

Depression in Women

Etiology & Management Strategies

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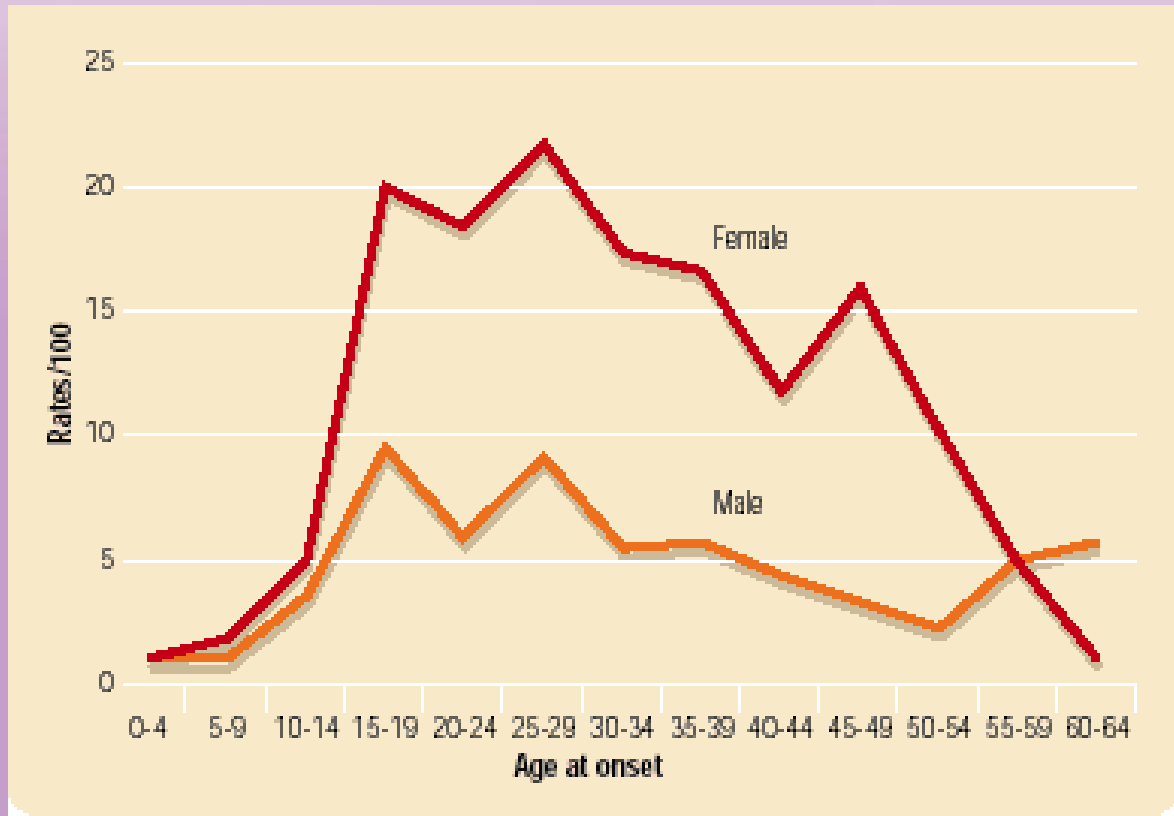
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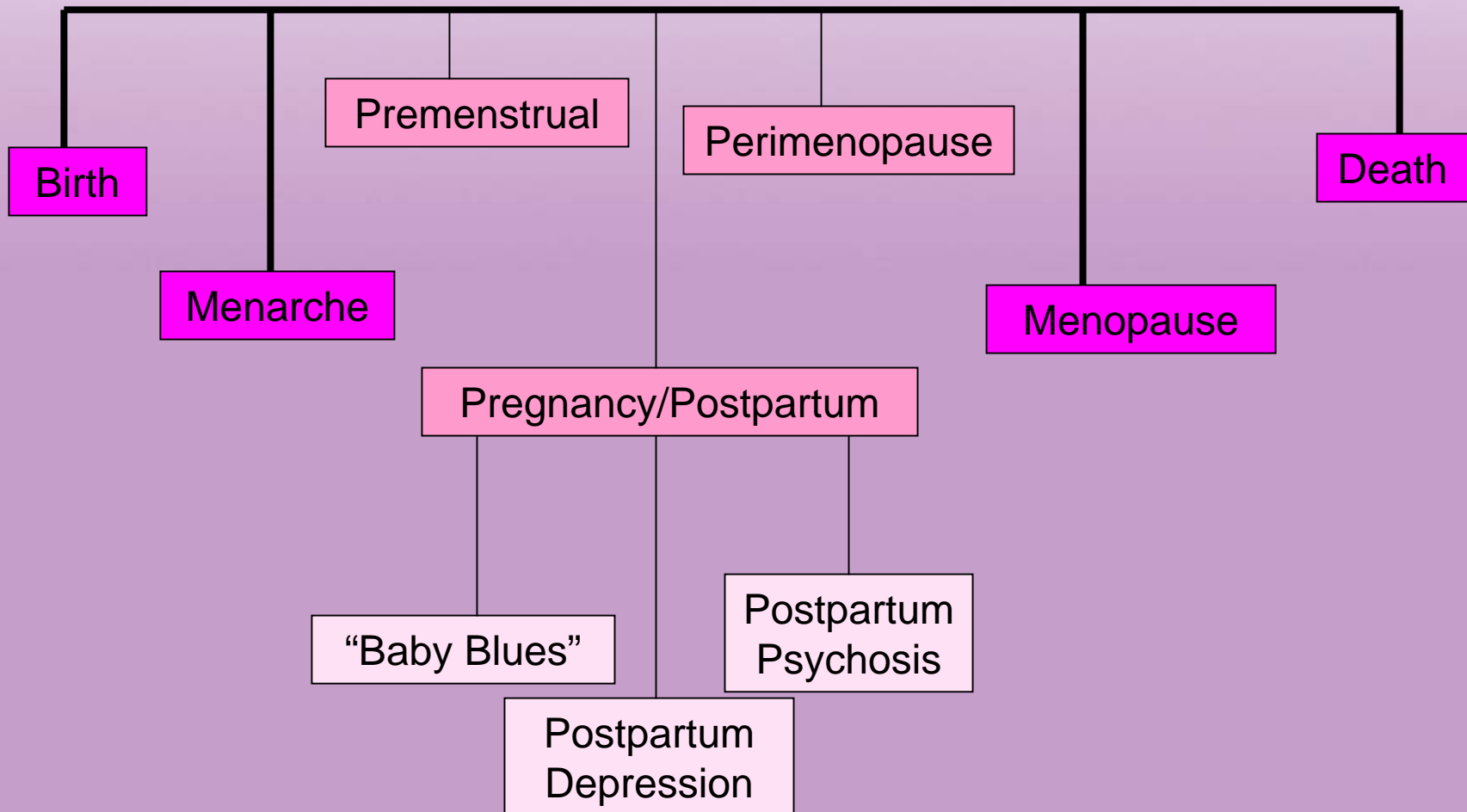
Nearly Twice as Many Women as Men Suffer from Clinical Depression

