

DEPRESSION IN WOMEN

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What is depression?

Clinical or Major Depression has nine symptoms:

Four Psychological Symptoms

- 1) Depressed mood
- 2) Reduced interest or pleasure in activities, including sex
- 3) Feelings of guilt, hopelessness, and/or worthlessness
- 4) Suicidal thoughts (recurrent)

Five Physical Symptoms

- 5) Sleep disturbance
- 6) Appetite/weight changes
- 7) Attention/concentration difficulties
- 8) Decreased energy or unexplained fatigue
- 9) Psychomotor disturbance

- Need 1) or 2) plus four more symptoms for at least 2 weeks
- Over a lifetime, 20% of women and 10% of men will experience depression
- Peaks in women during primary reproductive years (25 to 45 years of age)
- Seasonal Affective Disorder (SAD) symptoms: recur each winter, depression plus oversleeping, lethargy, craving of carbohydrates and sweets, social problems, anxiety and loss of libido.
 - Light box therapy is effective in 85% of cases.
 - About 25% of population has mild winter SAD, 5% more severe form.
 - More common in younger women.

What causes depression?

Risk Factors for Depression in Women:

- 1) Family history of mood disorder.
- 2) Personal history of mood disorder in early reproductive years.
- 3) Loss of parent before age ten.
- 4) Childhood history of physical or sexual abuse.
- 5) Use of an oral contraceptive, especially one with a higher progesterone content
- 6) Drugs use in infertility treatment.
- 7) Persistent psychosocial stressors (e.g., poverty, recurrent job loss, etc.)
- 8) Loss of social support system or the threat of such a loss

Does depression increase the risk of suicide in women?

- Yes, it does. Twice as many women as men attempt suicide, but four times as many men as women are successful at suicide.

How is depression treated in women?

BODY:

- 1) Visit to M.D.—have thyroid checked, particularly if you have dry, rough skin and unexplained weight gain along with feeling cold all the time.
- 2) Look for relationship between:
 - a. Depression and menstrual cycle
 - b. Depression and pregnancy
 - c. Depression and perimenopause or menopause
 - d. Depression and medications, such as birth control pills or hormone replacement therapy
- 3) Make sure you are getting good and adequate sleep.
- 4) Eat three meals and two snacks a day—include a protein source with each (nuts, peanut butter, cheese, milk, poultry, meat, seafood, etc.). Fresh fruits and leafy, green vegetables.
- 5) Aerobic exercise—20 minutes a day.
- 6) Exposure to sunlight (through the eyes).
- 7) Antidepressants
 - a. Most commonly prescribed are SSRI's such as Prozac, Zoloft, Paxil
 - b. Common non-SSRI is Effexor
 - c. All of the above have sexual side effects
 - d. Wellbutrin, Celexa and Lexapro have less effect on sexual functioning
 - e. Cymbalta (SNRI) is a newer antidepressant that helps with physical pain.
 - f. St. John's Wort (available OTC) for mild depression (can reduce the effectiveness of other medications)
- 8) Estrogen patch
- 9) Electroconvulsive therapy (ECT or "shock therapy")—electrically inducing seizures in anesthetized patients with the intent of altering brain chemistry in order to alleviate symptoms of severe depression.

Newer and innovative therapies include:

- 10) Vagus Nerve Stimulation (VNS)—using electrical impulses with a surgically implanted pulse generator to affect the limbic system (for severe and/or chronic treatment resistant depression).
- 11) Transcranial Magnetic Stimulation (TMS)—an experimental procedure using magnetic fields to alter brain activity
- 13) Genomic medicine—taking the cytochrome P450 genotyping test to look at specific genes and how they respond to certain antidepressants, potentially helping with initial medication options.

