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Dysphoria as a complex emotional state and its role in psychopathology

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Objectives

- Review conceptualisations of dysphoria
- Present dysphoria as a transdiagnostic complex emotional state and assessment of dysphoria based on this conceptualisation

What is dysphoria?

- The term is derived from Greek (δύσφορος) and denotes distress that is hard to bear

Dysphoria: associated with externalisation?

- “Mixed affect” leading to an “affect of suspicion”^{1,2}

¹ Sandberg: *Allgemeine Zeitschrift für Psychiatrie und Psychisch-Gerichtl Medizin* 1896; 52:619-654

² Specht G: *Über den pathologischen Affekt in der chronischen Paranoia*. Festschrift der Erlanger Universität, 1901

- A syndrome that always includes irritability and at least two of the following: internal tension, suspiciousness, hostility and aggressive or destructive behaviour³

³ Dayer et al: *Bipolar Disord* 2000; 2: 316-324

Dysphoria: associated with internalisation?

- Six “dysphoric symptoms”: depressed mood, anhedonia, guilt, suicide, fatigue and anxiety¹

¹ Cassidy et al: *Psychol Med* 2000; 30:403-411

Dysphoria: a nonspecific state?

- Dysphoria is a “nonspecific syndrome” and has “no particular place in a categorical diagnostic system”¹; it is neglected and treated like an “orphan”¹

¹ Musalek et al: *Psychopathol* 2000; 33:209-214

- Dysphoria “can refer to many ways of feeling bad”²

² Swann: *Bipolar Disord* 2000; 2:325-327

Textbook definitions: dysphoria nonspecific, mainly internalising?

- “Feeling of unpleasantness or discomfort; a mood of general dissatisfaction and restlessness. Occurs in depression and anxiety.”¹

¹ Sadock & Sadock: *Kaplan & Sadock’s Comprehensive Textbook of Psychiatry*, 7th Edition, 2000

- “Feeling sad, despondent, discouraged, or unhappy” plus “significant anxiety or tense irritability”²

² Andreasen & Black: *Introductory Textbook of Psychiatry*, 3rd Edition, 2001

- “Condition of being ill at ease”³

³ Sims: *Symptoms in the Mind: An Introduction to Descriptive Psychopathology*, 3rd Edition, 2003

DSM-5 definitions of dysphoria

- “Dysphoric mood”: “an unpleasant mood, such as sadness, anxiety, or irritability” (p. 824)
- “Dysphoria (dysphoric mood)”: “a condition in which a person experiences intense feelings of depression, discontent, and in some cases indifference to the world around them” (p. 821)

Questions about dysphoria¹

- What is dysphoria other than an “unpleasant state”? What does it comprise?
- Where is dysphoria placed on an internalising-externalising continuum?
- Is dysphoria persistent or fleeting?
- How is dysphoria related to irritability and depression? Is dysphoria a type of depression?
- Is dysphoria a disorder (“a condition”) or only a symptom (“dysphoric mood”)?
- If dysphoria is a “condition”, why is it not listed as a unique diagnostic category in DSM-5?

¹ Starcevic et al: *Aust NZ J Psychiatry* 2013; 47:954-955

Premenstrual dysphoric disorder (PMDD) in DSM-5

- Although classified as a depressive disorder in DSM-5, its diagnostic criteria include various emotional states (irritability/anger, depressed mood, anxiety, emotional instability)
- Denotes either a depression akin to MDD or depression with prominent irritability/anger, anxiety or mood instability
- Use of “dysphoric” in the context of PMDD reinforces the notion that dysphoria is a nonspecific, unpleasant emotional state

PMDD in ICD-11

- Classified among both diseases of the genitourinary system (“premenstrual disturbances” as “parent” classification) and depressive disorders
- “A pattern of mood symptoms (depressed mood, irritability), somatic symptoms (lethargy, joint pain, overeating), or cognitive symptoms (concentration difficulties, forgetfulness)”

