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mind over matter

Constant cravings

Does craving chocolate signal a particular type of depression?

HISTORY

NATALIE, a 27-year-old librarian, was referred following a serious suicide attempt.

She had been seeing a male psychiatrist for several weeks, and was stressed by some new colleagues' criticisms.

When she mentioned to the psychiatrist that her nose made her self-conscious and she was considering plastic surgery, he nodded and said "good idea".

She was shattered, and held this as evidence that she was visibly deformed.

Later that afternoon, she put her life in jeopardy by taking an overdose of several medications.

Following discharge from hospital, she remained at home for two weeks.

During that time, she slept for up to 16 hours a day and, in response to carbohydrate cravings, consumed large amounts of chocolate and pasta.

She felt extremely tired but brittle, and avoided interaction with family or friends.

On specific questioning, she admitted she could be cheered up if something very nice occurred, and during the interview maintained an interactive (albeit slightly apprehensive) style.

The overall picture she presented argued against any melancholic depression.

TOOL OF THE MONTH

On the Temperament and Personality Measure (available for self-completion at blackdoginstitute.org.au) she scored highly on three personality scales: self-criticism, anxious worrying and, most distinctly, sensitivity to rejection.

REJECTION SENSITIVITY

Individuals with this personality style commonly worry about the quality of their relationships, are preoccupied with rejection or abandonment, fear that their relationships will end, are convinced their feelings towards intimates are not reciprocated, worry about what 'the other' thinks, and are distressed at being alone.

Conversely, such individuals can often overreact to praise before plummeting down when they next believe they have been rejected.

PAST HISTORY

Natalie was intelligent, a successful librarian, and impressed those who had worked with her over the years – but whom she kept at a distance.

As an adolescent, she had been particularly hurt by a common schoolgirl sequence of communicating (best friend one day, "you're a bitch" the next).

She allowed herself very few female friends and, even when they were supportive, she read criticism and rejection into their conversation.

Being hypersensitive to rejection, she had never been able to maintain a relationship with a male for any length of time.

A DEPRESSIVE SUB-TYPE?

While not a pure sub-type, a personality style of 'rejection sensitivity' is common and is a central plank in the concept of 'atypical depression', a sub-type captured in the *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition) system (DSM-IV).

The personality style is associated with an 'atypical' response to depression (specifically hyperphagia rather than appetite and weight loss, and hypersomnia rather than insomnia).

In addition, such individuals feel tired or fatigued when

stressed, sometimes described as 'leaden paralysis'. Their mood, however, is highly reactive.

Not all of the listed clinical features are necessarily symptoms.

In a reappraisal of the concept of atypical depression, we suggested that the personality style was primary and that some of the secondary self-consolatory strategies were more homeostatic in their function rather than being 'symptoms' (*Am J Psychiatry* 2002;159:1470-79).

For instance, the hypersomnia restores slow-wave sleep during stress, while the food cravings are usually for foods that trigger release of endorphins and promote 'feel good' sensations.

Merely asking individuals if they crave chocolate and other

comfort foods when depressed can be a useful probe question for determining those with the personality style of 'rejection sensitivity', and who are highly vulnerable to depressive episodes (*J Affect Disord* 2006;92:149-59).

It is important to note that the atypical features of hypersomnia and hyperphagia are also commonly reported by young adults and adolescents during the depressive phase of a bipolar disorder.

Thus, bipolar disorder and features of a melancholic depression need to be considered as differential diagnoses.

MANAGEMENT

It was argued in the past that the monoamine oxidase inhibi-

tor (MAOI) antidepressants were of specific benefit to those with atypical depression.

However, recent studies have shown selective serotonin reuptake inhibitor antidepressants (SSRIs) and cognitive behaviour therapy are just as effective.

The treatment priority is to attempt to modulate the 'sensitivity to rejection' personality style.

This is most likely to benefit from a pluralistic approach, which might comprise trialling an SSRI and then prioritising cognitive and behavioural strategies (both changing the dysfunctional attitudes and promoting the individual's assertiveness), and discouraging the individual from retreating from interpersonal interactions. **MO**