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WOMEN'S HOSPITAL

*Specializing in care for a lifetime*

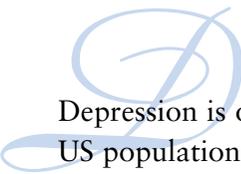
# Depression

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*Taking care of your emotional health<sup>®</sup>*

MARY HARRIGAN CONNORS  
CENTER FOR WOMEN'S HEALTH

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Depression is one of the most common disorders among the US population and afflicts women twice as frequently as men. One out of every four women suffers from a major episode of depression in her lifetime.

Although today more women are seeking treatment for this disorder, many continue to suffer from untreated depression. In some cases, a woman and her doctor can overlook her condition - particularly when it presents at the time of a major life transition, such as after the birth of a child.

Also, the symptoms of depression may not be easily recognizable or they may be expressed only indirectly to the doctor, making it more difficult to make the diagnosis. Further complicating matters, some women feel ashamed of having depression and do not ask for help they need for fear that others might view this as a weakness.

The good news is that depression can be successfully treated in the majority of women. There also are many new medications available for treatment, which have few side effects. This makes it easier for patients to tolerate the full course of treatment - which is especially important for those who need to stay on long-term maintenance.

This guide is intended to help answer questions you may have about depression so that you, along with your doctor, can make the best and most informed decision about treatment options that may be appropriate for you.

The information in this guide is based on the Brigham and Women's Hospital physician guidelines *Depression: A guide to diagnosis and treatment*<sup>®</sup> (Glassman R, Farnan L, Gharib SD, Erb J).



## What is depression?

Depression does not always present as sadness. In some women, depression is characterized by physical complaints (headaches, abdominal pain, or body aches) for which there are no other clear-cut explanations besides depression. On the other hand, not all sadness is depression. There are times when it is appropriate to feel sad, and treatment is not needed.

Depression is diagnosed when a woman has had a depressed mood or lack of interest for two or more weeks, plus four of the following symptoms:

- *Sleep problems - either too much or too little*
- *Decreased interest in usually pleasurable activities (including sex)*
- *Guilt or low self-esteem*
- *Low energy*
- *Poor concentration*
- *Change in appetite - either increased or decreased*
- *Feeling either slowed down or agitated*
- *Suicidal thoughts or preoccupation with death*

In addition, another indication of depression may be feeling unusually happy or “too good.” For example, some women have periods during which they find they need far less sleep than usual, and during the day are much more energetic, productive, and outgoing.

If you suspect you may have experienced a “manic” or hypomanic (very mildly manic) episode, you should discuss this with your doctor. This is especially important to do since having this history would change your treatment plan.

## Treatments for depression

If you suspect that you are depressed, you should discuss your symptoms with your doctor. Your doctor will evaluate you to determine if there is an underlying medical condition that might be causing your symptoms.

There are many medical conditions that can cause symptoms of depression, such as thyroid problems, infections, chronic illness, alcoholism or substance abuse, vitamin deficiencies, or dementia. Similarly, treatment with certain medications—including narcotics, some anti-hypertensives, chemotherapy, and steroids—can result in depression.

Also, life situations such as marital discord, work stress, or domestic violence, frequently cause depression as well.

Your doctor may recommend that you begin medications, or may refer you for psychotherapy. Psychotherapy is a reasonable first step for many patients, especially for those who do not want to take medications. If there is no improvement, however, after six to eight weeks, a re-evaluation and consideration of medications would be recommended.



Medications should be taken for nine to 12 months, as shorter courses of treatment may result in a recurrence of symptoms. For patients who have had depression in the past, who have a family history of depression, or who have a major, life-threatening depressive episode, medications are recommended on a long-term basis.

If you and your doctor decide that medication is the appropriate treatment, you may be started on any one of a variety of medications that fall into one of these classes of drugs:

DRUG CLASS	EXAMPLES	POSSIBLE SIDE EFFECTS*
Tricyclic Antidepressants (TCAs)	Elavil®, Pamelor®, Norpramin®	Dry mouth, constipation, weight gain, dizziness, sedation
Monamine Oxidase Inhibitors (MAOIs)	Nardil®, Parnate®	Certain dietary restrictions are necessary, sedation, dizziness
Selective Serotonin Reuptake Inhibitors (SSRIs)	Prozac®, Zoloft®, Paxil®, Celexa®, Luvox®	Sexual dysfunction (decreased desire, inability to achieve orgasm), modest weight gain, may be either sedating or agitating
Novel Antidepressants	Effexor®, Wellbutrin®, Serzone®	Effexor® is associated with sexual side effects, hypertension, nausea. Wellbutrin® should be avoided in patients with seizures. Serzone® is associated with hepatotoxicity.

