ELSEVIER

Psychiatry Research 103 (2001) 219–228

PSYCHIATRY RESEARCH

www.elsevier.com/locate/psychres

Clinical features of dysthymia and age: a clinical investigation

Silvio Bellino[a,*], Luca Patria[a], Simona Ziero[a], Giuseppe Rocca[b], Filippo Bogetto[a]

[a] *Depressive and Anxiety Disorders Unit, Department of Neuroscience, University of Turin, via Cherasco 11, 10126 Turin, Italy*

[b] *Healthcare Administration, Hospital S. Giovanni Battista, Turin, Italy*

Received 2 October 2000; received in revised form 9 April 2001; accepted 18 April 2001

Abstract

A few authors have described the clinical picture of dysthymia in groups of elderly patients and pointed out differences from literature reports of dysthymia in younger adults. The present study, an attempt to analyze age effects on clinical characteristics of dysthymia throughout a lifetime, was performed in a sample of 106 patients, all aged $\geq$ 18 years, who were diagnosed according to DSM-IV. The patients were evaluated using: (1) a semistructured interview to assess clinical features, family history and previous treatments; (2) the Hamilton Depression Rating Scale; (3) the Interview for Recent Life Events; and (4) the Structured Clinical Interview for DSM-IV Disorders. Statistical analysis with stepwise logistic regression revealed that age was positively related to concomitant medical illnesses and to the total score of recent life events, but negatively related to the presence of avoidant or dependent personality disorders. The data suggested different etiologic pathways in older and younger patients. Dysthymia appeared to be associated in younger adults with abnormalities of personality; in the elderly, with a history of health problems and life losses.

Keywords: Depression; General medical condition; Life events; Personality disorder

* Corresponding author. Tel.: +39-011-6634848; fax: +39-011-673473.
E-mail address: bellino.silvio@libero.it (S. Bellino).

0165-1781/01/$ - see front matter
PII: S0165-1781(01)00274-8

1. Introduction

Dysthymia is a diagnosis that was introduced in DSM-III (American Psychiatric Association, 1980) to describe a chronic depressive state with symptoms that were less severe than those in major depression. Most studies of dysthymia in the literature have been performed in young adult patients. Findings include a predominance of the early onset subtype (<21 years) (Markowitz et al., 1992; Haykal and Akiskal, 1999), the presence of a comorbid Axis I disorder in up to 60% of patients (Klein et al., 1995; Anderson et al., 1996; Kocsis et al., 1997; Shelton et al., 1997) and the presence of concomitant personality disorders in 60–80% (Klein et al., 1995; Kocsis et al., 1997; Shelton et al., 1997; Haykal and Akiskal, 1999). Lifetime comorbidity for major depression is frequent in young adult dysthymic patients and is present in up to 50% of cases (Markowitz et al., 1992; Anderson et al., 1996; Kocsis et al., 1997; Shelton et al., 1997; Haykal and Akiskal, 1999).

Although clinical practice and literature data indicate that mild depressive disorders are common in late life, we found only a few systematic studies investigating dysthymia in older adults (Bellino et al., 2000). Kivela and Pahkala (1989) performed an epidemiologic and clinical study of dysthymic disorder in a Finnish population aged 60 years or over. The prevalence of dysthymia was lower in men (17.2%) than in women (22.9%). The age at onset was in late life (>60 years), with an average illness duration of 9 years. The occurrence of the disorder was related to poor health and functional status, and to recent social and health stressors. The authors concluded that the majority of cases of dysthymic disorders in the elderly are affective illnesses and not personality disorders.

More recently, Devanand et al. (1994) evaluated clinical features of 40 dysthymic patients aged ≥ 60 years (mean age: 67.8 ± 6.1; M/F ratio: 1). The age at onset of dysthymia was in middle or late life (mean: 55.2 ± 15.4 years), with an average illness duration of 12.5 years. The total score of the Hamilton Depression Rating Scale (HAM-D) (Hamilton, 1960) was not dissimilar from that reported in younger samples of dysthymic patients (Shores et al., 1992; Hellerstein et al., 1993). Cognitive and functional symptoms were more prominent than vegetative and psychomotor symptoms. Histories of major depression earlier in the course of dysthymic illness, comorbid anxiety disorders and comorbid personality disorders were uncommon. On the contrary, major stressors preceding the onset of dysthymia and medical conditions were most frequent in the sample. The authors concluded that dysthymic disorder appeared to be different in later life.

Kirby et al. (1999) compared 40 elderly dysthymic individuals (mean age: 74.4 ± 6.6 years; M/F ratio: 1/2) with a group of 630 non-depressed elderly persons from the same community. Dysthymia was predominantly of late onset (93%) with a mean age at onset of 60.5 ± 19.0 years. Affective and cognitive symptoms occurred with much greater frequency than vegetative symptoms. Comorbid Axis I disorders were present in 15% of patients; only 10% of subjects had comorbid personality disorders. Major stressors were found in 65% of elderly dysthymic patients. A significantly higher proportion of the patient group had some degree of physical impairment than was found in the non-depressed elderly (83% vs. 49%).

The low prevalence of personality disorders in elderly dysthymic patients was confirmed in a recent study of 76 outpatients aged ≥ 60 years: Axis II disorders were present in 31.2% of patients (Devanand et al., 2000).

Oxman et al. (2000) compared clinical characteristics between a group of 91 older (≥ 60 years) and 125 younger (18–59 years) primary care dysthymic patients. A few depressive symptoms differed significantly between groups, with the older group having a lower proportion reporting the symptoms. Older subjects showed a worse physical health function, but better mental health function. The authors concluded that growing older appears to have an impact on the features of dysthymia.

Thus, the available studies suggested a different presentation of dysthymia in late life, but a comparison of older and younger patients was performed in only one study. Besides, selection of elderly dysthymic populations was made using an