Gender dysphoria in DSM-5

- DSM-IV term (gender identity disorder) deemed to be inadequate/stigmatizing
- DSM-5:
 - “An individual’s affective/cognitive discontent with the assigned gender” (p. 451)
 - “The distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender” (p. 451)
- Not a mood or depressive disorder (unlike PMDD)
- Terms such as “gender discontent”, “gender distress” or “distressing gender incongruence” more adequate/precise than gender dysphoria

Gender dysphoria in ICD-11

- Gender incongruence
- Classified among both “conditions related to sexual health” (“parent” classification) and “mental, behavioural or neurodevelopmental disorders”
- “Marked and persistent incongruence between an individual’s experienced gender and the assigned sex”

Dysphoria and PTSD

- Dysphoria dimension/factor/component of PTSD: inability to recall, negative beliefs about self/world, blame of self/others, persistent negative trauma-related emotions, diminished interest/participation in significant activities, feelings of detachment, inability to experience positive emotions, irritability/angry outbursts, reckless/self-destructive behaviour, concentration problems, sleep disturbance
- Dysphoric arousal dimension/factor/component of PTSD:
 - Irritability/angry outbursts, reckless/self-destructive behaviour (externalising behaviours)
 - Concentration problems, sleep disturbance

Dysphoria: other meanings and contexts I

- Synonym for depression or a mild depression
- Dysphoric mania/hypomania (“mixed episodes” of bipolar disorder)
- A feature of mixed anxiety and depressive disorder (ICD-10)/mixed depressive and anxiety disorder (ICD-11)

Dysphoria: other meanings and contexts II

- “Body dysphoria” (dissatisfaction with one’s appearance) in body dysmorphic disorder
- “Neuroleptic dysphoria” (constellation of adverse effects of antipsychotic medications)
- “Hysteroid dysphoria” (personality-based mood disorder)
- “Postcoital dysphoria” (feelings of sadness, tearfulness or irritability following an otherwise satisfactory consensual sexual activity)

What to do?

- Dysphoria covers a territory of psychopathology that is too large
- Conceptual chaos
- Loss of meaning
- Need to narrow down the definition and concept of dysphoria and reach a consensus on the meaning of dysphoria

Dysphoria

- Complex emotional state with both nonspecific and specific components¹

¹ Starcevic: *Australas Psychiatry* 2007; 15:9-13

Dysphoria¹

Negative emotions,
especially in an interpersonal
domain, e.g., irritability

Discontent/unhappiness,
sense of failure, defeat
or being overwhelmed

Coping: externalisation

Tendency to blame others
for how one feels

Hostility towards others,
outbursts of anger

Aggressive
behaviour

¹ Starcevic: *Australas Psychiatry* 2007; 15:9-13

Dysphoria versus depression

Dysphoria	Depression
<u>Feeling</u> dissatisfied, unhappy, irritable	<u>Feeling</u> low, down, sad, anhedonic
Externalising mode of <u>coping</u> : tendency to blame others for one's own feelings; anger	Internalising mode of <u>coping</u> : tendency to blame oneself; guilt feelings
Seeking alleviation through a seemingly purposeful, but socially undesirable <u>behaviour</u> (e.g., outbursts of aggression)	Less purposeful <u>behaviour</u> : passivity or "aimless activity" (agitation)

Assessment of dysphoria

- Nepean Dysphoria Scale (NDS)¹
- Based on the model of dysphoria as a complex emotional state comprising discontent/unhappiness, irritability and externalising behaviours²
- Self-report instrument
- 22 items, each rated on a 5-point Likert scale
- Frequency of the specific feelings over a period of 1 week preceding administration

¹ Berle & Starcevic: *Australas Psychiatry* 2012; 20:322-326

² Starcevic: *Australas Psychiatry* 2007; 15:9-13

NDS: psychometric properties

- Exploratory factor analysis: 4 factors¹
- Exploratory factor analysis of the Italian translation: a 4-factor solution replicated²
- Confirmatory factor analysis: same 4-factor solution³
- Internal consistency (Cronbach alpha):
 - 0.91¹
 - 0.95 in the Italian translation²
- Solid convergent and divergent validity^{1,2}

