

# WOMEN AND DEPRESSION

Depression is the disorder that discriminates: 10% of all men and 25% of all women will experience it at some time in their lives. This unhappy statistic is true for all women regardless of race, income, education, or occupation. Although women are more likely to be undervalued, victims of sexual abuse, or live below the poverty level (all of which could contribute to depression), there may be other factors. Puberty, after childbirth, and prior to menses (PMS) are particularly vulnerable times for women:

- Girls 13–14 years old are most likely to experience depression. Prior to puberty, slightly more boys than girls become depressed.
- After a child is born, 10% of all mothers become seriously depressed. Five days after giving birth, there is a dramatic drop in estrogen and progesterone. The lower progesterone drops, the more likely a new mother will become depressed.
- Women ages 45–64 have a lower incidence of depression than at other ages. Any moodiness, poor concentration, and insomnia occur a couple of years after periods become irregular, not after the final menses. However, women are at greater risk for low thyroid prior to menopause. Hypothyroidism is the great imitator of depression. Weight gain, tiredness, dry/coarse hair, and intolerance to cold are indicators of problems. Even when thyroid counts are low normal, women may experience symptoms of depression related to thyroid function. A complete thyroid battery is essential for detection.

## PREMENSTRUAL SYNDROME (PMS)

Of all the times when women are most vulnerable to depression, PMS deserves honorable mention. It is estimated that 40–60% of women are affected in some way. Symptoms begin 2–10 days before the onset of menses and stop shortly afterward. They can vary in intensity from month to month. Noting when symptoms occur for 3–4 months is the only way to diagnose PMS. In addition to problems noted on the *PMS Symptom Chart*, a woman may experience acne, clumsiness, feelings that are out of control, violence, panic, and even epilepsy. Spasmodic cramps are not a symptom of PMS. There are several theories about possible causes and cures for periodic blues:

- Too little progesterone or too much estrogen in relation to progesterone: Estrogen builds the uterine lining by retaining body fluids and progesterone clears them out. Brain tissue swollen with water could explain migraines and depression. Progesterone suppositories taken 10 days before menses are controversial but can be enormously helpful in extreme cases.<sup>1</sup>
- Low potassium and blood sugar levels: This may be a result of hormonal imbalances rather than a cause of PMS. Avoiding salt, caffeine, and alcohol while increasing complex carbohydrates, potassium, magnesium, and calcium can help.
- Lower levels of serotonin premenstrually but not postmenstrually (and lower general levels): Estrogen may influence serotonin production and the ability to regulate serotonin. Treatments for depression such as lithium, antidepressants, and Saint-John's-Wort can help PMS.

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<sup>1</sup> Contact Bair PMS Center, 1125 Gage Blvd., Suite C, Topeka, KS 66604, [www.bairpms.com](http://www.bairpms.com).