



# Women and Depression

*Information for patients*

Depression and other related mood disorders can be a frequent issue for women, for themselves or for their family and friends. See the sections listed below to learn more. It can help to talk with someone about your concerns. Your health care provider is just as concerned about your emotional health as your physical health. You are not alone!

- About Depression
- Stages in a Woman's Life: The Effect of Hormones
- Self-Test: Am I depressed?
- Treatment Options
- The Impact of Sleep
- At Risk for Suicide?
- More Resources

## **About Depression**

### ***What is depression?***

Depression is a health problem that affects your body, mood, and thoughts. It can affect how you sleep; eat; feel about your job, family and friends; and even how you think about your life and future. It can range from “feeling blue” to a major depressive episode, with many shades of blue in-between. Depression can also sometimes be linked with anxiety. And, it can be linked with what is known as *bipolar disorder*, where periods of severe lows alternate with high periods. Some women experience a seasonal depression, feeling more down in the winter months.

### ***What causes depression?***

Depression can have many causes. The main cause is due to a *biochemical imbalance* in the brain. Scientists believe it is a mix of genetic, psychological, and environmental factors that can lead to this imbalance. Depression sometimes runs in families, but not always. People with low self-esteem, who have a low view of themselves and often their world, tend to have problems with depression. People who have a chronic medical condition or who have stressful relationships or strained financial situations may have depression. No matter its cause, depression is very real and deserves attention.

### ***How many women are affected?***

Before puberty, boys and girls have depression at about the same level. But after puberty, women have depression twice as often as men do. Current research is looking into why this is.

Depression affects over 19 million American adults each year. That means that over 12 million women are affected each year. And 1 out of every 5 women will have depression within their lifetime. Researchers believe that depression is not diagnosed nor treated by non-mental health care providers as often as it should be. Be sure to talk with your health care provider if you have concerns about your mental health. Also, make sure you are satisfied with your treatment.

### ***What are the symptoms of depression?***

Here is a list of possible symptoms for both depression and mania. Not everyone will have every symptom. Some may have a few, some many. How severe the symptoms are can change over time, too. If you have some of these symptoms, talk with your health care provider about them.

**Depression:**

- Sad, anxious, or “empty” feelings that don’t go away
- Feeling hopeless or pessimistic
- Feelings of guilt, feeling worthless or helpless
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being “slowed down”
- Having a hard time concentrating, remembering, making decisions
- Sleep issues such as insomnia, early-morning awakening, or oversleeping
- Loss of appetite or weight, eating too much or weight gain
- Thoughts of death or suicide, suicide attempts
- Feeling restlessness, cranky
- Physical symptoms that do not go away or respond to treatment, such as headaches, stomach problems, and chronic pain

**Mania:**

- Feeling extremely happy or “high,” also called abnormal or excessive elation
- Much more cranky than usual
- Decreased need for sleep
- Grandiose notions (those that are large in size, scope or extent)
- Increased talking
- Racing thoughts
- Increased sexual desire
- Much more energy than usual
- Poor judgment
- Inappropriate social behavior

**Stages in a Woman’s Life: The Effect of Hormones**

For some women, the normal changes in hormone levels can make depression more likely. This happens because changes in hormone levels can impact the brain’s biochemistry.

### ***Menstruation***

Female hormones that regulate menstruation can cause women to have behavioral and physical changes. For some women, these changes can be severe and include depressed feelings, irritability, food cravings, clumsiness, and unclear thinking. These reactions are called *premenstrual syndrome* (PMS) and *premenstrual dysphoric disorder* (PMDD). Women who have this will often find that their symptoms begin after ovulation and worsen until menstruation starts. Often, once menstruation starts, the symptoms resolve. Talk with your health care provider if you feel you have these problems. Treatment options range from diet, activity, and sleep changes for mild cases to medicine for more severe cases.

### ***Pregnancy***

Pregnancy is a period of huge hormonal shifts, as your body changes to help your baby develop. Pregnancy can be a stressful time, depending on the support you receive from your partner and family, your work environment, if you are parenting older children, your physical symptoms, whether being pregnant was planned or desired, etc. Let your health care provider know how you are coping with pregnancy.

### ***Postpartum Depression***

As with pregnancy, the postpartum period is a time of huge hormonal shifts. These shifts are coupled with the changes of being a new mother, all made more complicated by your new round-the-clock responsibility. As with other forms of depression, there is a range of severity. A mild episode of depression known as the “baby blues” lasts no more than 3 weeks and affects from 50% to 80% of new mothers.

If you find yourself feeling sad, anxious, fearful, or unable to sleep, for longer than 3 weeks after the birth of your baby, tell your health care provider. About 10% of new moms have this level of symptoms. Know that you are not alone!

