DEPRESSION: WHAT IS IT?

Depression is a word that can mean different things. The meaning depends on how the word is used. Most of us feel "down" or "blue" some days. You might say you are "depressed" when you are upset, angry, or sad about something. For many people, though, depression is much worse than having a bad day. More than 1 in 20 adults have this more serious and lasting depression at any given time. When depression hangs on for a long time and includes symptoms in addition to low mood, we call it a disorder or disease.

The disease of depression lasts more than 2 weeks at a time. If you have depression in this way, which is called major depressive disorder, you usually feel low every day. You sleep badly. Food does not taste as good to you. You do not have enough energy to do your usual chores. Depression makes you lose interest in things you used to like. It is hard to concentrate. You can feel nervous or "out of it." You might wish you were dead. Depression is one of the main reasons that people kill themselves. When depression is especially bad, with what are called "psychotic features," you might even hear voices that other people do not hear.

DEPRESSION CAN TAKE DIFFERENT FORMS

The disease of depression can take different forms. The way it looks depends on who is depressed. Children, for example, may not know how to talk about feeling depressed. They might show it instead with their behavior. They might cry more or get into more fights, or not do their schoolwork as well as they once did. Older people who may not be able to remember or think properly, too, might show depression with upsetting behavior.

Some people with depression get better and worse over days instead of staying depressed for weeks at a time. This kind of depression can be just as bad as the kind that lasts. The depression keeps coming back and that can be frustrating and painful. Some adults with this kind of depression eat more instead of less, and sleep more instead of less. If your depression is like this, you may think it is due to some disappointing thing in your life. This kind of depression, though, is more than a reaction to things in your life. This pattern of feeling better and worse all the time sometimes means that you have the disease of depression.

Some people who get depressed may not need much sleep. They get very busy. They may spend too much money. Sometimes they do risky or strange things. Severe behavior like this is called manic. People who get depressed and manic can be manic depressive or bipolar. That is a different type of mood issue. The treatments are not the same. Treating someone who is bipolar like someone with depression can be the wrong way to go.

DEPRESSION IS TREATABLE

If you do not treat depression, it might go away on its own. But it often stays the same or gets worse. This is dangerous because depression that lasts can affect a person’s health badly. It can take the fun out of life. It can make it hard or impossible to hold a job. It can put lots of stress on relationships. It can even lead to earlier death, from suicide or sickness.

But depression is very treatable. Talking to a trained therapist can really help. For people who need medication, there are now lots of good choices. Making healthy lifestyle choices, too, is helpful. Getting enough sleep, exercise, good food, and time with people is very important for helping depression. It is also important to reduce stress and make time for fun.
If you have depression that is serious, please make sure you talk with someone about how to get the help you need.


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**WOMEN AND DEPRESSION**

Depression happens more often in women than in men. Reasons for this are due to the differences in women's bodies, hormones and their reactions to stress.

**FAMILY HISTORY**

A family history of depression can add to a person's chances of getting depression. But this is not a certainty in all families. Depression can also happen in women who have no family history of it. Research suggests that a mixture of family traits, where you live and life events can cause it.

**CHEMICALS AND HORMONES**

Brain chemicals play a big role in depression. The parts of the brain in charge of regulating mood, thinking, sleep, hunger and actions work differently for women who are depressed. The substances that brain cells use to work with others are out of balance.

Studies have shown that hormones change the brain chemicals that control emotions and mood. Certain times during a woman's life are of note. They include puberty, the time before periods, before, during and just after having a baby, and right before and during the change of life.

**POSTPARTUM DEPRESSION (PPD)**

Having the “baby blues” is widely found in many new mothers. The baby blues is a brief period of mild mood changes. This is not the same as postpartum depression, or PPD. PPD is much more serious. It calls for active care and support for the new mother.

Women are vulnerable to getting PPD after giving birth because of the hormonal and physical changes that happen in a woman's body after the baby is born. The new and demanding job of caring for a new baby can be hard. This, too, can lead to feelings of sadness. For a few months after giving birth, mothers have a higher chance of having emotional issues, including depression.

