



# Depression and Women's Health

An illustration of a woman in a red dress standing on a green hill. To her right, four trees represent different stages of life: a tree with white blossoms, a tree with green leaves, a tree with autumn-colored leaves (red, orange, yellow), and a bare, grey tree. The background is a blue sky and distant hills.

Depression Through the Ages & Stages  
of a Woman's Life



**INTRODUCTION: What is Depression? . . . . . 1**

Stigma of depression . . . . . 3  
Women and depression . . . . . 3  
Risk factors for depression in women . . . . . 4  
Depression is very treatable . . . . . 5  
Support Partners . . . . . 5

**CHAPTER 1: Young Women & Depression . . . . . 7**

Depression during pregnancy . . . . . 8  
Depression after pregnancy . . . . . 9  
Finding support . . . . . 11

**CHAPTER 2: The Menopause Transition . . . . . 12**

Your treatment options and treatment team . . . 13  
Finding support . . . . . 14

**CHAPTER 3: Older Women & Depression . . . . . 16**

Depression and other medical conditions . . . . 17  
Grief or depression? . . . . . 17  
Am I depressed? . . . . . 19  
What about the elderly? . . . . . 19  
Treating depression in later life . . . . . 20  
The caregiver and depression . . . . . 22  
Finding support in later years . . . . . 22

**CHAPTER 4: Treatment Tools for Depression . . 24**

Medical treatments . . . . . 24  
Talk therapy . . . . . 26

**Conclusion . . . . . 26**

**Glossary . . . . . 28**

**Resources . . . . . 29**

“The changes were subtle at first, as if someone had drawn a gauze curtain over the light. After a couple of weeks, though, that curtain seemed heavier, and it seemed to envelop every part of my life.”

— Debra, 43

## INTRODUCTION

### What is Depression?

**S**cientists theorize that depression may be caused by an imbalance of naturally occurring chemicals in the brain and body that affect you emotionally and physically. How serious depression becomes can vary. Depression can cause you to experience the world differently and may deprive you of your hopes and dreams.

Because depression is a medical illness like diabetes and heart disease, it can require treatment and help from a healthcare professional. Further, even when depression is treated it may recur throughout your life. When symptoms don't go away completely, the risk for depression coming back increases — but getting well is definitely possible.

Symptoms of depression can be emotional and physical and may change throughout your life.

#### Emotional symptoms can include:

- Sadness
- Loss of interest or pleasure in activities you once enjoyed
- Feelings of worthlessness or guilt
- Trouble concentrating or keeping your mind on things
- Thinking a lot about your own death or planning suicide

#### Physical symptoms can include:

- Decrease or increase in appetite
- Feeling tired nearly all the time
- Significant weight gain or loss
- Sleeping too much or too little
- Slowing of thought processes or body movement

Other physical symptoms that can accompany depression include bodily aches and pains, headaches, backaches, and joint pain (such as in the shoulder).



If you experience several of these symptoms every day for a period of at least two weeks, it is recommended that you talk to your healthcare professional.

## Stigma of depression

Despite the increasing understanding that depression is a real illness affecting millions of people, there is still a stigma, or shame, attached to mental illnesses.

Depression is a medical illness with real causes. It may be triggered by a single event, stress, family history, or it may have no apparent cause. No one chooses to be depressed or deserves to be depressed.

You should not be ashamed of your depression or feel that it's your fault. Sharing information about your disease with those around you may help you cope better and may aid in your recovery.

## Women and depression

Up to 35 million Americans will suffer from major depression at some point in their lives. It strikes women nearly twice as often as men, with about 12 million women in the United States currently suffering from depression. About 20 percent of women can expect to experience depression in their lifetime compared to about 10 percent of men.

Women with depression are also more likely than men to eat and sleep more, and to gain weight.

## Risk Factors for Depression in Women

Factors that may increase the risk of depression:

- Family history of mood disorders
- Personal history of mood disorders
- Loss of a parent before age 10
- Childhood history of physical or sexual abuse
- Life stresses such as the loss of a job, financial problems, divorce, or the death of a spouse, close family member, or friend
- Loss of social support system

Additionally, depressed women attempt suicide more often than men however, more men than women complete the act of suicide.

