

Interesting information regarding women at risk for depression around the time of menopause.
FYI

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Risk of Depression Increases During Perimenopause

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May 7, 2004 (New York) — As women transition through perimenopause, their risk of depression triples, even if they have no prior history of major depressive disorder, according to findings presented here at the 157th annual meeting of the American Psychiatric Association. Perimenopause was defined as "a change in cycle of more than seven days, noticeable increase in flow, or change in duration of menses," according to the poster abstract.

"This link has been investigated previously, but we haven't had studies of women without confounding factors," principal investigator Lee S. Cohen, MD, told Medscape in an interview. "Therefore, we looked at women who had no prior history of depression." He is the director of the Center for Women's Health at Massachusetts General Hospital in Boston and an associate professor of psychiatry at Harvard Medical School.

"In our sample, women were three times as likely to have an episode of depression during this time in their lives, and if they had vasomotor symptoms, they were six times as likely to develop depression," Dr. Cohen said. The 644 women in the study had had no prior depression and had no risk factors for depression.

In a study funded by the National Institute of Mental Health, Dr. Cohen and colleagues extrapolated the data of more than 4,000 premenopausal women from the Harvard Study of Moods and Cycles. The women ranged in age from 36 to 44 years, and they constituted a sample that had been drawn to examine the association between a history of major depression and declining ovarian function.

In the current study, the investigators identified a subset of 644 women with no history of depression and no other risk factors for depression and followed them in order to assess their risk for experiencing an initial onset of depression during the transition through menopause. The investigators assessed the women's menstrual and psychiatric status over time using a menstrual history questionnaire, Center for Epidemiologic Studies of Depression (CES-D) scores, and Structured Clinical Interviews for DSM-IV (SCID) for depression history confirmation.

Of these women, the 365 who entered perimenopause during the study period were three times more likely to develop depressive symptoms than were the 226 women, who were similar in age, whose menstrual cycles and ovarian functions remained normal and therefore premenopausal (odds ratio [OR], 3.2; 95% confidence interval [CI], 1.6 - 6.1). The strength of this association increased with greater numbers of adverse life events, Dr. Cohen noted. The remaining 63 women were lost to follow-up, he said.

For women who had vasomotor symptoms, the risk for depression was twice that of the perimenopausal women without these symptoms and more than six times that of women who did not enter perimenopause (OR, 6.4; 95% CI, 3.0 - 13.6). For women who took oral contraceptives to control these symptoms, the risk was reduced to an OR of 1.9 compared with the women remaining premenopausal.

"These findings are consistent with previous research," Sharri Lusskin, MD, told Medscape in an interview seeking outside comment. "Other investigators have shown that most women don't become depressed as they transition to menopause, and yet there are risk factors that make depression at this time more likely. These include a prior history of major depressive disorder, as well as a prior history of premenstrual syndrome or premenstrual dysphoric disorder."

She added, "Women who have surgically induced menopause through the removal of their ovaries are also at high risk of depression." Dr. Lusskin is a practicing psychiatrist and a clinical assistant professor in obstetrics-gynecology at New York University School of Medicine as well as course director for the institution's upcoming annual course, "Women's Mood Swings Across the Life Cycle."

"It would be interesting to see further research to tease out the relationship between hormonal changes and mood changes," Dr. Lusskin said. She urged caution regarding the finding that linked the use of oral contraceptives for vasomotor symptoms to a lower risk of depression than seen in women with untreated symptoms. "Hormones aren't the whole story," she said. "Hormonal fluctuations may not be where the treatment should focus."

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Reviewed by Gary D. Vogin, MD