Many women who get PPD have had depression in the past. Some women get it while pregnant, but it often goes undetected. It is estimated that 10 percent to 15 percent of women get it after giving birth.

**PREMENSTRUAL DYSPHORIC DISORDER (PMDD)**

Some women may also have a very bad form of premenstrual syndrome (PMS) called premenstrual dysphoric disorder (PMDD). PMDD is linked to the hormonal changes that typically happen near ovulation and before a woman's period starts. Signs include feelings of sadness, nervousness, crankiness and mood swings the week before the start of a period.
They are so bad that they get in the way of daily routines.

Women who have debilitating PMDD do not necessarily have unusual hormone shifts. They have many responses to these changes. They may also have a history of other mood disorders and differences in brain chemistry that cause them to be more likely to get menstruation-linked hormone changes.

**Perimenopause**

Perimenopause can also play a role in getting depression. It can add to stress levels and make hormonal imbalances that change mood and the way the mind works. Many women feel disoriented and confused by what is going on with them. Family history may also play a role.

Signs of later-stage perimenopause can include depression, sleep disruption and "hot flashes." Prior harmful events like problems with relationships, work or social life can contribute to these symptoms. Also, former PPD or sexual abuse and a family history have been found to make depression worse in these women.

Women who have not had children and women who have taken antidepressants have a greater chance of getting depression during this time. Women who have had major depression or relatively mild signs during the menopausal transition tend to feel better with age.

The current thinking is that depressive symptoms during perimenopause are not just about shifting hormone levels. A number of reasons, including past emotional pain, may add to a woman's vulnerability to depression during these years.

For some women, treating depression during this time may call for not only drugs but also talk therapy. It can help deal with current problems rooted in the past.

**Menopause**

The transition to the change of life can have many challenges. These can be in the body and relationships.

Hormonal changes increase during the switch from perimenopause to menopause. Some women may transition into the change of life without any problems with mood. Others may have a higher chance of getting depression, no matter if they have had it in the past. It seems that depression becomes less widely found after menopause.

**Stress**

Many women face the added stresses of work and home duties. Or they may be caring for children and aging parents. Trauma, the loss of a loved one, relationships and financial stress can also add to their chances of getting depression.

It is still not clear, though, why some women who are faced with very large challenges get depression, while others with like challenges do not. Studies have found that women react differently than men to such events, making them more likely to get depressed. It seems that women may react in such a way that draws out their feelings of stress more so than men. That may explain a higher chance of getting depression.

**Getting help**

Proper diagnosis of depression that leads to proper care can make a good change in a woman's life. There are many proven therapies that can help.

Talk therapy may be the best choice for mild to moderate depression. But this may not be enough. A mixture of drugs and talk therapy may be most helpful. This can also lower the chances of the depression coming back.

If you think you have depression, let your doctor know. If you are pregnant, ask for an evaluation both during pregnancy and after giving birth.
IS IT JUST THE "BABY BLUES"?

The "baby blues" is a common, normal experience that many new mothers go through. It is a brief period of mild mood changes that includes feelings of mild sadness or "the blues" as well as feeling weepy and moody. Some reports suggest that as many as 80 percent of new moms go through the baby blues.

Most all mothers of newborns will not be able to sleep, feel tired and perhaps feel trapped or worried. Women with the baby blues may also have appetite changes, feel cranky or nervous or have worries about being a good mother. All of these feelings are normal during the first few weeks after giving birth.

After having a baby a woman’s body changes quickly — hormone levels drop, breast milk comes in and most women feel tired. These changes can cause the baby blues.

The baby blues are not an illness. They will go away on their own without treatment. What can help is reassurance, support from family and friends, rest and time. Lack of sleep can make the blues worse. It is important for a new mother to rest when possible, even if it just a short nap.

The baby blues are very different from postpartum depression.

POSTPARTUM DEPRESSION (PPD)

Depression that happens after the birth of a baby is called postpartum depression (PPD).

PPD is more serious than the baby blues. It calls for active treatment and emotional support for the new mother. It should not be ignored.

Women are vulnerable to getting PPD after having a baby due to the hormonal and physical changes that happen to a woman’s body after the baby is born. The new and demanding job of caring for a new baby can also be overwhelming. This, too, can lead to feelings of sadness. For a few months after having a baby, a mother has a higher chance of getting mental disorders, including depression.