Age-Specific Rates of Major Depression in the US



Kessler, RC, Zhan S, et al

Depression Across the Female Life



Women and Depression

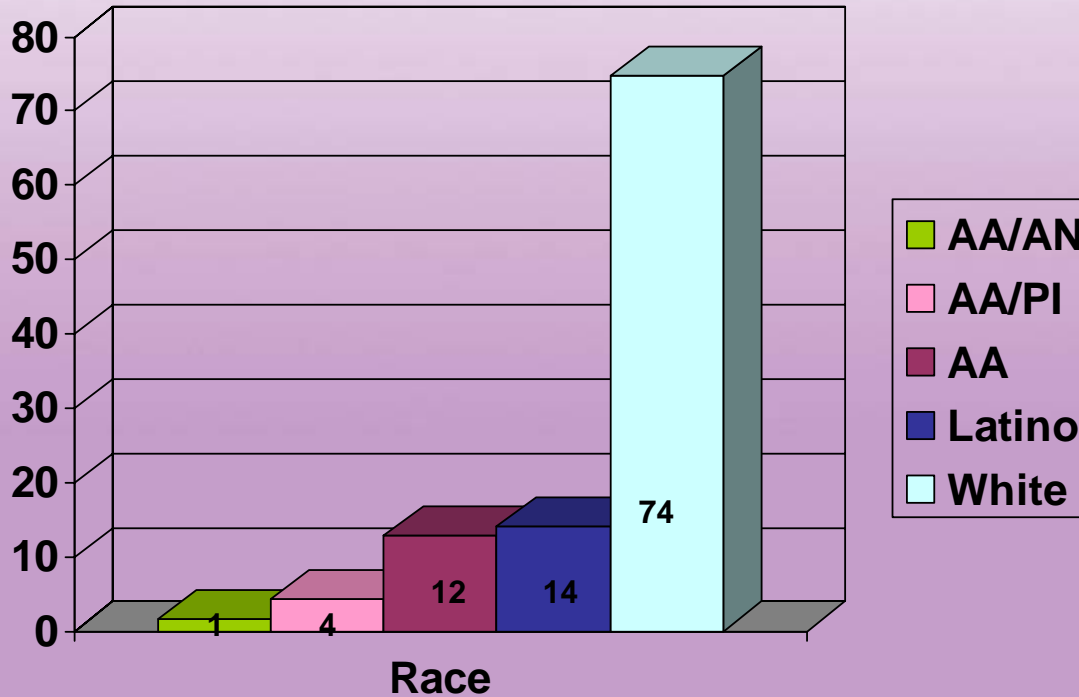
- Depressive disorders afflict 2-3 times more females than males (Burt & Stein 2002)
- More frequent reports of bodily symptoms, such as fatigue, appetite and sleep problems. (Silverstein, 2002; Barsky et al, 2001)
- More likely than others to develop alcohol problems (no such link between alcohol and depression in men) (Caldwell et al 2002; Moscato et al 1997)
- 54% reported use of complementary and alternative medicine. African American women were less likely to use these than non-Hispanic white women (Wu et al, 2007)

Women, Stress, and Depression

- Superwoman syndrome
- Taking care of everyone
- Taking on too many commitments
- Difficulty setting limits and saying “no”
- Feeling guilty when saying “no”
- Behavior culturally accepted, expected, encouraged, especially among women of color
- Set up for exhaustion and depressive symptoms