The prevalence of depression in African-American and Hispanic women is about twice that in men. Some evidence suggests, however that African-American women may be diagnosed slightly less frequently, and Hispanic women slightly more frequently, than Caucasian women.

Although depression may occur at any time in a woman's life, even during her childhood, the risk increases steeply once a girl reaches puberty.

## Depression is very treatable

If you are living with depression it is important to remember that several treatment options are available, including therapy with a qualified medical professional or talk therapy, and antidepressant medications. The goal of treatment is to help you feel more like you did before your depression so that you can move forward with your life.

It is very important to treat your depression. Feelings of hopelessness and despair often lead people with depression to think about ending their lives. If you find yourself thinking about suicide, it's important that you talk with your physician immediately. If this isn't possible, go to the nearest hospital emergency department, call 911, or call the national suicide hotline, 1-800-SUICIDE, where help is available day and night.

### Support Partners

Support Partners is a national educational campaign dedicated to people with depression and to those who care about them. The program aims to open the lines of communication about the illness and encourages a support team approach to overcoming depression. Support Partners offers three guidebooks, which provide tips for people with depression, and those who care about them, on how to form a support network. Copies of the guidebooks can be obtained by visiting [www.SupportPartnersProgram.com](http://www.SupportPartnersProgram.com).

While seeking the help of a healthcare professional is imperative to the recovery process, having a Support Partner, someone you can lean on and be honest with during these times, can make a world of difference.

A Support Partner can:

- Provide hope that getting well is possible
- Help you track your progress and improvement
- Notice any changes in your behavior that may indicate a relapse or setback
- Reduce stress by helping with daily tasks
- Help you find a healthcare professional
- Attend healthcare professional appointments with you

A Support Partner can be particularly important for women. Research shows that having supportive social relationships can improve the quality of life for those with depression. In addition, these relationships may protect women against depression even more than men.

You may have just one Support Partner or you may have several. A Support Partner can be your spouse or partner, a close friend, a neighbor, a family member, a therapist or social worker, your primary care physician, or anyone who wants to help you through your depression.

Your Support Partner may change throughout your lifetime depending on your age, circumstances, and level of depression. Remember, while it is important to have a Support Partner in your life, he or she cannot replace the need for treatment by a qualified healthcare professional.

“I have been immobilized, unable to formulate thought or action. Can't get out of bed most of the time. It feels terrible — hopeless, joyless, exhausted, lost.”  
— Sondra, 27

## CHAPTER 1: Young Women & Depression (Ages 20 – early 40s)

Although depression can occur at any age you are most likely to have your first episode of major depression in early adulthood. While the cause is unknown, following are several factors that may contribute to depression at this stage in your life:

- Life changes — graduating from college, starting a career, pursuing higher education
- Financial issues — credit card payments, student loans, saving for retirement
- Relationships — dating, starting a serious relationship, being in an unhappy marriage, getting a divorce
- Pregnancy — infertility, postpartum depression

In addition, studies find that women are about three times more likely than men to develop depression in response to stressful life events, particularly any significant loss, moving, being



attacked physically, the death of someone close to them, or a major illness or injury.

### Depression during pregnancy

About one out of 10 women experience depression during pregnancy. When you're depressed, you're less likely to eat right, get enough sleep, or exercise. If you're depressed during pregnancy, it can increase the risk of low birthweight, a premature delivery, or other more serious conditions.

Just as it is at other times of your life, depression is treatable during pregnancy. Your healthcare professional may prefer to start with treatments such as therapy, saving medication for the most severe cases. In all cases, it is important to speak with your healthcare professional about what's best for you.

## Depression after pregnancy

The greatest risk for depression occurs after you deliver. Between 10 and 18 percent of women develop depression after giving birth, called postpartum depression.

