



Women and Depression

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Health Care

(Societal Efforts)

Restoration

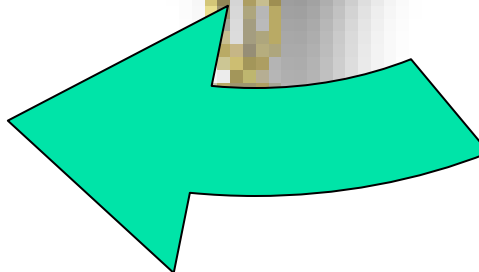
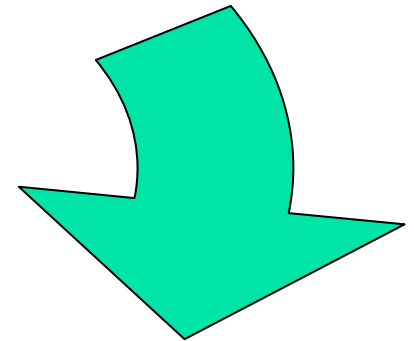
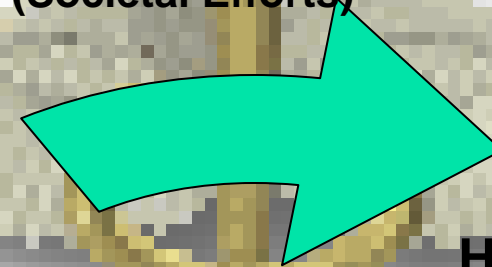
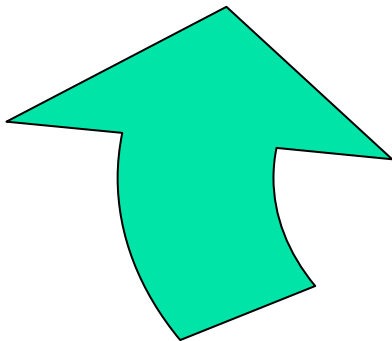
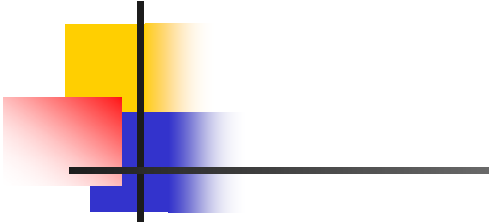
Health Promotion

Health Services

(Delivery Components)

Prevention

Rehabilitation





Definition

- Clinical Depression is a serious medical illness that is much more than temporary feeling sad or blue
- It involves disturbances in mood, concentration, sleep, activity, appetite, and social behavior



Signs and Symptoms/ Psychological

- Depressed mood(sad)
- Reduction in interest and/or pleasure in activities, including sex
- Feelings of guilt, hopelessness, and worthlessness
- Suicidal thoughts (recurrent)



Signs and Symptoms/Physical

- Sleep disturbance (insomnia or hypersomnia)
- Appetite/weight changes
- Attention/concentration difficulties
- Decreased energy or unexplained fatigue
- Psychomotor disturbance



Types of Depression

- Major Depressive Disorder
- Minor Depression Disorder
- Dysthymic Disorder
- Seasonal Affective Disorder (SAD)
- Postpartum Depression
- Premenstrual Dysphoric (PMDD)
- Bipolar Disorder



Major Depression Disorder

- Last about 2 weeks
- Change in previous functioning
- Impairment in social and occupational functions
- Five or more symptoms may be present:
 - appetite, weight, sleep disturbance, fatigue or loss of energy, feeling of worthlessness or guilt, difficult thinking or making decisions, recurrent thoughts of death or suicide



Minor Depression Disorder

- 10 percent of clients with depressive symptoms do not meet the criteria for severe symptoms of depression
- Symptoms may interfere with functions but not qualified as a Major Diagnosis



