

# Atypical depression

Atypical depression is actually very common, but was called atypical because when it was first discovered in the 1950's it was thought to be a rare form. It causes a uniquely reactive mood: it may overreact to stress or change randomly throughout the day.

Fatigue, oversleeping, and overeating (especially sweets and carbohydrates) are very common. This depression tends to affect the muscles as well, making people feel heavy or weighed down (called leaden paralysis). Atypical depression is important to recognize because it often returns in cycles and may have seasonal patterns. It may respond better to serotonin medicine or MAOI antidepressants.

Atypical depression is the most common type of depression in bipolar disorder, but having atypical depression does not mean that you have bipolar.

# Melancholic depression

Melancholic depression has been described in people for hundreds of years. It often comes on in middle age. Here the depression is distinctly different from ordinary sadness; it may be experienced as a profoundly empty, bleak, dark and unmotivated state. Some people describe it as a heavy or painful feeling in the head or the heart rather than a depression. This mood rarely changes or reacts to life, but may be worse in the morning. Other symptoms of melancholic depression are:

- Worry, rumination along themes of guilt or worry. People may feel like they did something horrible, are worthless, or worry a lot about health or money.
- Mood worse in morning
- Mood is less reactive to life (e.g. doesn't change with life events)
- Pervasive loss of pleasure
- Awakening early in the morning (2-3 hours earlier than expected)
- Muscles that are either slowed or agitated (e.g. pacing excessively)
- Loss of appetite and weight loss

Melancholic depression can sometimes cause psychotic symptoms (e.g. hearing or seeing things; thoughts that are rigid or inflexibly fixed on certain ideas; paranoia). It often responds better to certain antidepressants (like tricyclics) and/or ECT (electroconvulsive therapy) and is less responsive to serotonin medications. Antidepressants in general, however, may not be a good idea if the depression is due to bipolar disorder.