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The Proportion of Dysthymia Prevailing In Men and Women with Anxiety as Comorbidity

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Abstract

Dysthymia (DD) is a much-overlooked soft mood disorder and is mostly confused with other forms of chronic depression. This research paper gives a spotlight on the DD prevailing in men and women. It also focuses on one of the comorbidities of Dysthymia, i.e., Anxiety. The comorbidities, hurdles in diagnosis, the ubiquity of the disorder, and the relation between Anxiety and DD are briefly described. Gender was the focus here because the researcher of this paper found it as a research gap while doing the literature review.

The study was done through secondary data obtained primarily from a questionnaire having Alpha 0.891 reliability. The t-test method of data analysis was used to test the hypotheses. The result shows that the researcher failed to accept alternative hypothesis 1 (M1>M2), while alternative hypothesis 2 (M1>M2) was accepted. The ratio of DD in women (M1) is not higher than that of men (M2) (hypothesis 1). But women are more anxious than men (hypothesis 2). It was found that comorbid Anxiety is more widespread in one gender. It further plays a significant role in mixing up the symptoms. It was concluded that the dividing line between Dysthymia and MDD is still unclear for an accurate diagnosis. There is an essential need for spreading knowledge concerning the differences between the symptoms of DD and MDD so that the actual disorder can be identified and proper help can be received from/provided by professionals.

Keywords: Anxiety; Comorbidity; Dysthymia; Gender; MDD

Introduction

The importance of mental health has been recognized by WHO since its origin and is reflected by the definition of health in the WHO Constitution as “not merely the absence of disease or infirmity”, but rather, “a state of complete physical, mental and social well-being” [1].

Dysthymia, or Dysthymic Disorder (DD), is a longstanding mood disorder that is characterized by fluctuating dysphoria that may be punctuated by brief periods of normal mood [2].

Dysthymia is also known as low-grade depression. It prevails in young people more than adults. Dysthymic patients function similarly to the function of sufferers of Major Depressive Disorders (MDD). Their signs and symptoms are similar. Also, the therapeutic management of dysthymia is like the one used to treat MDD. The line that divides both types of disorders is the duration of their presence in a person, not the severity of the symptoms [3].

According to DSM-IV, if an individual has any two or more of the listed criteria, i.e., Poor appetite or overeating, insomnia or hypersomnia, low energy or lethargy, low self-esteem, poor concentration, or difficulty in making decisions, feelings of hopelessness, prevailing for more than two months for two years, then he or she is regarded as Dysthymic [4].

Comorbidities and Dysthymia are anxiety, bipolar disorder, panic disorder, post-traumatic stress disorder, and, most significantly, major depressive disorder. These disorders are the consequences that automatically start taking place in an individual when he or she is a Dysthymic patient. It also helps in diagnosing Dysthymia more quickly and efficiently. Nevertheless, it may also happen that Dysthymia is the outcome of one of these comorbidities.

The purpose of the study

This research is a case series study conducted to find out the ratio of men and women who are the prey of Dysthymia along with comorbid anxiety. It also aims to contribute to the field of psychology as an article based on the type of disorder which is rarely known, i.e., Dysthymia. Very few researches have been conducted on Dysthymia, and there are near to zero studies done on the interdependence of gender and one of the comorbidities of Dysthymia. The foremost reason to fulfill this gap is to draw a line between Dysthymia and MDD and to talk about the disorders that tag along with Dysthymia. It may give a better idea about the mental condition and the necessary treatment.

The hurdles in diagnosing

People usually neglect these indications and manifestations because they look similar to the variations a body often goes through. Therefore, to acknowledge the presence of Dysthymia, DSM-IV has mentioned other critical criteria, which is the presence of a depressed mood for most of the time, on most of the days for two years [5].

Sometimes, individuals may also need professional help for diagnosing the disorder as they are more methodical and brings an accurate result.

This problem is faced because of the collective existence of signs in soft mood symptoms. Also, the traits of other comorbid disorders may overshadow the traits of Dysthymia, which makes it difficult to examine without an expert's help. There are many untreated cases of Dysthymia because people have failed to identify any such traits in their bodies. And sometimes, even professionals may fail to diagnose.

The ubiquity of the disorder

Research says that Dysthymia or low-grade depression is more widespread in the world than MDD. It may be trivial compared to MDD, but its existence is generally more. It is as sinister as any other mood disorder is. On the other hand, if full criteria for a major depressive episode have been met at some point during the current episode of illness, they should be given a diagnosis of major depressive disorder. This makes it difficult to differentiate between the two [5].

Anxiety and Dysthymia

DD rarely exists in a pure form. Therefore, in most cases, there will be comorbid psychiatric disorders competing for diagnostic attention [2]. Amongst the different types of anxiety disorders, it was discovered that generalized anxiety disorder is more likely to co-occur with Dysthymia [6]. The co-existence of anxiety and dysthymia, more often than not, makes it difficult for both the patients and the psychologist or psychiatrist, to identify which disorder is prevailing in the patients. Indeed, "pure" Dysthymia is so uncommon that the National Institutes of Mental Health Collaborative Study on the Psychobiology of Depression had to change recruitment strategies to obtain sufficient participants for the study [5].

Hypotheses

H1- the ratio of women (M1) who has DD is more than men (M2).