Dysthymic Disorder

- Person feels depressed nearly all the time
- Depressed mood for most of the day
- Depressed mood for at least 2 years
- At least 2 of the following symptoms:
 - appetite disturbance, sleep disturbance, fatigue, low self-esteem, poor concentration, difficulty making decisions, and feelings of hopelessness



Seasonal Affective Disorder (SAD)

- Depression that comes with shortened daylight in winter and fall and disappears during the spring and summer.
- Women are diagnosed with SAD more often than men.
- Majority of SAD sufferers are women with a family history of mood disorders.
- Symptoms
 - Hypersomnia
 - Lethargy
 - Fatigue
 - Increased irritability
 - Increase appetite (carbohydrate craving)
 - Weight gain
- Client with SAD develop depression ***October*** and ***November*** and find it remitting in ***March*** and ***April***.



Postpartum Depression

- Mood disorder in women after delivering a child.
- The symptoms include a continuum from postpartum blues to postpartum depression to a rare form of postpartum psychosis.
- The mood with symptom may disappear spontaneously.
- The mood may be unstable, accompanied by sadness, weepiness, irritability, anxiety and fatigue.



Postpartum Depression

- Women with the diagnosis experience the following symptoms:
 - Insomnia
 - Loss of energy
 - Inability to concentrate
 - Anxiety
 - Mood swings
 - Periods of crying
 - Feeling of despair (ruminates over perceived inadequacies as a mother)



Postpartum Psychosis

- **A Medical Emergency**
- One woman in a thousand experiences a postpartum psychosis.
- The incidence is higher for women with a diagnosis of Bipolar.
- Symptoms develop rapidly and include the following:
 - Insomnia
 - Hallucinations
 - Agitation
 - Bizarre feeling or behavior



Premenstrual Dysphoric Disorder (PMDD)

- Mood and symptoms can occur during the premenstrual period.
- The diagnosis requires the presence of five of 11 symptoms, with at least one of the first symptoms experienced during the last week of the luteal phases.
- The symptoms should not represent the exacerbation of preexisting anxiety, depression or personality disorder.
- PMDD has a greater risk for future depression during pregnancy, the postpartum period and perimenopausal period.



Premenstrual Dysphoric Disorder (PMDD)

■ Risk Factors

- History of depression or PMDD
- Young age
- Limited social support
- Living alone
- Greater number of children
- Marital conflict
- Ambivalence about pregnancy



Bipolar Disorder

- In addition to severe depression, manic episode may occur.
- These episodes vary in intensity and accompany levels of anxiety to moderate manic states to severe and panic states with psychotic features.
- Mania is characterized by elevated, expansive, or irritable mood.
- Risk factors for Bipolar disorder are being female and having a family history of Bipolar.



Prevalence and Incidence

- Depression can develop in anyone at any age
- Depression is a significant risk for women, especially younger women of childbearing age
- Clinical depression affects twice as many women than men
- Women experience higher rates of seasonal affective depression (SAD) and dysthymia (chronic depression)



Causative Factors of Depression in Women

- Biological Factors
- Genetic Factors
- Psychological Factors



Biological Factors

Mood changes and reproductive health events:

- Behavior and mood changes premenstrually
- 10 to 15 percent of women experience depression during pregnancy or after the birth of a baby
- Increase in depression during perimenopausal period
- Differences in thyroid function between women and men contribute to gender differences in mood
- Circadian rhythm patterns that regulate sleep activities (women report hypersomnia –excessive sleeping)
- Neurotransmitter of serotonin effects estrogen on their functioning (linked to rates of depression)



Genetic Factors

- Some forms of depression runs in families
- There is a 25 percent rate of depression in the first degree relatives (mother, father, siblings)
- Greater prevalence of the illness in first degree and second degree females relatives
- Depression occurs in people who have no family history of the disease



Psychosocial Factors

Psychosocial factors may contribute to women's increased vulnerability to depression:

- Multiple work and family responsibilities
- Sexual and physical abuse
- Sexual discrimination
- Lack of social support
- Traumatic life experiences
- Poverty



Psychosocial Factors.....cont.