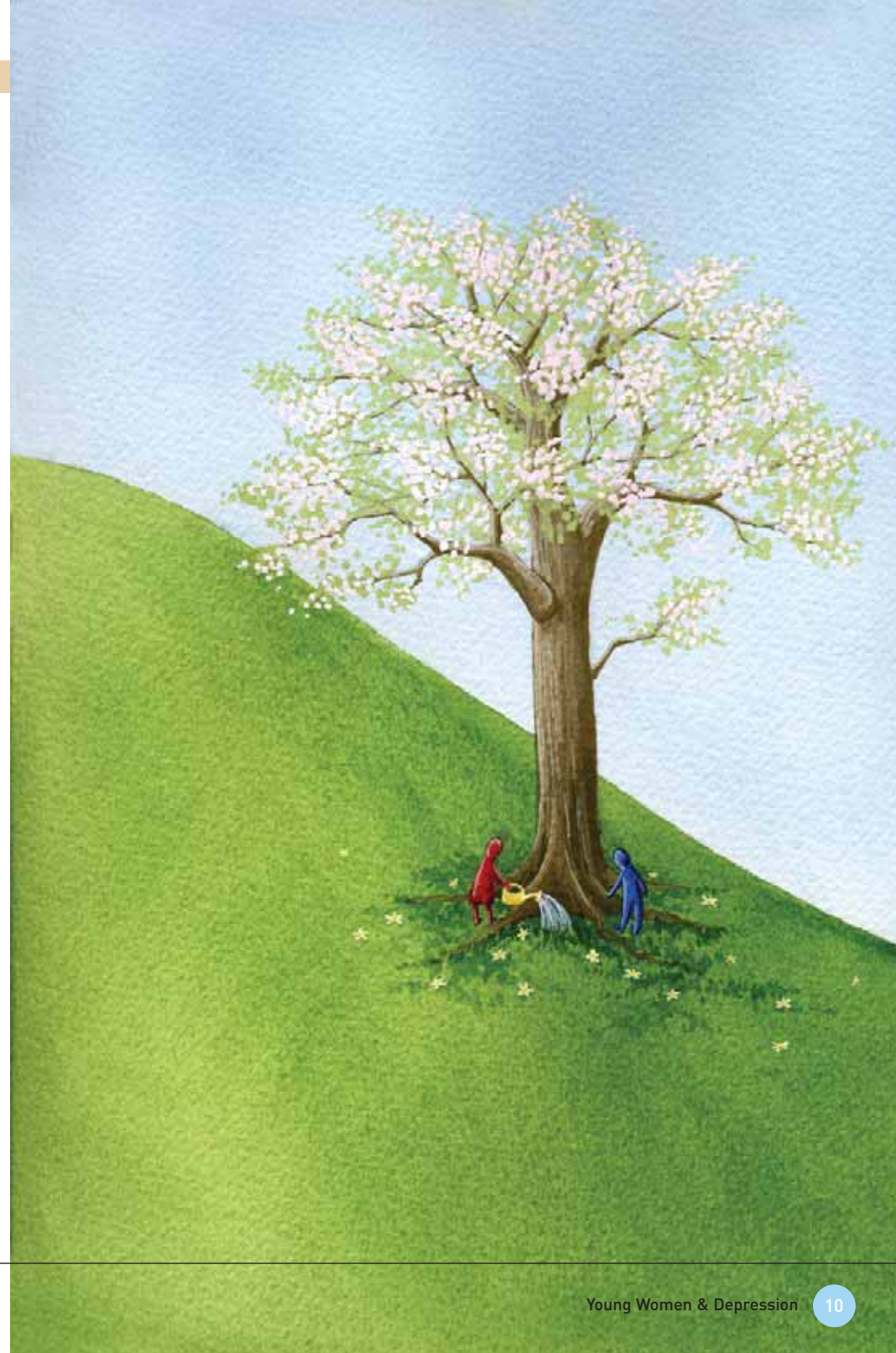
Postpartum depression may be due to swiftly dropping levels of progesterone and estrogen levels. Additionally, abnormal thyroid function — when thyroid levels are too low or too high — is more likely after having a baby and is another risk factor for depression.