\* These side effects occur in a minority of patients. If you experience any of these side effects, you should mention them to your doctor.

Your doctor will discuss with you the positive and negative aspects of the various antidepressant options. If it is not clear how to proceed, or if you are not responding optimally to a medication, your doctor may suggest you meet with a psychopharmacologist (a specialist in the field of depression and related disorders) for a consultative opinion regarding your treatment.

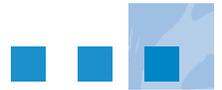
## Special categories of depression in women

### *Premenstrual Syndrome (PMS)*

To be categorized as PMS, the symptoms should occur during the last week before menstruation begins, resolving as soon as the period starts, and the symptoms should have been present for at least two menstrual cycles.

A woman most likely has PMS when she has at least five of the following symptoms, including at least one of the first four:

- *Depressed mood*
- *Marked anxiety or tension*
- *Mood swings*
- *Persistent anger or irritability*
- *Lack of interest in usual activities*
- *Difficulty concentrating*
- *Fatigue*
- *Increased appetite or food cravings*
- *Sleep disturbances*
- *Sense of being overwhelmed, physical symptoms such as breast tenderness, bloating, weight gain, headaches, or joint pains*



SSRI medications (*see previous table*) are recommended for treating PMS and a related, but more severe form of PMS, called PMDD (premenstrual dysphoric disorder)—which includes mood-related symptoms that seriously interfere with a woman’s life on a regular basis.

### *Postpartum Depression*

About one in 10 women have a major depressive episode within four to 16 weeks after childbirth. The risk of postpartum depression is about 25 percent in women who have had a previous history of depression, up to 50 percent in women who have had a history of postpartum depression, and up to 75 percent in women who have been depressed during an on-going pregnancy.

Studies have demonstrated that the SSRI sertraline (Zoloft®) is secreted at a low level into the breast milk and poses very little risk to the mother or baby during pregnancy and nursing. Most reports suggest that SSRIs, in general, are safe for the mother and her baby during pregnancy and nursing.

For women who experience suicidal thoughts or who have thoughts of harming their baby after childbirth, immediate medical attention is needed.

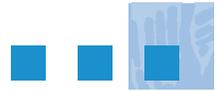
## *Depression During Perimenopause*

The perimenopause, the period of transition from regular menstruation to the cessation of periods, is associated with an increased risk of depression and mood changes. It is especially common as well for anxiety and insomnia to emerge at this time in a woman's life.

Perimenopause is associated with dramatic and unpredictable variations in reproductive hormones. Because an underactive thyroid occurs in seven to eight percent of women, and increases with age, it is recommended that women who are experiencing depression during the perimenopause should have thyroid function tested. Women with depression during the perimenopause may benefit from antidepressants.

### **Speak With Your Doctor**

If you are experiencing the symptoms of depression - or feelings that concern you or those around you - be sure to speak with your doctor who can help you understand what you may be feeling and provide you with any treatment you may need.



## MENTAL HEALTH SERVICES AT BRIGHAM AND WOMEN'S/FAULKNER HOSPITALS

At Brigham and Women's Hospital - and our community partner Faulkner Hospital - we are committed to providing patients with the best care in the most appropriate setting.

The Brigham and Women's/Faulkner Hospitals Department of Psychiatry is an integrated program providing mental health services at each hospital and at two community-based health centers - Southern Jamaica Plain Health Center and Brookside Community Health Center. Consultation and outpatient psychiatry services are available at Brigham and Women's Hospital with inpatient, outpatient, and partial psychiatric services at Faulkner Hospital.

The physicians of Brigham and Women's/Faulkner Hospitals work together to coordinate all aspects of patient care - making sure that every patient receives the expert care they deserve in the setting that most suits their individual needs.

## **Additional Information**

If you need help finding a physician or other medical services, call our physician referral coordinators at **1-877-BWF-5773**, Monday through Friday, 8 a.m. to 5 p.m. They will help you find the Brigham and Women's Hospital or Faulkner Hospital physician or services you need.

Also, visit **[www.brighamandwomens.org](http://www.brighamandwomens.org)** and **[www.faulknerhospital.org](http://www.faulknerhospital.org)** for more information on the mental health services each hospital provides.





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