



Depression and the Menopause

The menopause occurs when normal function of the ovaries ceases and blood levels of the hormone oestrogen drop precipitously. It also occurs following surgical removal of the ovaries (surgical menopause).

Transition through this change in hormones is marked by intense hormonal fluctuations, and may be accompanied by hot flushes and sweats, sleep disturbances, changes in sexual function and increased risk for osteoporosis and cardiovascular disease. However, there is enormous variation in how each woman experiences this normal life phase.

There has been long standing debate as to whether or not women actually are more likely to become depressed at menopause.

Many women report mood changes at the time of menopause. This is often attributed to women at this time having busy complicated lives.

Women often report less ability to cope with routine situations, loss of concentration, loss of self-esteem and loss of confidence.

Approximately 30% of women report psychological symptoms related to menopause.

In women who have severe night time hot flushes and sweats, these symptoms may in part be due to lack of sleep. However, there is now evidence that the changes in hormone levels that occur at the time of menopause are associated with depressed mood. This increase in risk for developing depression occurs even in women who have never experienced depressive symptoms before.

A recent study published in the journal *Archives of General Psychiatry* shows very clearly that the hormonal changes that occur at the time of menopause are strongly associated with the development of depressed mood in women who have never previously experienced depression.

This research team identified 436 women aged 35-47 years by random telephone dialing in Philadelphia. They followed these women for 8 years. Over this time the women were individually interviewed and had blood drawn for measurement of their hormone levels on 10 occasions. 231 women in this study had never experienced depression. However during the 8 years of the study 50% of these women had at least one episode of significantly depressed mood measured by their responses to a questionnaire specifically designed to measure depression in the community.

After taking into account other risk factors for depression, the researchers found that on average, a woman was 5 times more likely to be going through the menopausal change at the time of having a questionnaire score consistent with depression than not being in the menopausal transition. They also found that the strongest risk factor for the onset of depression was increased fluctuations in blood levels of the hormone oestrogen.

This study provides new evidence that menopause is linked to the onset of depression. Other studies have also shown that women are more likely to develop depression at the time of menopause if they have had premenstrual syndrome with mood symptoms with their periods previously.



Therefore, depression at menopause is not just about not having your life under control but is likely to be linked to changes in a woman's body that occur at this time: this is beyond her control.

What are the treatment options for women who experience depression at menopause?

Women who experience depressed mood at any time should consult their family doctor. They should review their general health and wellbeing, stress levels, relationships and identify any factors that may have caused the depression. Many women will find the support of a psychologist very helpful.

For women who have their first onset of depression at the time of menopause, should discuss with their doctor the pros and cons of hormone therapy.

Alternative therapies such as phytoestrogens and black cohosh are widely promoted. In high quality studies phytoestrogen therapy has been consistently shown to have no significant benefit for hot flushes when compared with dummy therapy (placebo) and has no benefit in terms of mood and wellbeing. Black cohosh may reduce hot flushes in some, but not all women, but again this treatment has no effect on mood. Some drugs use to treat depression may also reduce hot flushes in some but not all women.

Hormone therapy is likely to improve depression that develops specifically at the onset of menopause.

It is prescribed either as oestrogen alone, to women who have had a hysterectomy, or as oestrogen plus progestin to women who have not had a hysterectomy. An alternative form of hormone therapy is a medication called Livial® which is appropriate for women who have not had a period for 12 months or who have had a hysterectomy.

Detailed information regarding hormone therapy and bio-identical hormones can be found at <http://womenshealth.med.monash.edu.au/information.html>