



DEPRESSION IN WOMEN

Depression can develop in anyone, regardless of race, culture, social class, age, or gender. However, across virtually all cultures and socioeconomic classes, women are more likely than men are to experience depression. Clinical depression affects two to three times as many women as men, both in the U.S. and in many societies around the world. It is estimated that one out of every eight women will suffer from clinical depression in her lifetime.

There appear to be important links between mood changes and reproductive health events. Gender differences in rates of depression emerge when females enter puberty and remain high throughout the childbearing years and into late middle age. Hormonal factors seem to play a role in some of the mood disturbance experienced by women.

Psychosocial factors that may contribute to women's increased vulnerability to depression include the stress of multiple work and family responsibilities, sexual discrimination, lack of social supports, traumatic life experiences, and poverty. Studies also indicate that sexual and physical abuses are major risk factors for depression.

Postpartum depression (PPD) is an illness that some women have following the birth of a child. It may occur shortly after childbirth, but may not appear for some months. It is manifested through a range of physical and emotional symptoms that can vary in severity and intensity. The exact causes of PPD are not clear, but it is likely that hormonal changes due to pregnancy and childbirth, as well as the stresses of having a new baby, contribute to this illness.

As many as 80 percent of women experience the "postpartum blues," a brief period of mood symptoms that is considered normal following childbirth. At least 10% of all new mothers develop symptoms severe enough to be diagnosed with PPD. Some estimates are as high as 25%. Signs and symptoms include: increased crying, irritability, and impatience; hopelessness and sadness; uncontrollable mood swings; feeling overwhelmed or unable to cope; fear of harming the baby or herself; fatigue and inability to sleep or sleeping more than usual; loss of appetite; lack of interest in the baby or over concern about the baby; withdrawal; inability to think clearly or make decisions; unexplained weight loss or gain.

At a time that most women expect to be one of the happiest of their lives, these signs and symptoms are confusing and frightening. The vast majority of women and their partners/families have not been prepared, through information and education, to watch for the signs of this serious mental health problem. As with all mental illnesses, the stigma involved makes it more difficult to ask for help. In addition, many women report that when they did seek help, it was not readily or easily available. Treatment for PPD, like most depressions, can be very successful, and can include antidepressant medication, hormone therapy, psychotherapy and support. If untreated, PPD leads to maternal disability, poor mother-infant attachment, and affects infant development.

Many states have passed laws requiring health care facilities and professionals to educate new mothers and their partners about PPD and to screen for PPD as well. Communities may want to make sure that information is readily available at pediatrician's offices, early childhood programs and other places where new mothers gather or visit.

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