

Coping With Menopause - Depression

Depression is common in our society, with about 20 per cent of the population likely to experience significant depressive illness at some stage of their life. It may go undiagnosed, and therefore untreated, in many people as they are reluctant to seek help. Women are twice as likely as men to be affected by depression. Depression recurs in up to 80 per cent of people who have one initial depressive illness.

Mood, depression and the menopause

- Women often report changes in mood around the time of the menopause. Hormonal changes may contribute to moodiness. However moderate to severe depression is not more common at menopause than at other stages of life.
- There is no direct evidence that menopause causes depression.
- Mid-life may be characterised by negative thoughts about ageing. Women may feel rejected because there is such an emphasis in Western societies on youth and beauty as desirable feminine qualities, whereas age, wisdom and experience are undervalued.
- A woman's experience of ageing depends on her cultural background which includes beliefs, religious views, diet, living conditions, educational level and attitudes to sexuality, reproduction and ageing.
- In the years leading up to the last menstrual period, women may notice physical and psychological changes. These changes are partly caused by fluctuations in the production of hormones from the ovaries.
- Women who have suffered from severe psychological premenstrual symptoms (PMS) and significant post-natal depression are at higher risk of depression at menopause.

Symptoms of depression

- Mood swings.
- Irritability and anxiety.
- Lethargy or fatigue.
- Negative feelings/feeling unloved.
- Difficulty in coping or making decisions and/or loss of confidence.
- Sleep disturbance and sleep deprivation.
- Suicidal thoughts.
- Sometimes physical symptoms can be associated with depression.

Factors leading to depression

- Stresses of daily life such as dealing with ageing parents, the death of parents, coping with adolescent children, "empty nest" syndrome, loss of job, unemployment, career change, lack of social support and financial or marital difficulties.
- Domestic abuse, childhood sexual abuse, and alcohol or drug abuse.
- Losing the ability to have babies may strongly affect some women. Those who are negative about the menopause, and worry that it is the beginning of old age may become anxious or depressed.
- Hormonal changes may contribute to moodiness. However moderate to severe depression is not more common at menopause than at other stages of life.
- Past history of depression and chronic ill-health, or a family history of depressive illness, make menopausal women more likely to develop depression.
- Low socio-economic status and lack of social support place women more at risk.
- Women whose menopause is brought on by surgery are also more at risk.



How does depression occur?

Depression is related to hormonal and biochemical changes in the brain. Low oestrogen levels at menopause are associated with lower levels of serotonin, which is a chemical that regulates mood, emotions and sleep. Two other neurotransmitters in particular are implicated in depression. They are noradrenalin and dopamine. So, the hormonal changes at menopause may make women more susceptible to depression. Stress can make this predisposition even worse.

Treatment for depression – lifestyle issues

- Physical activity and exercise may relieve many of the common physical and emotional symptoms around menopause. Studies show that 30 minutes of moderate exercise five times per week improves the quality and quantity of life
- Postmenopausal women who exercise have an improved sense of well-being, high self-esteem and self-image. Exercise enhances long-term ability to deal with stress, anxiety and possibly depression, as well as improving sleep.
- Regular exercise helps women lose fat, and control body weight and appetite over the long term.
- Recommended exercise for women is at least 30 to 40 minutes of exercise five times a week at moderate intensity.
- A healthy diet with lots of vegetables, fruits and fibre enhances well-being.
- Relaxation, meditation and yoga should be incorporated as well as time for oneself. (Refer to the AMS pamphlet on Healthy Aging and Lifestyle)
- Some women find it helpful to develop a new interest or hobby or may now find time to increase knowledge in an area they always wanted to pursue.
- Other positive changes can be participation in an activity involving the mind and the body such as music, gardening, religion or dancing.

Treatment for depression – medical

- Women may benefit from counselling from a professional, such as a family doctor, a psychologist, or a psychiatrist.
- If menopausal symptoms as well as depression persist, hormone replacement therapy (HRT/HT) may be helpful. Antidepressants are also frequently used.
- The most commonly used antidepressants are called selective serotonin reuptake inhibitors, or SSRIs.
- Other drugs with similar action, serotonin/norepinephrine reuptake inhibitors, or SNRIs, may be prescribed. SNRIs influence the action of noradrenaline, another neurotransmitter.
- Common side-effects of SSRIs and SNRIs include nausea, headache, insomnia, agitation, and changes in sexual feelings.
- Older types of antidepressants, called collectively the tricyclics, are sometimes prescribed. Side-effects of these include dry mouth, constipation, and effects on memory and concentration.

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