

A Real Problem: Women & Depression

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Fact Box: Did you know?

More women are "off sick" with major depression than with any other illness.

Major depression kills a jumbo jet full of people every month in Canada. That's 4,000 Canadians/year, 400 Canadians/month, 10 Canadians/day.¹

There is underlying major depression in 90% of suicides.

Point #1

More women than men suffer from major depression. But, this is only true from the ages of menarche to menopause.

Studies show

- About two women for every one man will suffer from depression.
- Some studies report as high as 25% of women suffer from depression. What other illness hits one-quarter of your female patients?

Point #2

As the reproductive years overlap with the years women suffer with depression, there are bound to be times when women who are pregnant or breastfeeding are ill with depression.

The treatment of these women is made more difficult by the idea that you are really treating two people.

Rule of thumb

- The words engraved in physicians' memories should be "Firstly, do no harm."

Women's symptoms are more likely to...

- ... be atypical (with increased appetite and need for sleep).
- ... have a seasonal rhythm (depressed mood in winter, sense of well-being in summer).
- ... be somatic and unexplained.
- ... present with comorbid anxiety (worry or panic attacks).
- ... accompany an irritable mood ("I snap at everyone").

Comorbidities more common in women

- Fibromyalgia
- Chronic fatigue syndrome
- Hypothyroidism
- Eating disorders

Practice Tip

The most important episode of depression to treat is the first episode. Untreated depression becomes chronic, which is very difficult to treat.

Some evidence suggests each episode of depression leaves a "scar-like" effect, which may lead to diminished cognition down the line.

Treatment Tip

- Trazodone hydrochloride is useful if insomnia is a problem.
- Bupropion hydrochloride is useful if sedation is a problem.

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Point #3

Women can be their own worst enemy. They often feel they have to take care of others and don't allow time for themselves. They feel they should be able to "snap out of it." They often hear these phrases from their partners or other family members.

In addition, they fear if they do take medication, they will be labeled as "psycho" or "nuts" and all their concerns will be dismissed as a result.

Helping women accept treatment

- Ask how they would advise a friend in their shoes.
- Encourage them to think of the medication as a "trial."
- Ask them what kind of role model they provide their children and family by refusing treatment for a treatable condition.
- Offer free samples.
- See them at least every two weeks.
- Warn them of side-effects from the start.

Point #4

Selective serotonin reuptake inhibitors (SSRIs) are first-line treatment. Some evidence shows venlafaxine works more quickly than SSRIs.

Psychotherapies (cognitive behavioural therapy and interpersonal psychotherapy) have been shown to treat mild or moderate intensity depression.

Some studies show women are more likely to need both medication and psychotherapy, whereas men may respond to medication alone.

Each medication must be started at its lowest dose and increased weekly until symptoms remit, side-effects intervene or the maximum dose is reached.

Treating women with depression

- Once maximum dose is reached, wait two to three weeks
- When there is no partial response:
 1. Re-assess to ensure correct diagnosis, ruling out medical causes of low mood
 2. Augment with another antidepressant
 3. Slowly lower dose while slowly increasing the dose of a new medication
 4. Add cognitive behaviour therapy or interpersonal psychotherapy
 5. Refer to a psychiatrist for opinion

References

1. Canadian Alliance on Mental Illness and Mental Health, 2000: A call for action: Building consensus for a national action plan on mental illness and mental health.