It is common for women who have gone through it in the past to have also had depression at other times. Some women have it during their pregnancies, but it often goes undetected.

It is estimated that 10 percent to 15 percent of women get PPD.
Symptoms

Signs of PPD include:

- feeling sad or depressed
- feeling more irritable or angry with those around you
- having a hard time bonding with your baby
- feeling nervous or panicky
- problems eating or sleeping
- having upsetting thoughts that won’t leave your mind
- feeling as if you are “out of control” or “going crazy”
- feeling like you never should have become a mother
- worrying that you might hurt your baby or yourself

Effects of PPD on children

While the main focus of PPD is on the mother, it is also important to think about its effects on the parent-baby relationship. Untreated PPD may result in conflicting actions in caring for the baby or other children in the home. Women with PPD often focus more on the bad side of child care and thus have poor plans to deal with stress and parenting.

Support and guidance from others, as well as professional treatment can aid the mother in learning better parenting methods. Help with coping, planning and positive reframing can help lower stress levels.

Mothers with PPD should be given a great deal of emotional support as well. They should be allowed to vent in a way that supports their coping skills, but avoid self-blaming.

Getting help

If a new mom suspects she has PPD, she should seek professional help right away. The earlier PPD is diagnosed, the sooner it can be treated. Just “waiting for it to pass” is not the best way to treat it. There are many treatment choices, including talk therapies and medications.

Women can have depression while pregnant as well as suffer from PPD. This is very true if they have a prior history of depression. Being pregnant does not cure or prevent depression. Most women with a history of depression will likely relapse during pregnancy if they stop taking their antidepressant medicine either before conception or early in the pregnancy. This can put both the mother and baby at risk.

It is important for pregnant women to have their doctors work together on the best care. They can balance the risks and benefits of using antidepressants while pregnant. Such medications do pass between the mother and the growing fetus.

A mother’s depression can have physical effects on the fetus. Questions remain about how antidepressants affect a growing fetus or nursing baby. Many pregnant or postpartum women choose not to take antidepressant drugs and instead do talk therapy. Women who stop taking antidepressants during pregnancy increase their chance of getting depression again.

Many mothers who breastfeed may have concerns about taking medicine while breastfeeding. The woman should talk to the doctor who is prescribing the drug. The doctor may give an antidepressant that is given to breastfeeding mothers, such as paroxetine, sertraline or nortriptyline.

Repeat occurrences and prevention

Women who had PPD after past pregnancies may be less likely to get PPD again if they take antidepressants after they have the baby.
Having good social support from family, friends and co-workers may help lessen the seriousness of PPD. But even all this may not prevent it.

Screening tests may help spot depression or risks for depression early.

**Support groups**

Support groups may be helpful, but they should not replace medicine or talk therapy.

Postpartum Support International  
(800) 944-4PPD (4773)  
http://www.postpartum.net


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**MANAGING YOUR PMS: TREATMENT AND COPING STRATEGIES**

The physical and emotional symptoms collectively called premenstrual syndrome — or PMS — affect menstruating women differently. So, when it comes to managing PMS, what works for your friend or sister may not work for you.

Some women find that dietary and lifestyle changes in the 2 weeks preceding menstruation help to ease physical symptoms and decrease moodiness. Others rely on over-the-counter medications to relieve physical symptoms such as back pain and bloating. What works best for you may be a combination of therapies. Consider the following recommendations.