### ***Menopausal Women***

Menopause and the time leading up to it (called *perimenopause*) are times of hormonal flux that can last up to 7 to 10 years – a long time! Along with changes in your period and coping with hot flashes, many women have problems with mood changes, poor sleep, and memory. These hormonal changes can affect your brain's chemistry, mimicking the symptoms of depression. If you have any of these problems, check with your health care provider. They can talk with you about your symptoms, do lab tests to track your hormone levels, and give advice on how to approach this time in your life.

### **Older Women**

Some people may have the mistaken idea that depression is a normal part of aging, for both women and men. In fact, depression in older people is often not diagnosed or treated, causing elders and their families needless suffering. Also, older women are more likely to be widowed, which increases their risk for depression.

Talk with your health care provider if you or your family member have more physical health complaints or feel a lack of interest in activities that you used to enjoy. Some of these symptoms may be a side effect from a medicine you are taking or related to another illness. As with any age group, treatment for depression can be successful and make your life more enjoyable.

### **Self-Test: Am I depressed?**

You may wonder if you could be depressed. If you have felt sad, hopeless or cranky for 2 weeks or longer, you may be depressed. Other symptoms might include:

- Changes in sleep or appetite
- Loss of energy or interest in activities
- Trouble concentrating
- Feelings of guilt or worthlessness
- Thoughts of death or suicide

If you have had some of these symptoms for longer than 2 weeks, talk with your health care provider. They can help find out if these symptoms are due to depression or perhaps some other health condition.

The Internet has many resources for screening tools for depression. One of these is through the National Mental Health Association. Its depression-screening tool can be accessed at [www.depression-screening.org](http://www.depression-screening.org). It is easy to use and provides some discussion of your results. You can then print off the results and bring these to your clinic.

### **Treatment Options**

Depression, even serious depression, is treatable. The earlier treatment begins, the more likely it will be effective. And the less likely depression will recur. These treatment options are available:

### ***Medicines***

There are several different types of medicines that are used to treat depression. Their aim is to correct the biochemical imbalance in the brain. All of these medicines are taken daily.

Most times, it takes at least 3 to 6 weeks for them to work properly and for you to see results. Recent studies show that taking a medicine for at least 6 months will reduce the likelihood that depression may recur. Do not stop taking medicine for depression without talking with your health care provider. Your dose may be slowly lowered over time.

Some of the more common classes of these medicines include:

- *Selective serotonin reuptake inhibitors* (SSRIs) such as citalopram (Celexa), fluoxetine (Prozac), sertraline (Zoloft), and paroxetine (Paxil)
- *Tricyclic antidepressants* such as imipramine (Tofranil), amitriptyline (Elavil), and desipramine (Norpramin)
- *Monoamine oxidase inhibitors* (MAOIs) such as phenelzine (Nardil)
- Other types such as bupropion (Wellbutrin), venlafaxine (Effexor), mirtazapine (Remeron), and nefazodone (Serzone)

### ***Counseling***

Counseling can be very helpful for depression, either by itself or in combination with medicine. Some goals of counseling might include:

- Working on interpersonal skills, often with a goal to reduce interpersonal conflicts
- Learning techniques to reduce negative thinking that one might have about oneself or situation
- Couples therapy

Find a counselor you feel safe and comfortable with. It is your right to interview counselors. Ask about their treatment style and experience.

### ***Alternative Treatments***

For milder forms of depression, some people have found help with alternative treatments. Perhaps the most well known one is St. John's Wort, an herb prescribed often in Germany with documented results. There are studies being done in the United States looking further into this herb. Other alternative treatments include Sam-E, Substance-P, and 5-HTP. These chemical compounds have been found in some studies to produce antidepressant-like effects and are meant for mild to moderate depression.

As with all other herbal supplements, be sure to tell your health care provider what supplements you are taking. They can interact with other prescription or over-the-counter medicines you are taking.

### ***Exercise***

Recent studies have shown what many people have thought was true for a long time. Physical activity can improve mood and energy levels. A brisk walk for 20 minutes at least 5 days a week can help. Expect it to take from 8 to 16 weeks to see full results for what exercise can do. Sometimes it's hard to get started. Ask a friend or family member to join you. You'll get the added benefit of a chance to visit!

### ***Light Therapy***

Some women have symptoms of depression such as low energy and carbohydrate cravings only during the winter months. When people become depressed during times of low light, they are said to have *seasonal affective disorder (SAD)*. Light therapy may help.

The amount of light reaching the eyes in a living room at night is several hundred times less than what reaches the eyes while outdoors on a sunny summer day. The intense light used during light therapy is usually about 10 times brighter than exposure to normal room lights but still much weaker than the light on a sunny beach. The response to light is felt within the first week of treatment. Light therapy might be a safe, drug-free treatment option if you have SAD.

## **The Impact of Sleep**

Let's face it: sleep is vital. It is as important as nutrition and exercise to good health. Problems with sleep (either too much or too little) are one of the hallmark signs of depression. In general, as with depression, women are 1½ to 2 times more likely than men to say that they have a problem with sleep.