Major Racial Ethnic Groups in US



By 2010 minority populations are projected to grow 60%

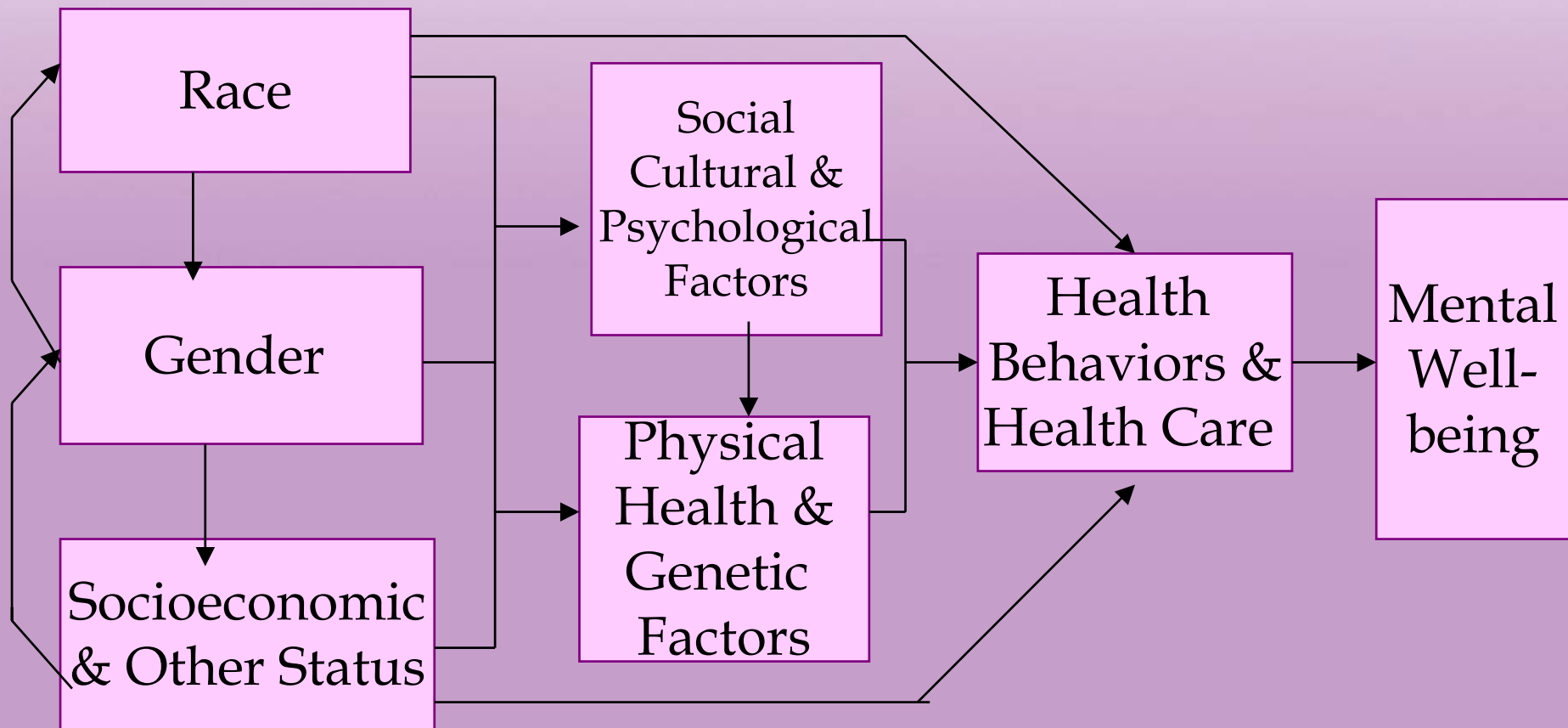


Culture Influences Mental Illness & Mental Health

- Communication (verbal and non-verbal)
- Manifestation of symptoms
- Family and community support
- Health-seeking behaviors
- Support systems and protective factors
- How people perceive & cope with mental illness
- How doctors interact with people with mental illness
- Stigma and shame associated with mental illness
- Spirituality (predestination, views of illness, etc)

(Surgeon General, 2001)

Conceptual Framework of Mental Well-being in Women of Color



Adapted from Brown & Keith, 2003

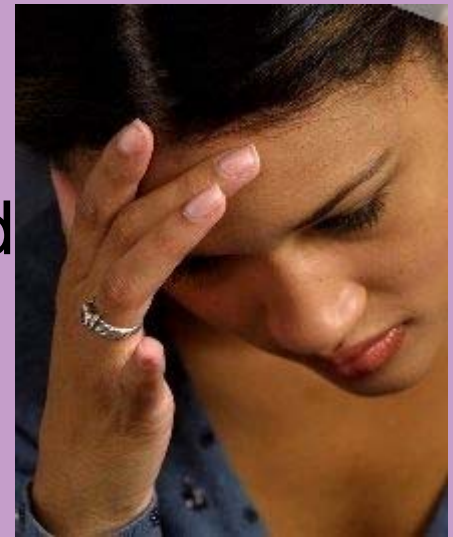
African American Community

- Tend to report poor social support after delivery and feelings of isolation
- Loss of historical traditions : “doing the month” (new mother is cared for by elders for roughly 30 days postpartum to allow for recuperation)
- Significant social stressors
- Often fearful of “the system” secondary go historical trauma passed down through generations