Women have a higher risk of postpartum depression if they have a previous history of depression, family history of depression, personal history of major depressive disorder or premenstrual dysphoric disorder, or if they develop a major depressive episode during pregnancy. Additional risk factors may include: a lack of social support, if the mother has additional health problems, or if the baby has health problems.

Being aware of your risk factors and talking to your healthcare professional before the baby is born — or even before you get pregnant — can help prevent postpartum depression. For instance, if you don't have any social support to help you with the baby (such as your family, friends, or partner), you may want to talk to your healthcare professional about resources to help after the birth.

You and your family should also be aware of the early signs of postpartum depression:

- Depressed mood most of the day
- A lack of interest



- Weight loss and lack of interest in food
- Insomnia or sleeping all the time
- Slowing of thought processes and body movement
- Decreased concentration and increased indecisiveness
- Lack of energy
- Feeling worthless or guilty
- Having recurring thoughts of death or recurrent thoughts of suicide with or without a specific plan

Treatments vary with the individual woman but may include medication, such as antidepressants, and counseling.

Since you may have concerns about breastfeeding while taking medication, you should talk to your healthcare professional about your options.

## Finding support

There are several good options for support during this phase of your life. Consider seeking help from your:

- Spouse or partner
- Family member
- Close friend
- Co-worker
- Former college roommate

If your depression strikes before, during, or after pregnancy, talking to another woman who has been in your situation can also be helpful. For instance, if you're coping with infertility another woman who has had problems conceiving may understand what you're going through.

## CHAPTER 2: The Menopause Transition (Ages mid-40s – early 50s)

Your mid-40s through your 50s are a time of tremendous physical change as your reproductive years come to an end. The change begins an average of four years before you actually stop menstruating, a phase called “perimenopause.” During this time the amount of estrogen your ovaries produce fluctuates, and these ups and downs in reproductive hormones can lead to physical and emotional changes.

You may experience depression-like symptoms during perimenopause including a sad mood, lack of energy, and poor concentration. This does not necessarily mean that you have depression. However, if these symptoms persist or interfere with your daily functioning, you should talk to your healthcare provider.

“It felt like a world of apathy, a world where nothing is enjoyable, where food doesn't taste the same, and the colors don't look the same.”

— Terry, 45

You do not appear to be at increased risk for major depression during menopause. In fact, studies of menopause and depression find no significant link between the two. Nor do studies find any link between depression and the lower estrogen levels women experience that trigger menopause.

Researchers suggest that other emotional issues may be related to depression in women, including:

- “Empty nest” syndrome
- Never having had a child
- Relationship problems
- Personal or family medical problems
- Changes in appearance
- Divorce or widowhood
- Caring for young children, dealing with teenagers, or coping with “boomerang” children who return home
- Aging parents
- Career and education issues

Remember, it's important to discuss all of your emotional and physical symptoms with your healthcare professional to be sure that you will receive a proper diagnosis.

## Your treatment options and treatment team

For years researchers thought that low levels of estrogen were behind the mood changes of perimenopause and the immediate postmenopausal years. Thus, they often recommended estrogen therapy to manage



these symptoms, even for women with major depression. But there is little evidence that oral hormone therapy improves depression on its own.

Some evidence suggests that, taken together with antidepressant medication, oral estrogen therapy may help the depression medication work better. Other studies show good results using estrogen patches. However, estrogen therapy alone will not treat major depression.

Generally, an antidepressant with or without hormone therapy, along with psychotherapy, is recommended for treating depression that occurs around menopause, but it's important to speak with your healthcare professional about the best treatment plan for you.

## Finding support

Support Partners at this stage may include:

- A friend who is also in the menopausal transition — Schedule a



regular lunch with your friend or, even better, a morning walk. Both the exercise and the companionship will go a long way toward helping with your depression.

- **Grown children** — Now is the time to begin to relate to your children as adults. Sharing your history of depression and asking for their support makes them feel a part of your life, even if they're not living at home. Because depression tends to run in families it may be helpful for them to understand their family history.
- **Your partner** — It is particularly important that you and your partner talk about how your depression may be affecting your relationship.

