

# 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 3<sup>rd</sup> 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](http://www.nami.org)

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

Postpartum Support International: [www.postpartum.net](http://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](http://www.aafp.org/afp/990700ap/225.html)

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

[www.depression.org](http://www.depression.org)