Women’s Mental Health

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Prevalence of Mood Disorders by Gender

Psychosocial Risk Factors
• Stressful life events
• Relationship status
• Lack of social support
• Care of young children (< 6 years old)
• Work/education status
• History of abuse/victimization

Depression in Women: Contributing Factors
• Psychosocial Stressors
• Biological Vulnerability
• Reproductive Factors

Reproductive Events Related to Psychiatric Disorders in Women
• Premenstrual Period
• Pregnancy
• Postpartum Period
• Menopausal Transition/Perimenopause
• Hormonal Therapies
• Infertility

Premenstrual Dysphoric Disorder
• Normal or a disorder?
• Severity issues
• Biology is unclear
• Good treatments exist
Is Pregnancy a Time of Emotional Well-being in Women?

- Up to 20% of women suffer from mood or anxiety disorders during pregnancy.
- In one study, nearly 50% of women who discontinued antidepressant therapy to avoid fetal exposure experienced symptoms severe enough to re-institute treatment.
- 50% of women with bipolar disorder will experience an exacerbation of their illness during pregnancy.

Depression in Pregnancy
Common but Rarely Treated

- 3472 pregnant women (≥ 18 years of age) screened with CES-D in obstetric setting.
- 20% (n = 689) scored > 16 on the CES-D.
- Depression during pregnancy associated with:
  - Past history of depression, poorer overall health, greater alcohol use, smoking, being unmarried, unemployment, and lower education level.
- Only 13.8% of those women reported current formal treatment.

Weighing the Risks

- Risks of untreated psychiatric illness must be considered:
  - Impaired self-care
  - Failure to follow prenatal guidelines
  - Suicidal behavior, impulsivity
- Many women discontinue or avoid pharmacologic treatment during pregnancy.
- Women with histories of psychiatric illness who discontinue treatment during pregnancy are especially vulnerable to recurrent illness.

Treatment Options During Pregnancy

- Psychotherapy
- Psychotropic medications
- Light Therapy

Non-Pharmacologic Treatments

Psychotherapy
- Effective in mild to moderate illness, or in conjunction with medication in more severe illness.

Light Therapy
- Found to significantly decrease depressive symptoms (reduction of HAM-D score by 50%).

Psychotropic Medications During Pregnancy: Are They Safe?

- All medications diffuse readily across the placenta.
- No psychotropic drug has yet been approved by the FDA for use during pregnancy.
- Many women discontinue or avoid pharmacologic treatment during pregnancy.
### Risks of Medication Exposure During Pregnancy

- **Teratogenesis**
  - Baseline incidence in U.S. is 2-4%
  - An estimated 500-600 exposures must be collected to demonstrate a two-fold risk
- **Neonatal Toxicity/Perinatal Syndromes**
  - May be associated with exposure to or withdrawal from medications
- **Long-term Neurobehavioral Effects**
  - Cognitive or behavioral problems later in development

### Postpartum Psychosis

- Rare event occurring in 1-2 per 1000 women after childbirth
- Onset as early as 48-72 hours after delivery
- Symptoms resemble those of a rapidly evolving manic (or mixed) episode
- Earliest signs are restlessness, irritability and insomnia
- Evolves to include a rapidly shifting depressed or elated mood, disorientation or confusion, and erratic or disorganized behavior
- Delusions are common, and often center on the infant
- Risk for suicide and/or infanticide is high

### The Postpartum Period

- Postpartum Blues
- Postpartum Depression
- Postpartum Psychosis

### Postpartum Depression (PPD): An Overview

- Clinically indistinguishable from any major depressive episode
- Typically emerges over first 2-3 months after delivery
- Sometimes heralded by the onset of milder depressive symptoms during pregnancy
- Milder cases are often difficult to diagnose
- Co-morbid anxiety symptoms may occur
- Increased risk is associated with a history of major depression, bipolar disorder and PPD
- Woman with PPD are at risk for recurrent depression unrelated to pregnancy or childbirth

### Postpartum Depression (PPD): Diagnosis I

- **Symptoms:**
  - Depressed mood
  - Tearfulness
  - Loss of interest in usual activities
  - Feelings of guilt
  - Feelings of worthlessness or incompetence
  - Fatigue
  - Sleep disturbance
  - Change in appetite
  - Poor concentration
  - Suicidal thoughts