## CHAPTER 3: Older Women & Depression (Ages 60+)

As you move into your 60s and beyond you may face new challenges and stresses. By now, children have likely left home and started their own lives. You may be looking at retirement or have already retired. You're beginning to cope with losses of family members, friends, and possibly your spouse. Your health may be declining. Thus, you're particularly vulnerable at this time to an episode of major depression.

One of the greatest risk factors for depression in older women is poor health.

It may be hard for you to admit that you have a problem, and you may view your depression with a great deal of shame. Remember that you have a medical disorder, like diabetes — and, like diabetes, it requires treatment.

“It feels as if there’s a weight, a shroud, a dark cloud that follows you around.”

— Esther, 60

## Depression and other medical conditions

Depression in older women often co-exists with other medical conditions including heart disease, stroke, diabetes, and cancer. It may also be associated with a neurological condition, such as Alzheimer's or Parkinson's disease.

Unfortunately, this leads many healthcare professionals to assume the depression is the result of the other illness, rather than a separate medical condition requiring treatment. This is one reason depression is often underdiagnosed and undertreated in older adults. Yet properly treating depression can actually help with other medical conditions, improving your overall ability to function.

## Grief or depression?

While grief and depression may share some of the same symptoms the two are not the same. If grief remains constant for a number of months or interferes with your daily life, you may be experiencing depression and should see a healthcare professional.

Typically, you won't be diagnosed with a major depressive disorder until at least two months after a loss. Signs that you may have depression instead of just grief can include:

- Guilt about things other than actions you did or did not take at the time of death



- Thoughts of death above and beyond feeling that you would be better off if you had died with your loved one
- Morbid preoccupation with worthlessness
- Slowing of thought processes and body movement
- Physical and functional impairment

## Am I depressed?

Depression in older adults can be difficult to identify. Here are some common emotional and physical symptoms. If these describe how you're feeling, talk to your healthcare professional as soon as possible.

- Nervous or "empty"
- Guilty or worthless
- Very tired and slowed down
- As if I don't enjoy things the way I used to
- Restless and irritable
- Like no one loves me
- Like life is not worth living

Other physical symptoms that can accompany depression at this time in your life can include bodily aches and pains, headaches, backaches, and joint pain (such as in the shoulder).

## What about the elderly?

Overall, depression is estimated to affect between 1 and 4 percent of the elderly population. Additionally, older people are more likely to have other medical conditions, including pain, that may affect their safety and their treatment with antidepressants.

## Treating depression in later life

Despite the availability of numerous medications for depression, studies find older adults are often undertreated for depression. Instead, they're more likely to be prescribed anti-anxiety medications, which may not be very effective in addressing depressive symptoms.

Older adults may also be less likely to take their medication as recommended, and medication can act differently in older people because of changes in the way their body processes the drug. Generally, studies find that older adults tend to have fewer side effects with newer antidepressants such as selective serotonin reuptake inhibitors (SSRIs) and mixed action drugs including serotonin norepinephrine reuptake inhibitors (SNRIs), than with the older tricyclic antidepressants.

Be sure to tell your healthcare professional if you are taking other medications and are prescribed an antidepressant to be sure that they can be taken together.

If you've been taking your antidepressant medication as recommended and you don't feel any better after six to eight weeks, talk to your healthcare professional about possible changes to your treatment.

You may also want to see a psychologist, psychiatrist, or internal medicine physician who specializes in geriatric issues. You can usually find such experts at large academic medical centers.

Talk therapy can also be an important part of your treatment plan. Studies find it's particularly useful in older people who can't tolerate



medication, who are coping with very stressful situations, who are having problems with personal relationships, or who don't have much social support.

Research suggests that a combination of talk therapy and antidepressants works better than either treatment alone in some elderly people with depression.

## The caregiver and depression

If you're caring for a sick parent, spouse, or child, you are at special risk for developing major depression. Make sure you talk to your healthcare professional or your loved one's healthcare professional about your mood.

## Finding support in later years

Finding a Support Partner in your later years may be more challenging than when you were younger, but it's still very important. Try a neighbor or close friend. Your grown children may also be a good option if they live close by.

