

DEPRESSION IN WOMEN

-Dr. H.S. Dhavale & Dr. Ajita Rane,

Factors contributing to depression in women

A variety of factors unique to a woman's life are suspected to play a role in developing depression. The following areas are being studied for depression in women.

The issues of adolescence

The higher incidence of depression in females begins in adolescence, when roles and expectations change dramatically. The stresses of adolescence include forming an identity, confronting sexuality, separating from parents, and making decisions for the first time, along with other physical, intellectual, and hormonal changes. Puberty leads to various physical changes with development characteristics of primary and secondary sex. Girls are more sensitive to early physical manifestations of puberty than boys. For example tall girls feel more self-conscious about their height than do tall boys where they compare themselves with their peers. Sex hormones show changes and decreased levels of estrogen may predispose girls to depression. In adolescence, sexual behaviour and experimentation are common. A strict religious upbringing may engender strong feelings of guilt. These adolescents may require counseling at this period regarding development of normal sexual identity. The onset of menarche is also one of the changes occurring during this period. Cultural attitudes towards the menarche vary, and in some parts of India, it is still considered to be shameful or a curse. Most adolescent girls still do not receive information on the menses from the parents. They rely on information from peers, schools and the media. Support from parents and family during this period could help girls counter the shame associated with onset of menarche. Cognitive and personality development during this period vary commonly leads to adolescent turmoil characterized by identity confusion rebelliousness, mood swings and impulsiveness.

Teenage pregnancies are becoming increasingly common in India. These lead to use of unsafe abortion techniques. The adolescent girl who is depressed, insecure about her attractiveness, or the child of a conflicted or divorced couple is more likely to become pregnant than the adolescent from a stable background.

Suicide

Intentional self-inflicted death (suicide) is becoming increasingly common in the Indian population especially among adolescent females. Attempted suicide is three times more common in females than males. There are various causes like severe untreated depression, personality changes, and various psychosocial factors. A suicidal threat or attempt should not be disregarded as it signifies a "Cry for help"

Issues of Adulthood

Relationship and work rules

It is known that stress in general can contribute to depression in persons biologically vulnerable to the illness. These stress include major responsibilities at home and work, single parenthood, and caring for children and aging parents. Rejection by employers on the basis of age, lack of recent experience, or insufficient training can cause dysphoria and depression.

The "super women" of today trying to play the balancing act of managing the home and work responsibilities presents an ideal prototype for stress induced depression. Support encouragement and empathy from the spouse and family would go a long way in alleviating this disease.

As against this, a housewife usually presents with depression, due to the need for a sense of identity and purpose in life. Marital conflicts usually result in stress and depression and more so in women forced to make difficult decisions in India.

Sexual disorders like vaginismus and frigidity are also an important cause of depression. Sexual dysfunction in partners, too leads to stress in women as this aspect is not easily discussed in our society.

Reproductive Events

Women's reproductive events include the menstrual cycle, pregnancy, the post pregnancy period, infertility and sometimes, the decision not to have children.

Premenstrual Syndrome

This term denotes a group of distressing psychological and physical symptoms starting a few days before and ending shortly after the onset of a menstrual period. Although the prevalence of this syndrome is not known with certainty, it probably occurs in about 40 to 50% of menstruating females. The psychological symptoms include anxiety, irritability, and depression. There may be uncontrollable crying and a sense of feeling "out of control". There is fatigue, lethargy, loss of interest in work and sexual activities. Appetite may increase. Sleep disturbance is common. Physical symptoms include breast tenderness, abdominal discomfort, bloating, swelling of hands and feet, nausea or constipation. Various explanations for the disorder include excess of estrogen, lack of progesterone, pituitary hormones, disturbed fluid and electrolyte imbalances.

Antidepressants, can prevent the episodes or dampen the symptoms. Diuretics, pyridoxine, bromocriptine, progesterone treatments are not very effective. Psychological support and encouragement may be useful.