¹ Berle & Starcevic: *Australas Psychiatry* 2012; 20:322-326

² D'Agostino et al: *J Psychopathol* 2016; 22:149-156

³ Berle et al: *Psychiatr Q* 2018; 89:621-629

4 factors/subscales of the NDS (4 components of dysphoria)

- Irritability
 - “Have you felt cranky?”
- Discontent
 - “Have you felt that you achieved nothing?”
- Surrender
 - “Have you felt overwhelmed by life?”
- Interpersonal resentment
 - “Have you felt that people don’t care about you?”
- Factor structure of the NDS consistent with the proposed theoretical concept of dysphoria

Unique relationships between NDS-assessed dysphoria and domains of psychopathology¹

NDS Irritability	NDS Discontent	NDS Surrender	NDS Interpersonal resentment
"Stress"	"Stress"	"Stress"	"Stress"
	Depression	Depression	Depression
	Anxiety		Anxiety
Paranoid ideation			Paranoid ideation
Hostility			

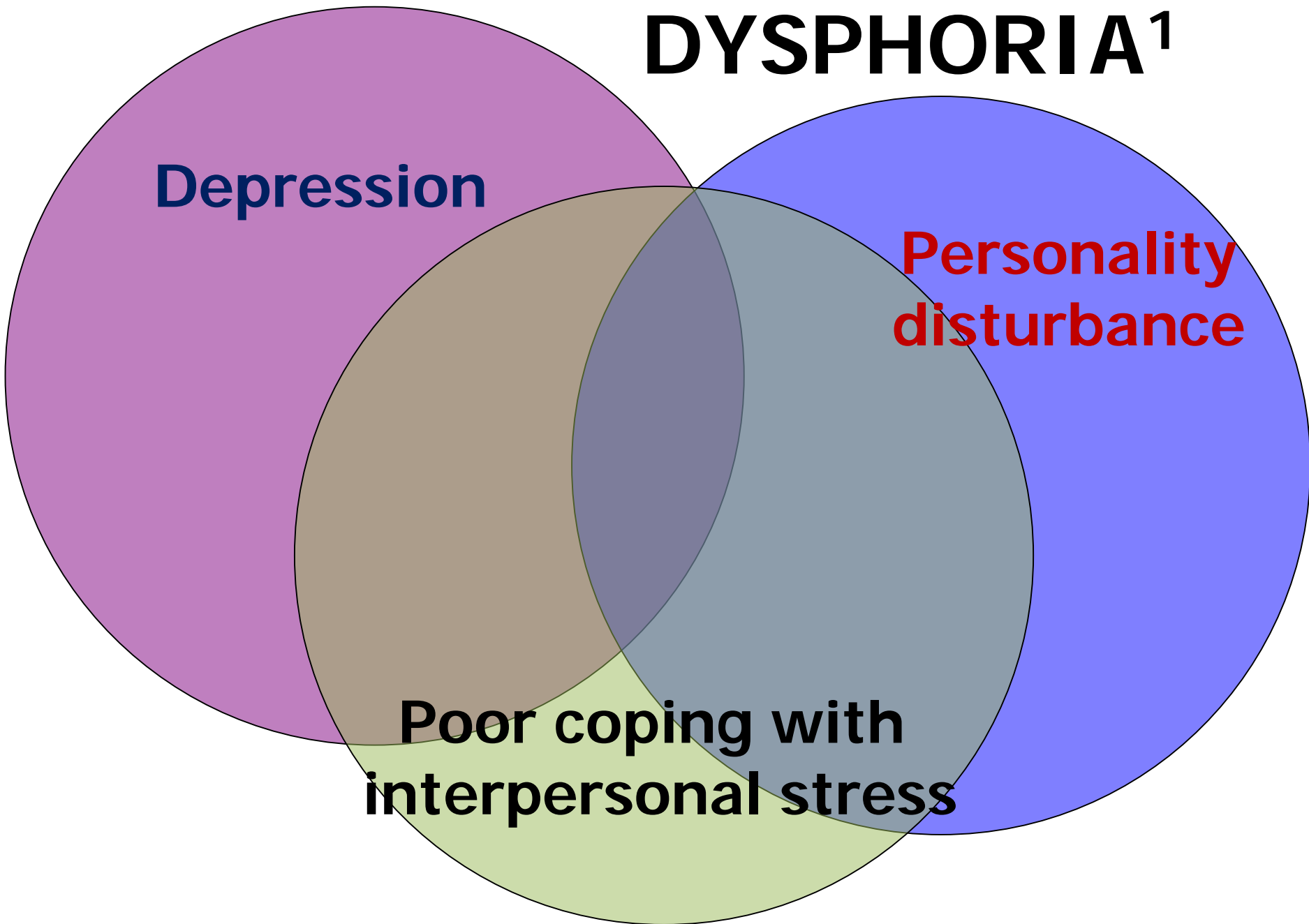
¹ Starcevic et al: *Psychiatr Q* 2015; 86:459-469

