Women's Mental Health

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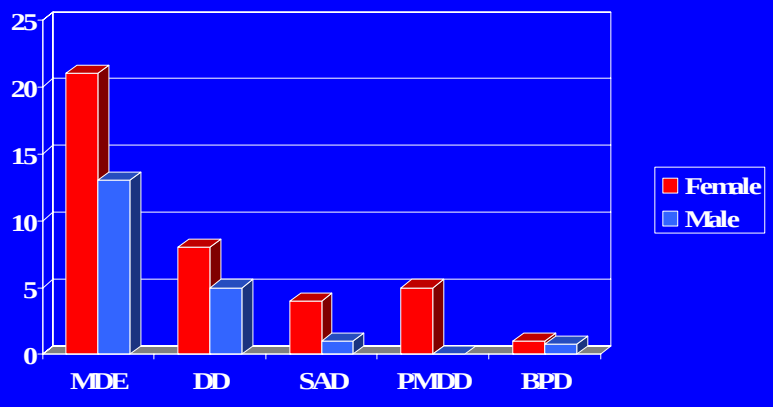
Prevalence of Mood Disorders by Gender



Depression in Women: Contributing Factors

- Psychosocial Stressors
- Biological Vulnerability
- Reproductive Factors

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

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, inpulsivity
- 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

The Postpartum Period

- Postpartum Blues
- Postpartum Depression
- Postpartum Psychosis

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 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

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 Depression (PPD): Diagnosis II

- Milder case 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): 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 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):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**
- **SSRI's 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, dysthymic disorder and GAD are most common
- Suicidal ideation is common
- Hormonal therapy may play a role

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

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

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