MIND:

- 1) Psychotherapy (counseling) to address issues, such as past trauma or abuse, relationship difficulties, addictions/compulsive behaviors, anxiety, worry, parenting struggles, negative thinking style, stress management, handling emotions, life balance, etc.
- 2) Secular book--Feeling Good: The New Mood Therapy by Dr. David Burns
- 3) Christian book--Unveiling Depression in Women: A Practical Guide to Understanding and Overcoming Depression by Archibald Hart and Catherine Hart Weber

SOUL:

- 1) Strengthen and deepen relationship with God through daily prayer and bible study. Talk to Him even if you are mad at Him.
- 2) Search for Significance is a good bible study to build self-esteem.
- 3) Find and study scripture/Bible characters that relate to depression.
- 4) Dispel myths about depression and Christianity.
 - There must be something wrong with your spiritual life.
 - Repent and ask forgiveness for your sin!
 - Real Christians don't get depressed.
 - You need to have more faith / have faith in God .
 - Taking antidepressants is playing God, He can heal you .
 - Scripture says everything that happens is for your own good!
 - You've been prayed for, why has nothing changed?
 - Depression is a self-discipline problem.
 - You should be praying about this.
 - You just need to rebuke that spirit of depression and tell it to leave you.
 - Don't let Satan steal your joy.
 - There's no such thing as mental illness, it's all in your mind.
 - You've got nothing to be sad about.
 - It's your own fault you're depressed.
 - Pull yourself together.
 - You're just being lazy.

Are there times in women's lives when they are more likely to develop depression?

- Yes, they relate to the reproductive cycle.

1) Premenstrual Dysphoric Disorder (PMDD)

- 3 to 5% of women
- Symptoms include depression, anxiety, cognitive impairment, and physical symptoms

- Must occur the week before menses and go away within a few days of onset of menses.
- Treatment
 - If vitamins (B6), HRT (estrogen), diuretics, exercise, and counseling do not help, SSRI's (Prozac) can be used—sometimes used at half-strength (10 to 20 mg per day) and only in the last 2 weeks of cycle.

2) Depression during pregnancy

- 10% of pregnant women become depressed
- Symptoms and treatment are similar to Major Depression
- Need to weigh the benefits and risks of taking an antidepressant vs. not taking an antidepressant
- Wellbutrin presents no risk to the fetus; SSRI's appear to be safe
- Untreated depression during pregnancy increases the risk for:
 - Poor nutrition
 - Substance abuse
 - Noncompliance with prenatal care
 - Suicide
 - Continuation of depression into postpartum period, which can affect mother-child bonding and may be a cause of chronic depression and treatment resistance
 - Risk of another episode of depression is 25 to 50%

3) Depression during the postpartum period

- **“Baby Blues”**
 - Experienced by 30 to 85% of women after giving birth
 - Lasts 4 to 14 days
 - Symptoms include mood swings, euphoria, depressed mood, tearfulness, confusion, insomnia, irritability, anxiety, sense of vulnerability, crying spells, appetite disturbances
 - Symptoms peak 3 to 5 days postpartum and typically resolve by themselves within 24 to 72 hours.
 - Treatment consists of supportive care and reassurance that “this too shall pass”
- **Postpartum Depression (PPD)**
 - Experienced by 10 to 15% of women after giving birth
 - Symptoms are similar to Major Depression and usually begin in 3rd trimester
 - Usually lasts more than six months

- 50% of the time this is the first occurrence of depression in woman's life
- Treatment is similar to major depression unless mother is breastfeeding
 - Zoloft and tricyclic antidepressants appear most safe for use while nursing.
 - Estrogen patch

- **Postpartum Psychosis**
 - Experienced by 1 in 1000 women after giving birth
 - Severe and quick onset (usually present within 3 to 14 days postpartum)
 - Symptoms include extreme confusion, memory loss, incoherence, bizarre hallucinations, delusional beliefs, suspiciousness, irrational statements, preoccupation with trivia, refusal to eat, inability to stop activity, frantic excessive energy
 - Treatment includes emergency hospitalization. Need to rule out bipolar disorder, schizophrenia or organic brain disorder.

- **Depression during the Perimenopausal Period**
 - Symptoms and treatment are similar to major depression
 - Important to consider estrogen treatment

ONLINE RESOURCES:

National Alliance for the Mentally Ill (NAMI): www.nami.org

- This is one of my favorite web sources on psychological disorders, medications, treatments, etc.

Postpartum Support International: www.postpartum.net

- PSI Live Chat Room for New Moms and list of links and other support groups

American Family Physician article "Depression in Women: Diagnostic and Treatment Considerations" www.aafp.org/afp/990700ap/225.html

Christian Depression Pages: <http://www.gospelcom.net/cdp/>

www.depression.org