NDS-assessed dysphoria and psychopathology¹

- Both nonspecific and specific relationships with:
 - “Stress” (tension and irritability)
 - Depression
 - Anxiety
 - Paranoid tendencies
 - Hostility
 - Interpersonal sensitivity
- Misleading to equate dysphoria with irritability or depression

¹ Starcevic et al: *Psychiatr Q* 2015; 86:459-469

DYSPHORIA¹



¹ Starcevic et al: *Psychiatr Q* 2015; 86:459-469

NDS-assessed dysphoria as a transdiagnostic construct

- Associations with MDD, GAD and various other anxiety and mood disorders¹
- Strong association with PTSD²
- Association with borderline personality disorder (BPD)^{3,4}

¹ Starcevic et al: *Psychiatr Q* 2015; 86:459-469

² Berle et al: *Psychiatr Q* 2018; 89:621-629

³ Rossi Monti & D'Agostino: *J Psychopathol* 2014; 20:451-460

⁴ D'Agostino et al: *Clin Neuropsychiatry* 2017; 14:415-423

NDS-assessed dysphoria and BPD

- Interpersonal dysphoria model of BPD^{1,2}
 - “Background dysphoria”: chronic, persistent emotional state dominating the basic lived experience of individuals with BPD
 - “Situational dysphoria”: acute emotional state pervading the here-and-now lived experience of individuals with BPD
 - Symptoms of BPD: “surface” manifestations of situational dysphoria

¹ D’Agostino et al: *Curr Opin Psychiatry* 2018; 31:57-62

² D’Agostino et al: *Psychopathol*, in press

Conclusions I

- Psychiatry needs to have a good grasp of its concepts and terminology
- The term “dysphoria” should not be used arbitrarily or inconsistently
- The complexity of dysphoria (with both nonspecific and specific elements and a mix of internalising emotions and externalising behaviours) must not serve as a justification for conceptual sloppiness
- As a transdiagnostic construct, dysphoria does not suggest any categorical diagnosis
 - No place in a categorical diagnostic system¹

¹ Musalek et al: *Psychopathol* 2000; 33:209-214

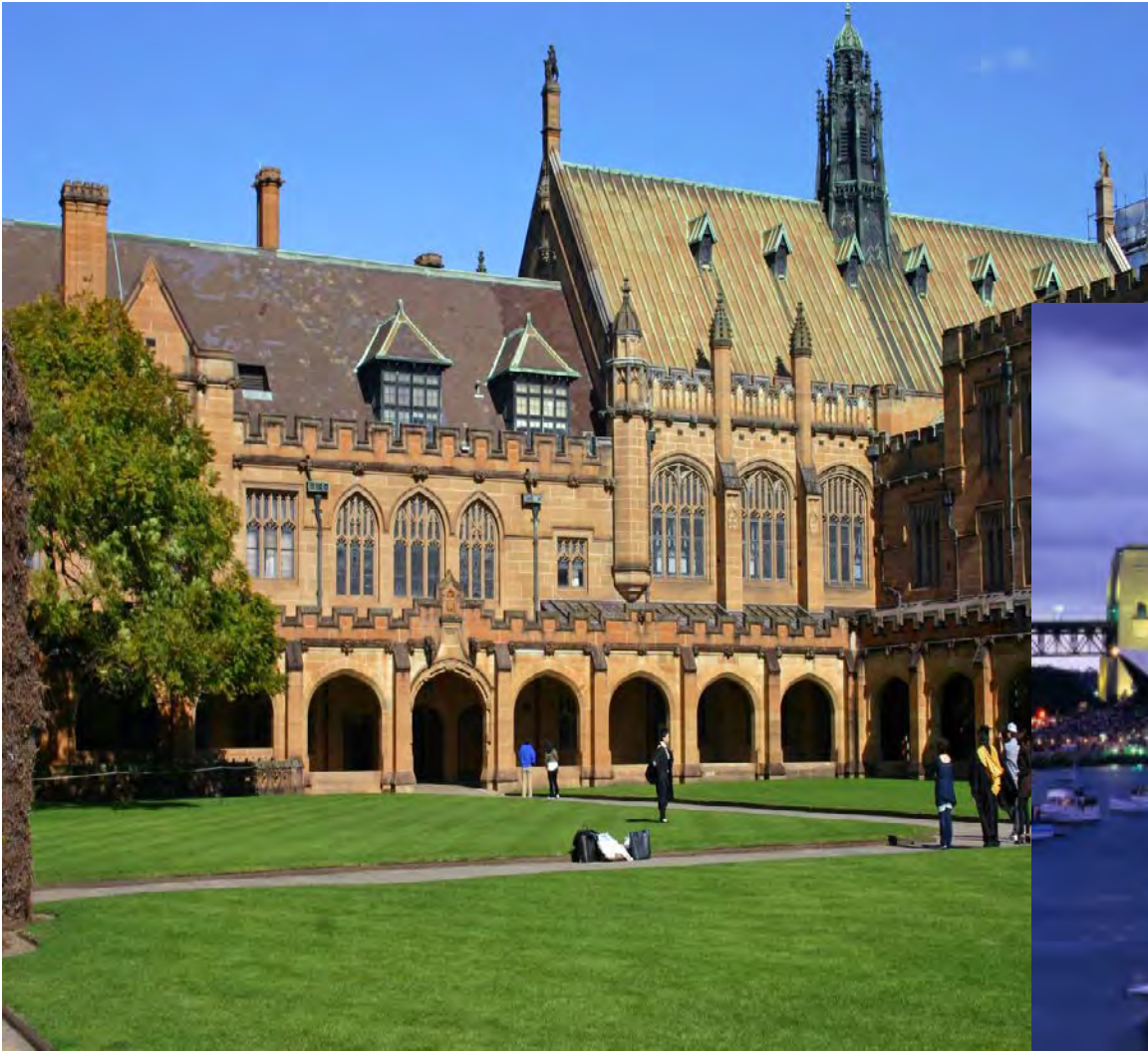
Conclusions II

- Dysphoria is a challenge to artificial, categorical dichotomies in psychopathology and a “nosographical disorganiser”¹

¹ Stanghellini: *Eur Psychiatry* 1998; 13 (Suppl 4):153s

- Assessment of dysphoria (as a dimensional construct) may be useful to qualify treatment targets more precisely and monitor changes during treatment
- Development of therapeutic procedures targeting dysphoria (or some of its components), regardless of the categorical diagnosis

Thank you!



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