



What this fact sheet covers:

- A description of the different types of depression:
 - Melancholic depression
 - Non-melancholic depression
 - Psychotic depression
 - Atypical depression
- Key points to remember
- Where to get more information.

Introduction

At the Institute we believe that there are three broadly different types of depression, each with their own features and causes:

- Melancholic depression
- Non-melancholic depression
- Psychotic depression.

A possible fourth type of depression is:

- Atypical depression.

Knowing that there are different types of depression is important because each type responds best to different treatments (see our fact sheet on Treatments for Depression). Depression can also be sub-typed into 'unipolar' and 'bipolar' expressions.

Unipolar depression is the name given when only depressive episodes are experienced.

Bipolar depression refers to having highs as well as depressive episodes in between. In the case of bipolar depression, the type of depression could be any of the above four types, however it is most likely to be of a melancholic or psychotic type.

Melancholic depression

Melancholic depression is the classic form of biological depression. Its defining features are:

- a more severe depression than is the case with non-melancholic depression
- *psychomotor disturbance* (usually showing as slowed or agitated physical movements and slowed cognitive processing abilities).

Melancholic depression is a relatively uncommon type of depression. It affects only 1-2 per cent of Western populations. The numbers affected are roughly the same for men and women.

Melancholic depression has a low *spontaneous remission* rate (meaning it very rarely goes away of its own accord). It responds best to physical treatments (for example,



antidepressant drugs) and only minimally (at best) to non-physical treatments such as counselling or psychotherapy.

Non-melancholic depression

Non-melancholic depression essentially means that the depression is not melancholic, or, put simply, not primarily biological. Instead, it has to do with psychological causes, and is very often linked to stressful events in a person's life, alone, or in conjunction with the individual's personality style.

Non-melancholic depression is the most common of the three types of depression. It affects one in four women and one in six men in the Western world over their lifetime.

Non-melancholic depression can be hard to accurately diagnose because it lacks the defining characteristics of the other two depressive types (namely *psychomotor disturbance* or *psychotic* features). Also in contrast to the other two depressive types, people with non-melancholic depression can usually be cheered up to some degree.

People with non-melancholic depression experience:

- a depressed mood for more than two weeks
- social impairment (for example, difficulty in dealing with work or relationships).

In contrast to the other types of depression, non-melancholic depression has a high rate of *spontaneous remission*. This is because it is often linked to stressful events in a person's life, which, when resolved, tend to see the depression also lifting.

Non-melancholic depression responds well to different sorts of treatments (such as psychotherapies, antidepressants and counselling), but the treatment selected should respect the cause (e.g. stress, personality style).

Psychotic depression

Psychotic depression is a less common type of depression than either melancholic or non-melancholic depression. The defining features of psychotic depression are:

- an even more severely depressed mood than is the case with either melancholic or non-melancholic depression
- more severe *psychomotor disturbance* than is the case with melancholic depression
- *psychotic* symptoms (either delusions or hallucinations, with delusions being more common) and strong guilt feelings.

Psychotic depression has a very low *spontaneous remission* rate. It responds only to physical treatments (such as antidepressant drugs).



Atypical depression

Atypical depression is a name that has been given to symptoms of depression that contrast with the usual characteristics of non-melancholic depression. For example, rather than experiencing appetite loss the person instead experiences appetite increase; and sleepiness rather than insomnia. Someone with atypical depression is also likely to have a personality style of interpersonal hypersensitivity (that is, expecting that others will not like or approve of them).

The features of atypical depression include:

- the individual can be cheered up by pleasant events
- significant weight gain or increase in appetite (especially for comfort foods)
- excessive sleeping (hypersomnia)
- arms and legs feeling heavy and 'leadened'.
- a long-standing sensitivity to interpersonal rejection — the individual is quick to feel that others are rejecting of them.

Key points to remember

- There are three, possibly four, broadly different types of depression, each with their own features and causes
- Knowing what type of depression a person has is important in being able to select the best treatment options for him or her
- Non-melancholic depression is the most common form of depression and is often linked to stressful events in a person's life
- Melancholic depression is the more biological type of depression, involving a more severely depressed mood and psychomotor disturbance.

Where to get more information

- Parker, Gordon (2004), *Dealing with Depression: A Common Sense Guide to Mood Disorders 2nd Edition*, Allen & Unwin, Sydney.
- www.blackdoginstitute.org.au See our online Depression Education Program (DepEd) to learn more about the different types of depression.

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