**Lifestyle strategies**

- **Eat a healthy diet.** Foods rich in complex carbohydrates (such as whole-grain breads and brown rice), fiber and protein should be your mainstay. Try not to give in to cravings for foods that are high in sugar, fat and salt. Excess salt can contribute to bloating and fluid retention. Eat several small meals throughout the day.
- **Avoid caffeine and alcohol.** Cutting back on caffeine may relieve breast tenderness. Drinking alcohol can intensify feelings of sadness and depression.
- **Get at least 8 hours of sleep every night.**
- **Avoid stress.** Stress doesn’t cause PMS, but stress can exacerbate PMS symptoms. If stressful situations cannot be avoided, find channels for relieving stress.
- **Do what feels good.** If a hot bath relieves back pain, take one. If talking with friends is a source of support, do so.
**Medication**

- You may want to take a **daily multivitamin that includes 400 micrograms of folic acid and a daily 1,000 mg calcium supplement with Vitamin D**. Talk to your doctor before taking other dietary supplements, which have possible side effects and can do more harm than good.
- **Over-the-counter medications** can relieve mild to moderate physical discomfort. Diuretics get rid of excess sodium and fluid, decreasing bloating, breast tenderness and abdominal discomfort. Ibuprofen, ketoprofen and naproxen work well at alleviating pain. Some medications, like Midol PMS®, Pamprin® and Premsys PMS®, combine a variety of drugs to allay multiple physical symptoms.
- **Physician-prescribed birth control pills**, that stop ovulation, may help women who are particularly sensitive to fluctuations in hormone levels in the weeks before their period.
- **Serotonin-reuptake inhibitors (SSRIs)**, physician-prescribed antidepressants that alter the brain chemical serotonin, have been useful for treating women with a severe and debilitating form of PMS — called premenstrual dysphoric disorder (PMDD). Examples of SSRIs include citalopram, sertraline, fluoxetine and paroxetine.

**Alternative therapies**

You may read or hear about alternative therapies — such as massage, acupuncture, homeopathy, evening primrose oil, chasteberry, ginkgo biloba and St. John’s wort. Although there may be promise with such treatments, little scientific data exist to confirm their effectiveness and safety. Talk to your doctor before trying an alternative therapy.

**Tracking your symptoms**

Keeping a diary of your monthly cycle and any changes in your mood or physical health will help you to identify a pattern of symptoms that occur from month to month. Knowing what to expect each month can help you and your doctor determine what medications and lifestyle changes may work best for your situation. Be patient. Finding what works is a process of trial and error.

A PMS symptom tracker can be found at www.womenshealth.gov.


By Christine P. Martin
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**MENOPAUSE AND MENTAL HEALTH**

Midlife is often considered a period of increased risk for depression in women. Some women report mood swings, irritability, tearfulness, anxiety and feelings of despair in the years leading up to menopause.

**Causes**

But the reason for these emotional problems isn’t always clear. Research shows that menopausal symptoms such as sleep problems, hot flashes, night sweats and fatigue can affect mood and well-being. The drop in estrogen levels during perimenopause and menopause might also affect mood. Or it could be a combination of hormone changes and menopausal symptoms.

But changes in mood also can have causes that are unrelated to menopause. If you are having emotional problems that are interfering with your quality of life, it is important to discuss them with your doctor. Talk openly with your doctor.
about the other things going on in your life that might be adding to your feelings. Other things that could cause feelings of depression and/or anxiety during menopause include:

- having depression before menopause
- feeling negative about menopause and getting older
- increased stress
- having severe menopausal symptoms
- smoking
- not being physically active
- not being happy in your relationship or not being in a relationship
- not having a job
- not having enough money
- having low self-esteem (how you feel about yourself)
- not having the social support you need
- feeling disappointed that you can’t have children anymore

Ways to feel better

If you need treatment for your symptoms, you and your doctor can work together to find a treatment that is best for you. Depression during the menopausal transition is treated in much the same way as depression that strikes at any other time of life. If your mood is affecting your quality of life, here are a few things you can do:

- **Try to get enough sleep.** Go to bed and wake up at the same times every day. Keep your room cool and dark. Use your bed only for sleeping and sex. Avoid alcohol, caffeine, large meals, or physical activity before bed.
- **Engage in physical activity** for at least 30 minutes on most days of the week.
- **Set limits for yourself**, and look for positive ways to unwind and ease daily stress. Try relaxation techniques, reading a book, or spending some quiet time outdoors.
- **Talk to your friends** or go to a support group for women who are going through the same thing as you. You also can get counseling to talk through your problems and fears.
- **Ask your doctor** about therapy or medicines. Menopausal hormone therapy can reduce symptoms that might be causing your moodiness. Antidepressants might also help.


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