Burnout vs. MDD (Major Depressive Disorder) differential analysis for diagnosis and therapy – using 15 differential symptoms

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Abstract. *Underneath a full table is presented of 15 aspects/symptoms, in order to exactly differentiate between burnout and depression. Most aspects are (indirectly and dispersedly) mentioned in scientific literature as on http://scholar.google. However, never have they been put in a table. Per symptom you are (or your psychologist of physician is) encouraged to circle out whether burnout or depression is applicable. Both may be comorbid = exist simultanously.*

Be aware of the 'schism' in the world regarding burnout. Burnout is widely recognised in mainstream since, but not in the (separatist) booklet DSM-5 used by American psychiatrists of APA. Only advice of physicians who adhere to mainstream science, and are not confined by APA-DSM, makes sense (APA-DSM fans will deny the existence of burnout and label you with 'somatoform disorder, not otherwise specified').

The evidence is plentiful, and looking at the biology, 'symptom 8', it is clear burnout and depression have little to do with one another – except that untreated burnout on long term can attract depression as well, after which both are present. The low activity level, no reward-aspect and low-self-esteem aspect of burnout can induce depression on top of burnout.

Symtom	**Burnout**	**MDD (major depressive disorder)**
1. Genesis	Burnout is 1) emotional exhaustion, with 2) depersonalisation and 3) low esteem of own competences. Result of ' serving too long too much' – many stressors, little energy replenishers, breakdown. Energy disorder	Depression comes as large depressive mood wave ' from behind'. Client cannot allocate it. Depression is an unconscious, very low-mood 'conclusion' about life persisting for at least three weeks. Mood disorder
2. Joy - (an)hedonia	Feeling joy is not so difficult outside scope of work Shit of environment (as holiday) can clearly provide joy. Client will never hate joyful life, as long as client does not have to participate in a too exhausting way. Client will never hate daylight or mind the sun shining	Feeling of joy is impossible, imagination that something may be joyful has totally disappeared. Suggestions of joyful things do not improve client's mood. Change of environment (like holiday) does not improve mood. Example: client can hate daylight, can hate sun shining

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3. Psychomotor	Perhaps less secure or a bit shaky. Possibly varying complaints (see symptom 15 below). No overall ' slowness'	Slow movements, very little variety of movements, feet never firm on ground
4. Humour	Quite capable of enjoying humour or even making little jokes, if atmosphere is good	Client does not understand why people are laughing – at a party, comics etc.
5. Suicide	Not suicidal at all. Vivid wish to heal and live live	No wish to live on. Wish to get rid of inner pain. Daily suicidal thoughts.
6. Inner feeling	Exhausted, anxious	Black – sometimes even inner pain, unallocated. Client prefers to not feel – sleeping and other escapes to consciousness are very welcome in order to be detracted from or be unconscious of the basic very negative mood.
7. System involved	Work related	Whole life related
8. Biology	a) No specific neurotransmittor involved b) Hormones of chronic stress are involved, as well as lack of growth hormones and progesterone c) Energy depletion d) Stress induced changes in immunology (pni) e) Neuroinflammation	a) Lack of neurotransmitter serotonine b) thyroid hormone changes, especially related to less secretion of 5-HT=serotonin c) Mood depletion d) No changes in immunology e) No neuroinflammation
9. Meaning of life	Many meanings, unfortunately worn out of energy at job; job concerns. Otherwise life is full of meaning	Life is meaningless and should be over with as soon as it would be socially accepted
10. Response to outside initiatives towards action	Quite positive	Negative. The ultimate need of client is being with someone intimate, without talking. No further action required than e.g watching television
11. Discourse with others	Interactive discourse is possible, about all kinds of subject – but client may want to rest after a while	Client will hardly react or interact in discourse. Only one topic is allowed, from viewpoint of client: telling how bad he feels, without being corrected.

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12. Medication: antidepressants	Antidepressants never make a difference (and by the way do not deal with illness causes, balance of stressors and energy) Serotonine, upon which antidepressants work, is irrelevant for burnout	Antidepressants provide more serotonine to be fired (less reuptake) → mood improvement Antidepressants that are right for the individual always help. Clients starts to be active again. Activity causes experiences, and some experiences are contrary to 'nihil expectation' and thereafter improve mood as well as expectation of future.
13. Therapy	CBT less succesfull. Rest, and there after straight tackling of problems, re-adjustment of stressors and energies, doing preferred activities first and activities that require little effort and give significant reward (this ties in to characteristics 1 and 3 of burnout). Restauration of exercise and rest, and related restauration of switches between sympathetic and parasympathetic nervous system us healing. Thought to be adressed: ' I have to serve – the more I suffer, the better I serve'.	Geared towards planning activities, monitoring expectations and moods, CBT (cognitive behavioral therapy) quite suited CBT ties in to over-negative expectations and ' no-actions' that are typical of MDD. Thought to be adressed: 'No future – zero expectation therefore zero action'.
14. Situation of illness	Illness is ecological dysfunction, between individual 's needs and work environment Replace individual in holiday situation elsewhere and client can be quiet happy Illness is ' energy war' between client and surrounding – a war that the client has lost	Illness is mainly WITHIN individual. Circumstances may have looked hopeless, but if you take client away from usual habitat and place client in holiday/totally other environment, client will show exactly same degree of depression. Depression is within the client
15. Somatic complaints that cannot be explained locally by physicians	Lots!	None

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