

Depression in Women

5 Things You Should Know

2017



Depression in Women: 5 Things You Should Know

Being sad is a normal reaction to difficult times in life. But usually, the sadness goes away with a little time. Depression is different—it is a medical condition that may cause severe symptoms that can affect how you feel, think, and handle daily activities like sleeping, eating, or working. Depression is more common among women than men, likely due to certain biological, hormonal, and social factors that are unique to women.

This brochure contains an overview of five things that everyone should know about depression in women. It is intended for informational purposes only and should not be considered as a guide for making medical decisions. Please review this information and discuss it with your doctor or health care provider.

1. Depression is a real medical condition.

Depression is a common but serious mood disorder. Depression symptoms can interfere with your ability to work, sleep, study, eat, and enjoy your life. Although the causes of depression are still being studied, current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Most people with depression need treatment to feel better.

You can't just 'snap out' of depression.

Well-meaning friends or family members may try to tell someone with depression to “snap out of it,” “just be positive,” or “you can be happier if you just try harder.” But depression is not a sign of a person's weakness or a character flaw. The truth is that most people who experience depression need treatment to get better.

If you are a friend or family member of a woman with depression, you can offer emotional support, understanding, patience, and encouragement. But never dismiss her feelings. Encourage her to talk to her doctor and remind her that with time and treatment, she can feel better.

Most people with depression need treatment to feel better.

If you think you may have depression, start by making an appointment to see your doctor or health care provider. This could be your primary doctor or a health provider who specializes in diagnosing and treating mental health conditions (for example, a psychologist or psychiatrist). Certain medications, and some medical conditions, such as viruses or a thyroid disorder, can cause the same symptoms as depression. A doctor can rule out these possibilities by doing a physical exam, interview, and lab tests. Your doctor or health care provider will examine you and talk to you about treatment options and next steps.

2. Depression can hurt—literally.

Sadness is only a small part of depression. In fact, some people with depression do not feel sadness at all. A person with depression may also experience many physical symptoms, such as aches or pains, headaches, cramps, or digestive problems. Someone with depression may also have trouble with sleeping, waking up in the morning, and feeling tired.

If you have been experiencing any of the following signs and symptoms for at least two weeks, you may be suffering from depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Decreased energy or fatigue
- Difficulty sleeping, early-morning awakening, or oversleeping
- Loss of interest or pleasure in hobbies and activities
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Talk to your doctor about these symptoms. Be honest, clear, and concise—the doctor needs to know how you feel. Your doctor may ask when your symptoms started, what time of day they happen, how long they last, how often they occur, if they seem to be getting worse or better, and if they keep you from going out or doing your usual activities. It may help to take the time to make some notes about your symptoms before your doctor’s visit.

3. Certain types of depression are unique to women.

Pregnancy, the postpartum period, perimenopause, and the menstrual cycle are all associated with dramatic physical and hormonal changes. Certain types of depression that occur at different stages of a woman’s life include:

Premenstrual Dysphoric Disorder (PMDD)

Most people are familiar with the term “PMS” or premenstrual syndrome. Moodiness and irritability in the weeks before menstruation are quite common and the symptoms are usually mild. But there is a less common, more severe form of PMS called premenstrual dysphoric

disorder (PMDD). PMDD is a serious condition with disabling symptoms such as irritability, anger, depressed mood, sadness, suicidal thoughts, appetite changes, bloating, breast tenderness, and joint or muscle pain.

Perinatal Depression

Being pregnant isn't easy. Pregnant women commonly deal with morning sickness, weight gain, and mood swings. Caring for a newborn is challenging too. Many new moms experience the "baby blues"—a term used to describe feelings of worry, unhappiness, mood swings, and fatigue. These feelings are usually somewhat mild, last a week or two, and then go away as a new mom adjusts to having a newborn.

Perinatal depression is depression during or after (postpartum) pregnancy. Perinatal depression is much more serious than the "baby blues." The feelings of extreme sadness, anxiety, and exhaustion that accompany perinatal depression may make it difficult to complete daily care activities for a new mom and/or her baby. If you think you have perinatal depression, you should talk to your doctor or a trained mental health care professional. If you see any signs of depression in a loved one during her pregnancy or after the child is born, encourage her to see a health care provider or visit a clinic.

Perimenopausal Depression

Perimenopause (the transition into menopause) is a normal phase in a woman's life that can sometimes be challenging. If you are going through perimenopause, you might be experiencing abnormal periods, problems sleeping, mood swings, and hot flashes. But it is a myth that it is "normal" to feel depressed. If you are struggling with irritability, anxiety, sadness, or loss of enjoyment at the time of the menopause transition, you may be experiencing perimenopausal depression.

Depression affects each woman differently.

Not every woman who is depressed experiences every symptom. Some women experience only a few symptoms. Others have many. The severity and frequency of symptoms, and how long they last, will vary depending on the individual and her particular illness. Symptoms may also vary depending on the stage of the illness.

4. Depression can be treated.

Even the most severe cases of depression can be treated. Depression is commonly treated with medication, psychotherapy (where a person talks with a trained professional about his or her thoughts and feelings; sometimes called "talk therapy"), or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

Remember: Depression affects each individual differently. There is no “one-size-fits-all” for treatment. It may take some trial and error to find the treatment that works best.

5. Scientists at the National Institute of Mental Health (NIMH) and across the country are dedicated to women’s mental health research.

Scientists continue to study depression to improve the way this medical condition is diagnosed and treated. For example, NIMH scientists are currently working to understand how changes in reproductive hormones trigger mood disorders, why some women are at greater risk than others, and how they can translate these findings into new treatments or new uses of existing treatments.

You can play a role in research by joining a clinical trial.

Clinical research is medical research that involves people like you. People volunteer to participate in scientific studies diagnose, and understand diseases like depression. Clinical research includes trials that test new treatments and therapies as well as long-term natural history studies, which provide valuable information about how disease and health progress.

Scientists at NIMH conduct a large number of research studies with patients and healthy volunteers. NIMH scientists are currently working to identify the causes of, treatments for, and predictors of risk for reproductive endocrine-related mood disorders including the following:

- Postpartum Depression
- Premenstrual Dysphoric Disorder
- Perimenopausal Depression

In addition to volunteer research opportunities for the patient groups listed above, **research opportunities for healthy volunteers** are also available. Healthy volunteers play a critical role in our studies. Regardless of whether you are a patient volunteer or a healthy volunteer, the point of entry into each of these studies is the same. You first need to complete a brief telephone interview, which takes 5–10 minutes.

NIMH studies take place at the NIH Clinical Center in Bethesda, Maryland and require regular visits. NIMH also funds research across the country.

Finding Help

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction.