UNDERSTANDING YOUR DIAGNOSIS

Long-Lasting Depression

Also called Persistent Depressive Disorder (Dysthymia)

A low mood you have carried for years can feel like just who you are - but it is an illness, and it can get better.

HOW COMMON	OFTEN STARTS	HOW LONG IT RUNS	TREATABLE
About 2 to 3 in 100 adults	In childhood or the teens	2 years or more, often longer	Yes - slower gains, real ones

What this is

- This is depression that runs long and low rather than in sharp episodes. It has lasted **2 years** or more, most days.
- Because it started early for many people, it can feel like a personality trait. It is not. It is a treatable illness.
- Day to day the symptoms are milder than a major episode, but the wear from years of them adds up to real damage.
- Heavier stretches can land on top of that baseline. Many people finally reach out for help during one of those dips.

What it can look and feel like

- You feel low or flat most days, and you struggle to remember the last time you truly felt well.
- Your energy is low nearly all the time. You get through the day, but it costs you more than it seems to cost others.
- You think of yourself as not good enough, and criticism from inside your own head runs almost constantly.
- You expect things to go badly. Hope feels naive, so you do not reach for much, and then nothing changes.
- Sleep and appetite are off in a steady way - too little or too much, for years rather than for weeks.
- Concentrating and deciding are hard. Choosing between two simple options can stall you out for days.
- You pull back from people, and the quiet distance confirms your sense that you are a burden or boring.

What is happening in your brain and body

- The same brain systems as in shorter depressions are involved. Serotonin and other mood chemicals signal less strongly.
- Years of strain leave cortisol, your stress hormone, running on a flat, worn-down setting instead of a healthy rhythm.
- Brain areas that plan and calm you down show less activity, which makes gloomy loops of thinking easier to fall into.
- Long stretches of low mood raise heart risk over time, mostly through sitting still, smoking, and broken sleep.
- Treatment slowly rebuilds these systems, which is why gains here come over months rather than in a few good weeks.

What can make it more likely

- Depression in the family raises your chance. What gets passed down is a tendency, not a certainty.
- Hard childhoods - neglect, loss, bullying, or abuse - show up often, and they tune your stress system to stay switched on.
- Years of ongoing strain such as poverty, caregiving, or an unhappy job can hold a low mood firmly in place.
- Thyroid problems, sleep apnea, low iron, and heavy alcohol use can all mimic or feed a long-lasting low mood.

What to expect

- Progress is real but slower here. Give a medicine **8 to 12 weeks** at a full dose before deciding it has failed.
- You have no well baseline to compare with, so ask people close to you what they notice. They often see it first.
- Many people need longer-term treatment to hold their gains, since stopping early tends to bring the low mood back.
- Feeling better may feel strange at first. Learning what normal energy and normal hope feel like takes some practice.

What helps

Treatment works. Most people get better.

Talking therapies

- **CBASP** was built for long-lasting depression. It teaches you, step by step, how your actions land on other people.
- **CBT** works here too, but plan on a longer course aimed at beliefs you have held about yourself since childhood.
- **Behavioral activation** adds back small rewarding activities that years of pulling away have quietly stripped out.
- **Interpersonal therapy** or psychodynamic therapy works on old relationship patterns that keep the mood flat.
- Therapy plus medicine clearly beats either one alone here - about **3 in 4** people respond to the combination.

Medicines

- **Antidepressants** work for long-lasting depression too, even though it has been going on for years.
- **SSRIs** such as sertraline or fluoxetine are usually the first choice and have the strongest evidence here.
- Expect a slower climb. Full benefit often takes **8 to 12 weeks**, and partial improvement is a real success.
- **Bupropion** targets low energy and lost interest, and can be added when an SSRI helps you only partway.
- Your prescriber sets the dose and how long you stay on it. Do not stop on your own - taper together instead.

Everyday things that help

- Build a routine you can repeat. A fixed wake time, real meals, and a planned walk give low mood less room to spread.
- Schedule pleasant activities on purpose. Waiting until you feel like it is exactly what keeps this pattern going.
- Cut back on alcohol. It lifts the evening and lowers the whole next day, which suits this pattern very badly.
- Rate your mood weekly on a simple scale. Small changes are easy to miss when your baseline has been low for years.
- Get around people regularly - a group, a class, a standing coffee. Isolation is the fuel this one runs on.

Get help right away if

- If you start thinking about ending your life, call or text **988** (Suicide and Crisis Lifeline) right away.
- Go to the nearest emergency room if you feel unsafe or cannot get through the night on your own.
- Call your care team if a deeper, heavier depression settles on top of your usual low mood.

Questions to ask your care team

- *How long should we try this medicine before deciding whether it works?*
- *Would CBASP or another therapy built for long-lasting depression suit me?*
- *How will we tell real improvement from just a slightly better week?*
- *If I feel well for a year, how do we decide about staying on treatment?*

Where this information comes from

988 Suicide and Crisis Lifeline. (n.d.). *988 Suicide and Crisis Lifeline*. https://988lifeline.org/

American Psychiatric Association. (n.d.). *What is depression?* https://www.psychiatry.org/patients-families/depression

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Depression and Bipolar Support Alliance. (n.d.). *Depression and Bipolar Support Alliance*. https://www.dbsalliance.org/

MedlinePlus. (2024). *Depression*. National Library of Medicine. https://medlineplus.gov/depression.html

National Institute of Mental Health. (n.d.). *Depression*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/depression

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.