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Pregnancy And Related Events

Pregnancy

Psychiatric disorder is more common in the first and third trimester of pregnancy than in the second. In the first, unwanted pregnancies are associated with anxiety and depression. In the third trimester, there may be fears about the normality of the foetus. Up to 10% of women become clinically depressed during pregnancy. Young motherhood may be a time of heightened risk for depression, due to the stress and demands it imposes. They are also more common in women with a previous psychiatric disorder and also in those with serious medical problems affecting pregnancy eg. diabetes.

Hyperemesis gravidarum

About half of all pregnant women experience nausea and vomiting in the first trimester. Psychological symptoms may substantially influence the severity and course of symptoms.

Pseudocyesis

Pseudocyesis is a rare condition in which the lady believes that she is pregnant when she is not, and develops ammenorrhoea, abdominal distension, and other changes similar to those of early pregnancy. The condition is common in younger women. It usually resolves quickly once diagnosed, but some patients persist.

Unwanted Pregnancy & Therapeutic Abortions

Therapeutic abortions usually have mild and transient psychological consequences, but they are greater for mothers who have cultural or religious beliefs against abortion. Psychiatric morbidity is high at one month. At follow-up there are significant improvements in psychiatric symptoms, guilt, and interpersonal and sexual adjustments. There is an increased risk of depression in women with history of termination in past.

Spontaneous Abortion

Depressive symptoms are present in large number of women especially in those with previous history of spontaneous abortion. Many women show features typical of grief.

Antenatal Death

Antenatal death causes an acute bereavement reaction, long term psychiatric problems, and concern about future pregnancy. Parents need to be helped to mourn and should be encouraged to see and hold the baby, to name it, and have a proper funeral. The next pregnancy needs to be handled delicately.

Caesarean Section

Caesarean section is extremely frequent and can have adverse psychological consequences for the mother and infants. It is important to pay particular attention to support and initial bonding between the mother and the child.

Post-Partum Disorders

Maternity Blues

About half of all post partum women experience baby blues. It is usually lasts for the first few days.

The mother is usually depressed and irritable. Crying spells and liability of moods may be frequent. There is minor fatigue and insomnia. There is spontaneous decrease in symptoms within 3 to 14 days. The blues may recur in subsequent pregnancies. The mother may have difficulty in caring for the infant due to the blues, and it may place a strain on the marriage. Support from family and friends along with short acting benzodiazepines can help remit the symptoms.

Post Partum Depression

This occurs several weeks to several months after delivery. The symptoms are identical to those of a depressive episode. Obsessions, including "horrific temptations" to kill the infant, may occur. Patients complain of a depressed mood, anxiety, anhedonia, anorexia and insomnia.

Patients experience difficulty in establishing a satisfying bond with the infant. In some cases, suicide may occur and rarely infanticide. It may recover within months to a year. In some cases symptoms become chronic.

There is a significant chance of recurrence during subsequent post-partum periods. The patient needs to be treated with antidepressant medication. Institution of preventive treatment during subsequent postpartum periods may be required.

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Mother-Infant Relationship

Breast feeding on delivery is with increased eye contact with the child and bonding months later. Maternal feelings for a new born child may normally be delayed up to three weeks, and this may need explaining to avoid rejection towards the child. For the first 3-4 weeks, a mother may feel tired, insecure and find managing the child unrewarding hard work. By three months mothers feel pangs of guilt when they have to leave the baby and join work.

Still Birth

Both mothers and fathers undergo the bereavement process following a stillbirth. The psychological effects of stillbirth and the need for counseling have been increasingly recognised. Mothers are now encouraged to see and handle stillborn babies, particularly as their imagined perception of the stillborn is usually worse than reality.

Oral Contraception

In spite of earlier concerns that oral contraception was associated with, precipitated or exacerbated severe mental illness (like depression), this is not so. There is only a mild increase in symptoms, in those with previous history of depression.

Ammenorrhoea

This can follow psychological stress and depression.

Infertility

Women with infertility problems may be subject to extreme anxiety or sadness, because of cultural belief, they are only blamed for sterility though it is unclear if this contributes to a higher rate of depressive illness.