### Postpartum Blues

- Occurs in 50-85% of women
- Characterized by mood lability, tearfulness, anxiety and irritability
- Symptoms peak at day 4-5
- May last a few hours to several days
- Symptoms do not interfere with functioning
- Reassurance rather than treatment
- If symptoms persist > 2 weeks, patient should be evaluated for a more serious mood disorder
**Postpartum Depression (PPD): Diagnosis II**

- Milder cases are difficult to distinguish from non-depressed postpartum women experiencing sleep and appetite disturbances and fatigue
- Edinburgh Postnatal Depression Scale
  - 10-item questionnaire
  - Score of > 12 or affirmative answer to item 10 asking about suicidal thoughts indicates a need for a more extensive psychiatric assessment

**Postpartum Depression (PPD): Treatment I**

- Type of treatment selected depends on severity and type of symptoms present
- Non-pharmacological interventions alone may be offered for women who are reluctant to use medications, or with less severe forms of PPD
- Pharmacological approaches are indicated for more severe forms of PPD, and may be combined with psychotherapy

**Postpartum Depression (PPD): Risk Factors**

- All women are at risk regardless of age, marital status, education level or socioeconomic status
- Previous episode of PPD
- Depression during pregnancy
- History of depression or bipolar disorder
- Recent stressful life events
- Inadequate social supports
- Marital problems

**Postpartum Depression (PPD): Treatment II**

- Psychotherapy
  - CBT found to be as effective as fluoxetine
  - IPT found to be effective in women with mild to moderate depression
  - Longer-term therapies may be indicated when comorbid personality disorders are present
  - Management should include increasing social supports, help with child care
  - Couples therapy may be useful
  - Group therapy may be useful
  - Parent-Infant interventions may be useful

**Postpartum Depression (PPD): Treatment III**

- Conventional antidepressant treatments have shown efficacy in the treatment of PPD
- Standard doses are effective and well-tolerated
- Choice is guided by prior treatment response
- SSRIs are first-line agents: anxiolytic, non-sedating and well tolerated
- TCA’s are more sedating, and may be useful when insomnia is prominent
- Benzodiazepines may be helpful if anxiety is prominent

**Psychotropic Medications and Breast-feeding**

- All psychotropic medications are secreted into breast milk
- Concentrations in breast milk vary widely
- Peak concentrations are attained at 6-8 hours
- Infant exposure varies
- Infant toxicity depends on exposure and hepatic metabolism
- Relationship between infant serum concentrations and infant physiology, behavior and development is unknown
- Carefully monitor breast fed infants
Depression and Menopausal Transition

- No increase in first onset depression during menopause
- Slight increase in recurrence of depression among women 45-54 years old
- A history of other reproductive-related depression places women at greater risk
- Mild mood symptoms are not uncommon in perimenopausal women
- Estrogen replacement therapy often relieves minor depressive symptoms, but not major depression

Psychiatric Conditions and Infertility

- Women with infertility have higher rates of mood and anxiety disorders
- Studies show that 40-50% of women undergoing infertility treatment are affected
- Major depressive disorder, dysthyemic disorder and GAD are most common
- Suicidal ideation is common
- Hormonal therapy may play a role

Comorbid Psychiatric Conditions in Women with Depression

- Anxiety disorders
- Eating disorders
- Substance abuse
  - Alcohol, prescription drugs, tobacco, illicit substance

Comorbid General Medical Conditions in Women with Depression

- Chronic pain
- Migraines
- Chronic fatigue syndrome
- Endometriosis
- Fibromyalgia
- Thyroid disorders

Hormone Therapy and Depressive Symptoms

- Depressive Symptoms may be associated with
  - Hormonal Contraceptives
  - Hormone Replacement Therapy
  - Infertility treatment
- Inconclusive evidence to support a causal relationship
- Hormone therapies may influence diagnosis and treatment of depressive disorders

Medication Treatment and Side Effects

- Sexual Dysfunction
- Weight Gain
- ?? Suicidality
Conclusions

- Women have higher rates of mood disorders and associated psychiatric conditions
- These disorders are more likely to occur during the reproductive years in women
- Reproductive and psychosocial factors are especially important influences on mood and other psychiatric disorders in women
- Women often present with comorbid psychiatric disorders and/or medical conditions
- Diagnosis and treatment approach should incorporate known gender differences