H0- the ratio of M1 is not more than M2.

H2- M1 has more comorbid anxiety than M2.

H0- M1 does not have more comorbid anxiety than M2.

Methodology

Sample

The data used for the research was pre-existing. 400 subjects were chosen through randomized sampling for the initial survey. Out of which, 200 were male, and the rest 200 were female. It was a prospective study [7]. The sample population did not necessarily been diagnosed with depression. But, they were potential patients instead.

Reliability

The reliability of the scale used while collecting the primary data is 0.891 Alpha. With any questionnaire, it is of utmost importance to build reliability and validity around it. That gives a sense of trust and dependency on the tool and makes it easy to believe that the data attained has little amount of undependableness [8].

The structure of the questionnaire

The survey form consisted of 33 items, with appropriate options, that focused on the symptoms of Dysthymia and Anxiety. Each option in favor was scored as either 3 or 5 and the least favorable as 1. The highest score obtained is 96 and the lowest is 35. With the number of ranges being 3, the score was classified into three categories (refer to table no.1).

Range	Male	Female	Total
High (80-96)	41	40	81
Average (56-79)	121	123	244
Low (35-55)	38	37	75

Table 1: Score classification.

Result and Discussion

Result

Descriptive statistics

Table 2 shows the descriptive statistics derived from the total data attained. With a mean of 68.06, a median of 69, and a mode of 77, the standard deviation is 12.8. The minimum score of 35 and the maximum of 96 are derived as per the table [9].

Total score	
Mean	68.0625
Standard Error	0.642781
Median	69
Mode	77
Standard Deviation	12.85561
Sample Variance	165.2668

Kurtosis	-0.61022
Skewness	-0.25646
Range	61
Minimum	35
Maximum	96
Sum	27225
Count	400

Table 2: Descriptive statistics.

T-test

To test the hypotheses, a t-test was applied. Table 3 shows the results of the t-test for testing hypothesis 1 and table 4 shows the results of testing hypothesis 2.

	Female	**Male**
Mean	136.2121	133.1845
Variance	916770	877664.7
Observations	202	202
Hypothesized Mean Difference	0	
df	402	
t Stat	0.032123	
P(T<=t) one-tail	0.487195	
t Critical one-tail	1.648653	
P(T<=t) two-tail	0.97439	
t Critical two-tail	1.965883	

Table 3: Result of T-test for testing H1.

Table 3 displays that the p-value is greater than 0.05. This means that the researcher fails to reject the null hypothesis. The ratio of women who has DD is not more than that of men.

On the other side, Table 4 shows that women tend to have more comorbid anxiety than men. The p-value was found to be 0.0004 when H2 was tested [10].

	Female	**Male**
Mean	10.63	9.675
Variance	7.16894472	7.386307
Observations	200	200
Hypothesized Mean Difference	0	
df	398	
t Stat	3.54004283	
P(T<=t) one-tail	0.00022368	
t Critical one-tail	1.64869117	
P(T<=t) two-tail	0.00044736	
t Critical two-tail	1.96594225	

Table 4: Result of t-test for testing H2.

Discussion

Anxiety may not be the primary disorder here, but it has a significant impact on the intensity of pain born by Dysthymic patients. Apart from this, differentiating the symptoms of Dysthymia and MDD still is difficult. The difference between the two is not yet appropriately conveyed to the people for providing precise help.

Conclusion

Through the results mentioned above, it has been proved that the proportion of dysthymia prevailing in men and women, along with Anxiety as comorbidity, is not equal. It can be said the ratio between these two genders can either be equal or more in men. Any of the previously given situations have no situations. In addition to that, it was proved that women are more prone to comorbid anxiety than men. Anxiety has been found as the most occurring comorbid disorder in most of the cases and it has been proved in previous studies.

References

1. https://apps.who.int/iris/handle/10665/42390.
2. Sansone RA, Sansone LA (2009) Dysthymic disorder: Forlorn and Overlooked? Psychiatry (edgmont) 6: 46-51.
3. Duque DA, Dominguez RD, Montero CG, Díaz LM, Monge MP, et al. (2016) Dysthymia. The importance of an early diagnosis and an efficient treatment. Eur Psychiatry 33: S409-S410.
4. http://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_PersistentDepressiveDisorder.pdf.
5. Klein DN, Riso LP, Anderson RL (1993) DSM-III-R Dysthymia: Antecedents and underlying assumptions. Prog Exp Pers Psychopathol Res 16: 222-253.
6. Pini S, Cassano GB, Simonini E, Savino M, Russo A, et al. (1997) Prevalence of anxiety disorders comorbidity in bipolar depression, unipolar depression and dysthymia. J Affect Disord 42: 145-53.
7. Skaik Y (2015) The bread and butter of statistical analysis "t-test": Uses and misuses. Pak J Med Sci 31: 1558-1559.
8. Kaliyadan F, Kulkarni V (2019) Types of variables, descriptive statistics, and sample size. Indian dermatol online J 10: 82-86.
9. Walker J (2019) Hypothesis tests. BJA educ 19: 227-231.
10. Guetterman TC, Fetters MD, Creswell JW (2015) Integrating quantitative and qualitative results in health science mixed methods research through joint displays. Ann Fam Med 13: 554-561.