experienced by people having a major depressive episode. *Middle insomnia* refers to waking up during the night and having difficulty falling asleep again. *Terminal insomnia* refers to waking at the end of the night and being unable to return to sleep. Also reported is *hypersomnia*, in which the person sleeps for prolonged nighttime periods as well as during the day, but still wakes up tired or fatigued. These sleep disturbances are discussed at length in Chapter 19.

Fatigue and decreased energy are characteristic symptoms of depression, a condition known as *anergy* or *anergia*. Individuals report being tired upon awakening, regardless of how long they have slept. Even the smallest task seems insurmountable, and routine activities require substantial effort and take longer to accomplish. Decreased energy may be manifested in *psychomotor retardation*, in which thinking and body movements are noticeably slowed and speech is slowed or absent. Psychomotor agitation also may occur, in which the person cannot sit still, paces, wrings the hands, and picks at the fingernails, skin, clothing, bedclothes, or other objects. Psychomotor retardation is a prominent symptom in the Clinical Example that follows.

**CLINICAL EXAMPLE**

Becky is a 26-year-old insurance underwriter who visited a local Planned Parenthood clinic for a yearly checkup and Pap test. During the examination by the family planning nurse, Becky asked whether she might be anemic because she was “just exhausted all the time.” Becky revealed that for the past month she had had difficulty getting out of bed in the morning. Getting dressed and ready for work left her drained. She described standing in front of her closet for long periods, unable to decide what to wear. Becky was also having extreme difficulty calling potential clients. Whereas she was normally an assertive salesperson who called on perfect strangers with ease, she now described sitting at her desk for hours, trying to work up the motivation to pick up the phone. Coworkers, including her boss, had commented on her 15-pound weight gain, and these comments precipitated several uncharacteristic angry and tearful outbursts at work.

Other common symptoms in significantly depressed individuals include guilt or a sense of worthlessness, self-blame, impaired concentration and decision-making ability, even about trivial things, and suicidal ideation. The characteristics of a major depressive episode are illustrated in Figure 17-1.

**DYSTHYMIC DISORDER**

The term *dysthymic disorder* describes chronic depression for the majority of most days for at least 2 years (1 year for children and adolescents). Throughout those 2 years, no more than 2 months can be described as symptom-free. In general the symptoms of dysthymic disorder, while distressing, tend to be less severe than those in major depressive disorder, with fewer physiologic symptoms. The diagnostic criteria for dysthyemic disorder are given on page 406. Dysthymic disorder tends to predispose people to the development of major depressive disorder. According to the DSM-IV-TR, 10% to 25% of individuals diagnosed with dysthymic disorder will develop major depressive disorder within the next year (American Psychiatric Association [APA], 2000).

Dysthymic disorder often occurs in childhood, adolescence, or early adulthood and tends to be chronic. While both females and males are equally affected as children, there are two to three times as many adult females as males with dysthymic disorder. The lifetime risk of developing dysthymic disorder is approximately 6% in the general population.

The symptoms of dysthymic disorder are similar to those of chronic major depressive disorder. This similarity makes it difficult, even for experienced clinicians, to make an accurate