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Short Communication

The Early Course of Atypical Depression

Dieter Ebert and Arnd Barocka

Department of Psychiatry, University of Erlangen, Erlangen, Federal Republic of Germany

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Summary. The early course was studied of 29 atypical depressives with first onset of affective disorder not otherwise specified in DSM-III-R. Psychopathology was not stable over time in all patients, with some showing bipolar disorder or melancholia.

Key words: Atypical depressives – Early course

In recent years there has been some evidence in the literature that atypical depression is a distinct diagnostic category [1–4]. The term atypical depression as used here bears no resemblance to the former DSM-III category also called atypical depression (in DSM-III-R, depressive disorder not otherwise specified), which is applied when depressive disorder is present but no alternative DSM-III category applies. In this report the term atypical depression is used to refer to the non-DSM-III (-R) construct involving clear reactivity of mood when depressed, plus at least two additional associated features [1–4].

Evidence for atypical depression as a distinct depressive subtype is especially based on pharmacological studies, with phenelzine being superior to placebo and tricyclic antidepressants [1–4]. The relationship between this definition of atypical depression and official nomenclature has not yet been determined. In terms of DSM-III-R, many patients with atypical depression meet criteria for major depression or dysthymic disorder because of the frequent presence of chronically dysphoric mood. In the past they were often considered as neurotic depression [3, 4]. To define the psychopathological boundaries of the concept of atypical depression and the relationship to DSM-III-R nomenclature, we have studied the early course of patients with first onset of affective disorder meeting the criteria for atypical depression and not being otherwise specified in DSM-III-R.

Offprint requests to: D. Ebert, Psychiatrische Universitätsklinik, Schwabachanlage 6–10, W-8520 Erlangen

The questions asked were as follows: is atypical depressive psychopathology stable over time? Are certain DSM-III-R diagnoses connected with atypical depression in the course of illness or is atypical depression separate from other DSM-III-R diagnosis?

Methods

We investigated longitudinally 50 in-patients with first onset of affective disorder not otherwise specified in DSM-III-R. The 29 patients presented in this study met the following criteria of atypical depression (as explained in 1–4):

1. Reactivity of mood
2. Two of four associated features:
   Hyperphagia
   Hypersomnia
   Intense lethargy
   Pathological sensitivity to interpersonal rejection.
3. Hamilton Rating Scale for Depression 21-item score greater or equal to ten.

The 29 study subjects underwent follow-up examination an average of 1.3 years after first examination (range = 1–2 years). The interviews were done by experienced psychiatrists, who were blind for study entry data at follow-up.

In this study, we report the DSM-III-R diagnosis of affective disorders and presence of atypical depression in the follow-up period. We used a modified version of the Schedule for Affective Disorders and Schizophrenia-Lifetime version (SADS-L) [5] and supplementary symptom scales for assessment of atypical depression [1–4]. The interviewer asked the subject to answer the questions in relation to the follow-up period only; medical records of rehospitalizations in this period were additionally used for verification.

With the exception of 5 patients receiving psychotherapy only, all study subjects were treated with tricyclic antidepressants when depressed.

Results

The demographic and clinical characteristics and the follow-up diagnosis of the 29 atypical depressives are shown in Table 1.

Table 1. Characteristics of 29 in patients with atypical depression and depressive disorder not otherwise specified in DSM-III-R

Characteristics	No. (%)	Mean, SD (Range)
Sex		
M	11 (38)	
F	18 (62)	
Age, years		24, 10 (18–32)
HAM-D		15.5, 4 (12–30)
Neur. depr. ICD-9	11 (38)	
Length of episode at admittance, mo		4.8, 3 (2–6)
Course of illness		
DSM-III-R diagnosis during follow-up		
Manic episode	5 (17.25)	
Major depressive episode with melancholia	7 (24)	
Major depressive episode	5 (17.25)	
Dysthymic disorder	10 (34.5)	
Cyclothymic disorder	1 (3.5)	
Not specified	1 (3.5)	
Atypical depression when depressed	17 (59)	
Chronicity rating		
Mostly well	4 (14)	
Half well/half depressed	5 (17)	
Mostly depressed	20 (69)	

Only the patients with major depression, dysthymic or cyclothymic disorder or depressive disorder not otherwise specified fullfilled the criteria for atypical depression when affective disorder was present during follow-up.

The duration of the atypical depressive episode before onset of mania or melancholia was 4–7 months (average 5.1). In all other subjects atypical depression lasted 4–30 months (average 20 months). At follow-up-examination 3 subjects were symptom free, all having had manic episodes and receiving lithium medication.

The DSM-III-R diagnosis of the 5 non-medicated subjects at follow-up was as follows: 1 manic episode, 2 major depression with melancholia, 2 dysthymic disorder.

Discussion

We studied 29 patients with atypical depression and first onset of affective disorder, not otherwise specified in DSM-III-R. It was expected that this procedure would define a syndrome of atypical depression not overlapping with other DSM-III-R Axis I diagnosis. Because of this selection criterion, the restriction to in-patients, and the small sample size, comparisons with previous samples of atypical depressions are difficult, though demographic data and severity of depression are similar to those in previous studies [1–4].

In this study the course of illness and psychopathology only partly supports the arguments from previous pharmacological studies that atypical depression is a distinct depressive subtype [1–4]. In particular, we could not confirm that it is not connected to melancholic depression [3, 4]. Instead, it seems from these follow-up data that atypical depression is a heterogenous depressive syndrome with at least two subgroups: One has a chronic course with psychopathological stability over time and is often associated with the DSM-III-R diagnosis of dysthymic disorder or major depression. This is in accordance with previous reports in the literature [3, 4]. In a second group, however, psychopathology changed to full-blown mania or melancholic depression.

We think that this group of atypical depression defines a precursor or "forme fruste" of severe affective disorders. This would be in accordance with earlier literature, where it was mentioned that many young depressives with lethargy and oversleeping were not manifesting a "neurotic" disorder, but rather, a precursor of primary bipolar affective disorder [6].

The results of our study need further evaluation in longitudinal studies with larger sample size and longer follow-up period. Furthermore, assessment of differential treatment responses in these two probable different subgroups of atypical depression is necessary.

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