Hysterectomy

A higher incidence of depression is found following hysterectomy which may lead to menorrhagia. If performed at an earlier age it could lead to higher prevalence of psychological problems, due to body dysmorphic ideas.

Depression in later adulthood

Involuntional depression described at this stage involves :

Menopause

Ninety percent of women experience hot flushes and excessive sweating for 1-2 years after the cessation of periods, due to reduced ovarian activity causing vasomotor changes. These respond to estrogen treatment. However, in the year following menopause, up to one-third of women experiences, depression, anxiety irritability. They need treatment with antidepressants and do not respond to estrogen therapy alone. The menopause may psychologically alter the woman's perception of herself.

Empty nest syndrome

When the children leave home, women experience a profound loss of purpose and identity that leads to depression.

Widowhood

About 800,000 persons are widowed each year, most of them are older and female. A third of them meet criteria for depression. These depressions respond to antidepressant medication. They benefit from self help groups or various psychosocial treatment.

- * The higher incidence of depression in females begins in adolescence, when roles and expectations change dramatically.
- * Attempted suicide is three times more common in females than males.
- * Premenstrual syndrome denotes a group of distress in psychological and physical symptoms starting a few days before and ending shortly after the onset of a menstrual period.
- * Psychiatric disorder is more common in the first and third trimester of pregnancy than in the second.
- * Depressive symptoms are present in large number of women especially in those with previous history of spontaneous abortion.
- * About half of all post partum women experience baby blues.
- * Post partum depression occurs after several weeks to several months after delivery. The symptoms are identical to those of a depressive episode. In some cases symptoms become chronic. There is a significant chance of recurrence during subsequent post-partum periods. The patient needs to be treated with antidepressant medication.
- * Ninety percent of women experience hot flushes and excessive sweating for one to two years after the cessation of menstrual period.

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Treatment for Depression

The most commonly used treatments for depression are antidepressant medication, psychotherapy or a combination of the two.

Medications

Medications form a very important and effective means of alleviating depression. They are not habit forming and need to be taken for at least 6 months following removal of symptoms. The complete action takes at least three to four weeks. A few minor side effects seen initially may give a false sense of worsening of depression. The drugs commonly used in India are :

a) Tricyclic antidepressants eg. imipramine, amitriptyline, dothiepin, nortriptyline.

Drugs like dothiepin have additional anti anxiety and sedative properties, due to which they reduce the sleep disturbance and anxiety feature commonly associated with depression. These medications must be taken only under professional supervision. They must be avoided in pregnancy and lactation.

Psychotherapy

In mild to moderate cases it is a treatment option. "Talking therapies" help patients gain insight into their problems and resolve them with therapist, "Behavioural therapies" help patients learn new behaviours that lead to more satisfaction and unlearn cognitive/counter productive behaviour. Behavioural therapy helps change negative styles of thinking and behaving that may contribute to the depression. Interpersonal therapy works to change relationships that cause or exacerbate depression. Family therapy and environmental changes are required to reduce the stressor.

Other Treatments

Electroconvulsive therapy, though having received unfavorable publicity, is particularly life saving in cases of extreme suicide risk, psychotic agitation and severe weight loss.

Alternate therapies

Alternate therapies like yoga and meditation can be effective in coping up with stress once the depression is cured.

Depression can be diagnosed and treated by primary care physicians as well as psychiatrists. Treatment is a partnership between the patient and the health care provider. An informed consumer knows her treatment options and discusses concerns with her provider as they arise.

- * The most commonly used treatments for depression are antidepressant medications, psychotherapy or a combination of two.
- * Antidepressant drugs form a very important and effective means of alleviating depression in woman.
- * Antidepressant drugs are not habit forming and need to be taken for at least 6 months following removal of symptoms.
- * Dothiepin relieves anxiety associated with depression and also improves sleep pattern.
- * Antidepressant medications must be taken only under professional supervision. They must be avoided in pregnancy and lactation.