If you can't think of anyone, contact the local Area Agency on Aging, which provides a multitude of support services to older adults. They can help you find support groups, introduce you to other people your age, and recommend ways to reduce your isolation.

If you live in an assisted living facility or nursing home, talk to the home's counselor or event coordinator. They often make good Support Partners.

Other options include:

- Your religious leader or others in your congregation
- An aide or housekeeper to whom you've grown close
- Your partner
- People from the local senior center



## CHAPTER 4: Treatment Tools for Depression

This section offers treatment information to help you learn more about how to cope with depression — yours, or that of someone you care about.

### Medical treatments for depression

The following classes of drugs have been approved for the treatment of depression:

- Serotonin and norepinephrine reuptake inhibitors (SNRIs): Prevent cells in the brain from reabsorbing both serotonin and norepinephrine, keeping more of the two chemicals available for use.
- Selective serotonin reuptake inhibitors (SSRIs): Prevent cells in the brain from reabsorbing serotonin, keeping more of it available for use.
- Mixed reuptake inhibitors: Prevent cells in the brain from transmission or reuptake of norepinephrine and dopamine, depending on the individual drug.
- Monoamine oxidase inhibitors (MAOIs): Prevent the action of monoamine oxidase, an enzyme that breaks down certain chemicals like serotonin.
- Tricyclic antidepressants (TCAs): Prevent cells in the brain from reabsorbing norepinephrine and/or serotonin.



If you are prescribed an antidepressant medication, it may take between one to four weeks to feel better and four to six weeks to become fully effective. If you have questions about how your medication works, ask your healthcare professional. Sometimes it's necessary to change antidepressant medications or use a combination of medications to improve your symptoms.

Throughout your treatment there may be times when symptoms of depression get worse, or you have thoughts of suicide. Any unusual changes in your behavior, including thoughts of suicide, anxiety, agitation, panic, difficulty sleeping, irritability, hostility, aggressiveness, impulsivity, restlessness, overexcitement, and hyperactivity should be reported to your physician immediately. If you have thoughts of suicide, call your doctor, 911, or 1-800-SUICIDE (1-800-784-2433).

If any of these changes are severe or occur suddenly, they could signal an increased risk of suicidal thinking or behavior. Also be especially

observant when starting any antidepressant therapy and whenever there is a change in your medication dose.

## Talk Therapy

Combining talk therapy with antidepressants works better to treat depression than either alone. Two forms of talk therapy that have been most studied in treating depression are:

- Interpersonal therapy (IPT) — A form of psychotherapy that focuses on exploring issues in relationships with others to identify problems and positively modify behaviors.
- Cognitive behavioral therapy (CBT) — Focuses on changing negative perceptions and behaviors that can contribute to depression.

## Conclusion

It's important that you understand that depression is a medical illness requiring treatment; that it occurs significantly more often in women than men; that its symptoms can be both emotional and physical; and that it can look different throughout a woman's lifespan.

Regardless of your age or the specific characteristics of your depression, it's imperative that you seek medical care as well as social support.

And remember — you are not alone. With treatment, support, and time, you can feel better.



## Glossary

**Antidepressant:** A medication prescribed to treat depression. Includes serotonin and norepinephrine reuptake inhibitors (SNRIs), selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), tricyclic antidepressants (TCAs), and others.

**Cognitive behavioral therapy:** Focuses on changing negative perceptions and behaviors that can contribute to depression.

**Depression:** A medical condition marked by sadness and negative thoughts. Depression may also include physical symptoms, such as vague aches and pains, headaches, indigestion, etc.

**Interpersonal therapy:** A form of psychotherapy that focuses on exploring issues in relationships with others to identify problems and positively modify behaviors.

**Neurotransmitter:** A chemical that plays a role in mood. Neurotransmitters include serotonin, norepinephrine, and dopamine.

**Support Partner:** Someone who is committed to helping a person with depression become well.







For more information, visit  
[www.SupportPartnersProgram.com](http://www.SupportPartnersProgram.com)

DD39749 0406 ©2006 Eli Lilly and Company. All rights reserved.



*Lilly*