

## What you need to know about

# Menopause and Depression

## What is menopause?

Menopause is the point at which a woman permanently stops menstruating. Natural menopause usually occurs between the ages of 41 and 55.

*Premature menopause* is the term used when women go through menopause before age 40. Early onset of menopause may be the result of an autoimmune disorder or a thyroid problem.

*Perimenopause* is the transitional phase, before menopause, when the menstrual periods may become irregular and symptoms such as hot flashes may begin. Symptoms noticed during this time are the result of declining estrogen production by the ovaries and may last anywhere from a few months (surgical reason) to a few years.

*Postmenopause* is the time period after a woman has not experienced a period for 12 months. Postmenopausal women may experience problems caused by the long-term effect of estrogen loss, such as osteoporosis. In comparison to premenopausal women, postmenopausal women have a greater risk of developing heart disease. Due to these potential health problems, it is important that menopausal women take preventive measures (such as adopting a healthy diet) to avoid these illnesses. For further information, please consult your doctor.

## What is depression?

Depression is more than being sad or feeling grief after a loss. Depression is a medical illness, just like diabetes or heart disease. Day after day, depression affects your thoughts, feelings, physical health and behaviours. It affects normal day-to-day activities—it is more than a bout of the blues and you can't simply "snap out" of it. A depressive episode must have a certain level of severity and a minimum duration of two weeks.

## What are the symptoms of menopause?

During perimenopause/menopause women may experience hot flashes (sensation of extreme heat that develops suddenly and lasts for 1 to 5 minutes), cold sweats (may cause insomnia when they interrupt your sleep at night) and depression or

anxiety. Other symptoms are related to the "thinning" (atrophy) of the walls of the urinary tract and vagina and include urinary incontinence, increased urinary frequency, and painful intercourse (mainly because of vaginal dryness).

## How prevalent is depression during menopause?

The lifetime prevalence of depression in women is anywhere from 15 to 25%. Some studies have found an increased risk of the recurrence of major depression in women during perimenopause and menopause (women aged 45 to 54 years). The rates of depression in women decrease after menopause.

## Who is at risk?

The risk factors for developing depression during menopause include, but are not limited to:

- History of depression
- History of Premenstrual Dysphoric Disorder (PMDD)
- History of postpartum depression
- Lengthy perimenopause (with physical symptoms)
- Caretaking responsibilities (parent, partner or child)
- Loss of significant other
- Chronic health problems

Surgical menopause happens when a woman goes through surgical removal of the ovaries or has ovarian failure before the natural menopause. Ovarian failure may occur following removal of the uterus or after cancer therapy (chemotherapy or radiation). The factors that seem to increase the risk of menopausal depression following removal of the uterus are:

- History of depression
- Young age
- Lack of social support
- Difficulties in relationship with partner
- History of multiple surgeries
- Surgery performed as emergency

For women who have had their ovaries removed, the drop in estrogen is sudden and they almost invariably will experience hot flashes which may cause great discomfort and even depressed mood.

# What are the symptoms of depression?

The signs and symptoms of major depression include:

- Sad mood
- Preoccupation with failures and inadequacies
- Loss of self-esteem
- Feelings of uselessness, hopelessness, excessive guilt
- Slowed thinking, forgetfulness, difficulty in concentrating and in making decisions
- Loss of interest in hobbies, people
- Social isolation
- Lethargy and/or low energy
- Agitation
- Changes in appetite and weight—eating too much or too little
- Oversleeping or insomnia
- Suicidal thoughts

# What do I need to tell my doctor?

- Write down any symptoms you've had
- Write down key personal information
- Make a list of all medications you are taking
- Write down questions to ask your doctor
- Take a family member or friend along

Discuss all of your symptoms with your doctor and describe how they are affecting your life (e.g. inability to care for yourself or your family). Your doctor can suggest or provide appropriate therapy. Make sure to discuss all of the available treatments and medications and their benefits and side effects before making any decisions.

# What are the treatment options?

The treatment of depression that occurs in association with menopause depends on how severe the symptoms are and whether the woman has had a previous history of depression. The treatment may include:

- Hormone replacement therapy (HRT)
- Antidepressant medication
- Psychotherapy

Some preparations of the hormone estrogen seem to improve mood in perimenopausal and postmenopausal women, especially if symptoms are mild to moderate and particularly if the woman has never been depressed before. Although HRT with estrogen and progestin also has the benefit of improving the physical symptoms of perimenopause, HRT is not without risks. Please consult your doctor to make an informed decision about whether HRT is a good treatment for you.

Antidepressant medication may be more effective for women with a history of depression and is usually the recommended first-line treatment when symptoms of depression are severe.

Psychotherapy is an important part of the treatment of depression. Two types of psychotherapy are recommended:

- *Interpersonal Therapy*: focuses on understanding human relationships.
- *Cognitive Behaviour Therapy (CBT)*: teaches how to identify and change the negative thoughts and beliefs that accompany depression.

# What are the things I need to do to get well?

- **Stick to your treatment plan.** Don't skip psychotherapy sessions. Even if you're feeling well, continue to take medication as prescribed.
- **Set realistic expectations.** Be kind to yourself. Don't pressure yourself to do everything. Ask for help when you need it.
- **Learn about perimenopause/menopause and depression.** Empower yourself by learning about your condition.
- **Pay attention to the warning signs.** Find out what may make your depression worse. Make a plan so that you know what to do if your symptoms get worse. Contact your doctor or therapist if you notice any changes. Ask friends or family to watch out for warning signs.
- **Get exercise.** Physical activity may help reduce symptoms.
- **Maintain an adequate diet.** The Canada Food Guide is a useful reference in helping you choose how to eat well.
- **Avoid alcohol and illicit drugs.** It may seem like they lessen your problems, but in the long run, they generally worsen symptoms and make the depression harder to treat.
- **Get adequate sleep.** This is especially important. Talk to your doctor if you are having trouble sleeping.

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