Latino Community

- Feelings of guilt or shame, concerns about being seen as “crazy ”
- Immigration status may be put at risk if they seek treatment
- Language barrier
- Marital discord
- Reliance upon religion
- Apprehension about medical field and medication
- Put others before themselves



Caucasian

- Social stressors, generally not of the socioeconomic nature
- Greater access to support/services due to no language barrier
- Concern about stigma
- Expectations to be the “perfect mom” “soccer mom”

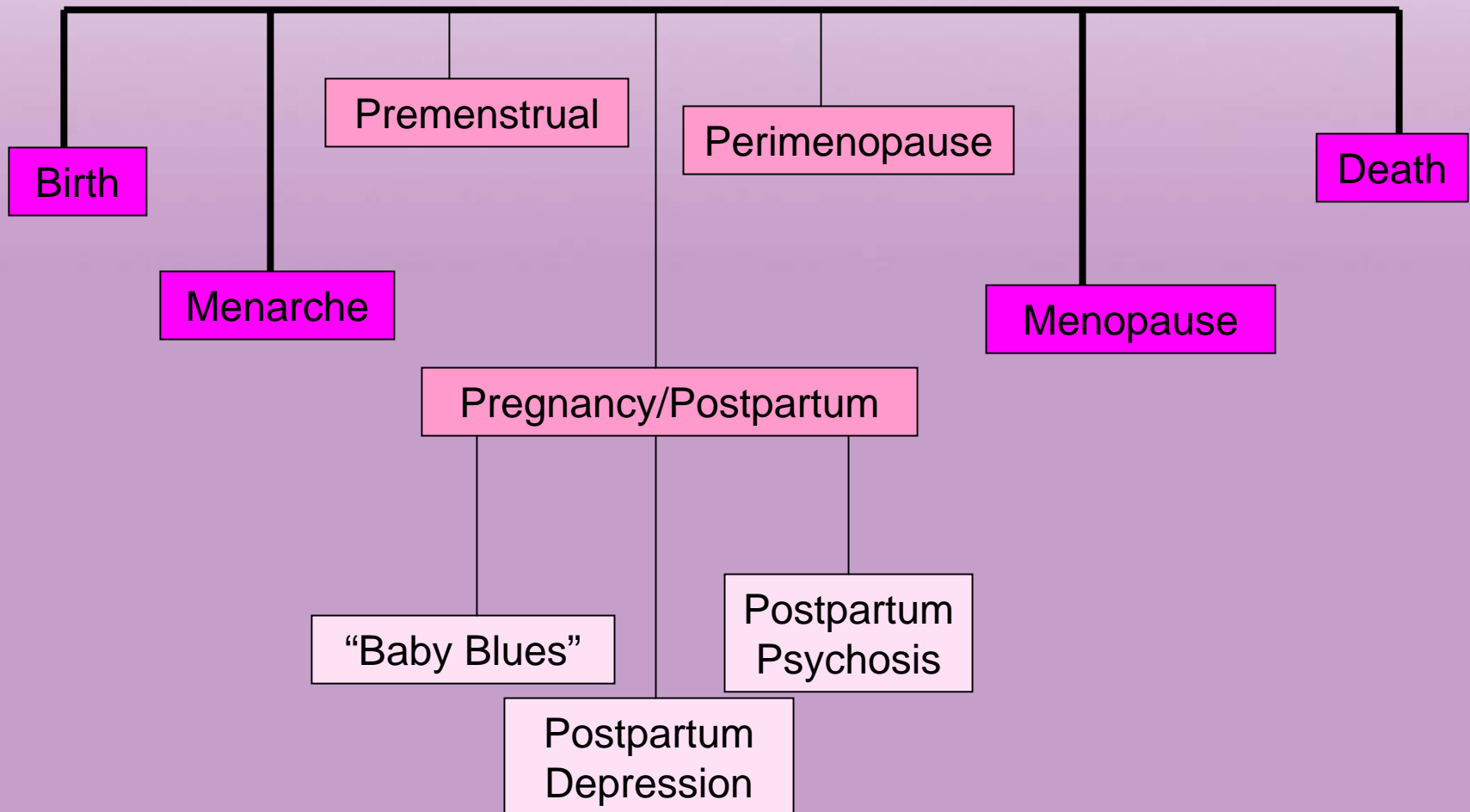


Immigrant Community

- Fearful of seeking services
- Unfamiliar with new culture and potential for rejection
- Stigma
- Fear of having their children taken away
- Language barrier
- Family shame
- History of trauma or PTSD
- Lack of social support



Depression Across the Female Life





Adolescence

- In 2004, suicide was the third leading cause of death among youths and young adults aged 10--24 years in the US, accounting for 4,599 deaths
- Suicide increased significantly in girls aged 10-14 (up 76%) and in girls aged 15-19 (up 32%)

(CDC 2007)

Risk Factors for Maternal Depression

- Prior depression (30%)
- Prior postpartum depression (50%) or psychosis (70%)
- Depression during pregnancy
- Prior PMDD
- Family history of depression or bipolar disorder
- Recent stressful events: marital/partner discord, loss of loved one, family
- Illness, premature birth



Postpartum

- **Baby Blues:**
- 70% affected: cry, sad, irritability, irregular sleeping
- Peaks 3-5 days after delivery, emotional let down that does not impair function

- **Post Partum Depression:** can last up to 1 yr
- Impair mother and delay child's cognitive and social development

- **Postpartum Psychosis**
- 1-2 /1000 births
- First weeks after delivery
- Delusions and hallucination
