxious distress is an important distinction to make since this condition is known to complicate helpful treatment. It is also linked to a longer duration of symptoms and an increased risk of suicide.

Other Depression Specifiers

Though less common than some other others, these depression specifiers can dramatically influence symptoms and treatment.

- **With Mixed Features.** Depression with mixed features or a mixed episode will have symptoms of mania/hypomanic mixed in with symptoms of depression. So, someone may have a low mood but lots of energy or a great mood but no energy or motivation.
- **With Melancholic Features.** Most common during a period of severe depression, someone with melancholic features will feel empty without the capacity to identify or experience pleasure. They will eat little, wake early, and feel worse in the morning hours.
- **With Catatonia.** If someone has depression with catatonia, they will spend long periods being still and silent with few, if any, thoughts and feelings. Others with catatonia will engage in odd behaviors or periods of agitation.

Though it is possible to have several specifiers, a mental health professional will likely only diagnosis the most prevalent concern as a specifier.

Conclusion

By being an informed patient, you are more likely and better able to advocate for yourself. Review the information above and present your findings to your mental health professional.

Keep an open mind, though. There is a great deal of overlap with depressive disorders and you may be misperceiving one of your symptoms.

Understanding your depression symptoms helps you understand yourself. That is always a good thing.