



## **Menopause and Depression**

### **Sensitivity to reproductive events**

In addition to the physical changes (hot flashes, night sweats, and vaginal dryness) that may happen as you transition into menopause, many women experience mood changes, depressive symptoms, and sometimes, severe depression during this time. Although each woman is different, many women have found that they are very sensitive to changes in hormone levels. These women may experience increases in symptoms such as depression and/or anxiety during times of hormone changes, such as during the premenstrual period, pregnancy, and after having a baby (postpartum), as well as during the menopause transition or perimenopause. Like many women, you may find that you are experiencing depressive symptoms as you transition through menopause.

### **Depressive and menopause symptoms**

Depressive symptoms may include being sad and anxious, not being interested in or enjoying your usual activities, being very tired and lacking energy, experiencing sleep problems and appetite changes, feeling hopeless and worthless, and having thoughts of death or suicide. Depression, which also is described as a major depressive disorder or clinical depression, is a serious disorder that affects your daily life and activities. If you have these symptoms for 2 weeks or longer, you may be diagnosed with depression. It is important to note that not all midlife women experience mood problems, but some women are more vulnerable than others to developing either depressive symptoms or an episode of clinical depression during the menopause transition, especially those women who have had depression previously.

The menopause transition is a time of physical and psychological change for many midlife women. Often the symptoms you may experience during perimenopause, such as hot flashes, night sweats, sleep and sexual disturbances, weight and energy changes, and memory lapses, can overlap with symptoms of depression, so it may be difficult for your healthcare practitioner to diagnose and treat you accordingly. In addition, you may be experiencing life stressors (changing lifestyle, aging parents, children leaving or returning home, financial issues, body image, and relationship problems) during midlife that may affect your mood.

### **Recognizing depressive symptoms and depression**

When you are transitioning into menopause, you should notify your healthcare practitioner whether you have suffered from depression in the past or whether you were particularly sensitive to hormone changes and have experienced premenstrual syndrome or postpartum depression. Be alert and notice whether these mood changes are mild and do not greatly affect your quality of life or whether they are severe and debilitating and interfere with your daily activities. Your healthcare practitioner will be aware of the factors that can put you at risk for depressive symptoms or even a severe depression during this time and can do an appropriate evaluation. This may include identifying what menopause stage you are in, assessing both your menopause and depressive symptoms, considering any additional risk factors you may have, and in some cases, asking you to complete a test to screen you for depression.

### **Treatment**

Treatment will vary depending on whether you are suffering from mood symptoms or experiencing clinical depression. If you are having a major depressive episode, therapies that have been proven to

help depression, such as antidepressants, cognitive behavior therapy, and other types of psychotherapy, will be recommended.

- **Antidepressants.** There are several antidepressant medications that have been shown to be effective and well tolerated. If you have had medication in the past that was helpful in treating depression, your healthcare practitioner will probably choose the same medication if the depression reoccurs during perimenopause. For those midlife women who are experiencing clinical depression for the first time, the effectiveness of the antidepressant medications, their side effects, and how they interact with the other medications you take will be considered. Many antidepressants used to treat menopause-related depression also have been shown to help improve menopause symptoms such as hot flashes. It also may be helpful to treat the sleep disturbances and night sweats that can occur at the same time as your depressive symptoms.
- **Psychotherapy.** Most healthcare practitioners will recommend some type of psychotherapy such as cognitive behavior therapy either alone or in combination with your antidepressant medication. Psychotherapy also will help you to cope with the stresses and losses that you may be experiencing during midlife.
- **Estrogen therapy.** Although FDA has not approved estrogen therapy to treat mood disorders, researchers have found that it may be almost as effective as the antidepressant medications typically used to treat depression in perimenopausal women, even when they're not suffering from hot flashes. Estrogen therapy also seems to improve mood and well-being in perimenopausal women, including those who are not depressed. However, estrogen therapy isn't effective for treating depression in postmenopausal women. In addition, since most of the research only examined the effect of estrogen alone, more information is needed about different hormone therapies and combination regimens.
- **Complementary medicine.** There is not enough evidence to support whether complementary/alternative medicine, herbs, or supplements help to treat depression in perimenopausal women, but the consensus is that exercise may be useful in alleviating depressive symptoms.



This *MenoNote*, developed by the *MenoNotes* Task Force of The North American Menopause Society, provides current general information but not specific medical advice. It is not intended to substitute for the judgment of a person's healthcare provider. Additional information can be found at [www.menopause.org](http://www.menopause.org).

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