 - voices instructing them to harm/kill their baby
- A medical emergency requiring hospitalization



Consider Postpartum Depression if a Woman Experiences 5 Symptoms:

- Depressed mood
- Marked disinterest in activities
- Appetite or sleep disturbance
- Physical agitation
- Extreme fatigue
- Sense of worthlessness
- Decreased concentration
- Suicidal thoughts
- Effective treatment:
psychotherapy/anti-depressive
medication



Peri-menopause & Menopause

- Estrogen withdrawal
- Sleep deprivation from menopausal symptoms
- Life changes/Stressors
- True depression



Depression Diagnosis and Treatment in Women



- Depression is misdiagnosed approximately 30 to 50% of the time
- Doctors are more likely to diagnose depression in women compared to men, even with similar scores on standardized measures of depression or when presenting with identical symptoms (WHO 2007)
- Antidepressant use among women is 2 times that of men (NCHS, CDC 2007)
- Use of antidepressants by women increased 3-fold between 1988-94 and 1999-2002 (NCHS, CDC 2007)



Disparities in Seeking Mental Health Care

African Americans: more likely to use emergency services or primary care providers than mental health specialists. (Surgeon General, 2001)

Asian Americans: Only 4% would seek help from mental health specialist vs. 26 percent of whites. (Zhang et al., 1998)

Latinos: < 1 in 11 with mental disorders contact mental health specialists, & < 1 in 5 contact primary care providers. (Surgeon General, 2001)

Native Americans: 44% with a mental health problem sought any kind of help--and only 28% of those contacted a mental health agency. (King, 1999)



Treatment for Depression

- Support
- Counseling
- Other treatments: light, alternative medicines
- Antidepressants
- Keep in mind patient's cultural background



Thank You!