To find out if you have a sleep problem, known as insomnia, ask yourself these questions:

- How many hours of sleep do you get during the week? On the weekends?
- Do you have problems with falling asleep? How many nights a week?
- Do you have problems with waking early? How many nights a week?
- Do you feel unrefreshed when you awake? Do you nod off in the afternoon? How many times a week do you take a nap?

If you think you have a sleep problem, bring your answers to these questions to your health care provider. Together, you can find some solutions.

It may be common to have poor sleep for a few nights, perhaps because of jet lag or before a big work deadline. If you have poor sleep longer than that, talk with your health care provider. Your health care provider can offer tips to improve your sleep or give you some prescription medicine. Talk with your provider if you need to take over-the-counter sleep aids for more than a few nights.

### ***Tips for Improved Sleep***

Because depression and poor sleep often happen together, here are some suggestions to improve your sleep:

- Keep regular sleep hours. Go to bed at the same time and wake up at the same time, during both the week and on the weekend.
- Watch your intake of coffee, tea, colas, and chocolate. Have your last caffeine drink no later than 6 to 8 hours before you go to bed.
- Stop smoking. Nicotine, like caffeine, is a stimulant. Some smokers may awake in the middle of the night with nicotine cravings.
- Drink alcohol in moderation. For women, that means no more than 2 servings a day. Alcohol can disrupt normal sleep cycles.
- Watch the times you eat. Make sure you don't go to bed stuffed from a recent meal or too hungry.
- Have a nighttime routine. Just like for children, a pattern of events before bedtime can help you calm down and to sleep.

### **At Risk for Suicide?**

Suicide is a concern for those with depression, and for their families as well. Thinking about or talking about suicide, especially if there is a clear plan, is the “red flag” condition of depression. This requires an urgent response.

#### ***What causes suicide?***

Suicide is a complex behavior. Most times, it is caused by a combination of factors. Research shows that almost all people who kill themselves have a mental or substance abuse disorder or both, and that most have depressive illness. Keep in mind that most people who are depressed do not attempt to kill themselves. Studies show that the most promising way to treat potential suicidal behavior is through early recognition and treatment of depression and other mental illnesses.



***Who is at risk?***

Men die from suicide 4 times more than women do. Women attempt suicide more often than men do. And women report higher rates of depression.

Men and women use different suicide methods. Sometimes the risk is related to the method. For example, women in all countries are more likely to ingest poisons than men. In countries where the poisons are highly lethal and/or where treatment resources are scarce, rescue is rare. In these countries, female suicides outnumber male suicides.

***How to help?***

If you are having concrete thoughts about suicide, or someone you know is speaking about suicide with a clear plan, contact your health care provider right away. People serious about suicide make such comments for a variety of reasons. Take these remarks seriously and help that person seek a mental health evaluation and treatment. A person in crisis may not be aware that they are in need of help or be able to seek it on their own. Remind them that there is effective treatment for depression, and that many people can very quickly begin to experience relief from symptoms.

**More Resources**

If you have depression, many community resources are available:

- Your health care provider or clinic.
- If you are a student, most schools have a counseling office.
- If you belong to a church or other religious group, talk with your pastor or spiritual leader.
- Larger communities have a Crisis Line or other similar service that can help with making a referral
- Call, write or e-mail these agencies for information and referrals, and to learn about local chapters and support groups.

**American Psychiatric Association**

Division of Public Affairs  
1400 K St., NW, Suite 500  
Washington, DC 20005  
888-357-7924 or 202-682-6119  
Fax: 202-682-6850  
[www.psych.org](http://www.psych.org)

**Depression After Delivery, Inc.**

91 East Somerset Street

## Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC Clinic staff are also available to help.

To find a UW Physicians clinic near you, please call 800-UW-DOCS

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[www.depressionafterdelivery.com](http://www.depressionafterdelivery.com)

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6001 Executive Blvd.  
Bethesda, MD 20892  
301-443-4513  
Fax: 301-443-4279  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**National Alliance for the Mentally Ill**  
Colonial Place Three  
2107 Wilson Blvd., Suite 300  
Arlington, VA 22201-3042  
800-950-6264 (Help Line)  
703-524-7600 (Business Line)  
Fax: 703-524-9094  
[www.nami.org](http://www.nami.org)

**National Depressive and Manic-Depressive Association**  
730 N. Franklin St., Suite 501  
Chicago, IL 60610-7204  
800-826-3632 or 312-642-0049  
Fax: 312-642-7243  
[www.ndmda.org](http://www.ndmda.org)

**National Foundation for Depressive Illness**  
P.O. Box 2257  
New York, NY 10116-2257  
800-239-1265  
[www.depression.org](http://www.depression.org)

**National Mental Health Association**  
1021 Prince St.  
Alexandria, VA 22314-2971  
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