- Married women have the highest rates of depression than unmarried women
- Unhappy marriages, women are 3 times as likely to be depressed.
- Depression is the highest among mothers with young children and increases with the number of children



Cultural Factors

- Women of color are more likely than Caucasian women to share a high level of socioeconomic risk factors for depression
- Racial/ethnic discrimination
- Lower education and income level
- Segregation into low status
- High job stress
- Unemployment
- Poor health
- Large family sizes
- Marital dissolution
- Single parenthood



Cultural Factors.....cont.

- Women confronting immigration and acculturation reports higher level of depression
- Asian American women over the age of 65 have the highest suicidal rate
- Asian American adolescent girls have the highest rates of depressive symptoms (between the age of 15-24 years of age)



Research Studies

- Women are more willing to admit feelings of depression and report past episodes depression to physicians.
 - Possibly contributing to the gender difference depression rates.



Studies of Depression

- Several studies of depression among college students with the Amish community of Pennsylvania
 - Report no gender differences in the rates of depression
 - Suggesting that greater social equality may help reduce the higher rates of depression in women
- Psychological make up plays an important role in one's vulnerability to depression
- Women with low self-esteem, pessimistic views, tendencies towards stress are prone to clinical depression
- Sexual abuse and physical abuse are major factors for depression



Studies of Depression.....cont.

- Women are twice as likely as men to have experience sexual abuse
- One study reported 3 out of 5 of women diagnosed with depressive illnesses had been victims of abuse
- One study reported that 100 percent of women who had experienced severe childhood sexual abuse developed depression later in life



Pregnancy and Depression

- Recent research reveals that 10 to 15 percent of women experience depression during pregnancy
- Approximately 80 percent of women experience postpartum blues (a brief period of depressive symptoms).
- 10 to 15 percent of women suffer from clinical depression within 3 months of delivery
- One woman in a thousand experience a postpartum psychosis—a medical emergency (the woman may inflict harm upon herself and/or baby)



Risk Factors for Depression in Women

- Family history of mood disorders
- Personal past history of mood disorders in early reproductive years
- Loss of parents before the age of 10 years old
- Childhood history of physical and sexual abuse
- Use of an oral contraceptive especially one with high progesterone content
- Use of gonadotropin stimulants as part of infertility treatment
- Persistent psychosocial stressors (loss of job)
- Loss of social support systems or the threat of such a loss



Depression: Differences in Women Compared with Men

- Women are approximately 2 times more likely to suffer from Major Depression and Dysthymia Disorder than men
- Women often experience seasonal depression
- Women experience atypical symptoms (i.e. ***hypersomnia, hyperphagia, carbohydrate craving, weight gain, heavy feeling in the arms/legs, aches/pain with no physical cause, mood exacerbations and initial insomnia***)
- Women have frequent symptoms of anxiety, panic, phobia, eating disorders and dependent personality
- Women have high a higher incident of thyroidism
- Exogenous and endogenous gonadal steroid have a greater impact on mood in women than in men



Risk Factors: Suicidal Behavior in Women

Risk factors for suicidal attempt:

- Age less than 30 years
- Threatened loss of intimate relationship
- Live alone
- Current psychosocial stressors (e.g. loss of job)
- Substance abuse
- Personality disorders (e.g. borderline personality disorder)



High-Risk Factors: Suicidal Behavior in Women

Risk factors for complete suicide:

- Severe clinical depression, especially with psychosis
- Past history of suicidal attempts
- Current active suicidal ideation or plan
- Divorced, more active, or chronic medical illness
- Feeling of hopelessness
- Panic disorder
- Severe anxiety, especially with mixed depression



Treatment Issues

- Depression is misdiagnosed approximately 30 to 50 percent of the time in women.
- 70 percent of prescriptions for antidepressants are given to women
- Women have the highest utilization of medical services
- High use of emergency department:
 - Emotional problems
 - Suicidal attempts
 - High use of days loss from work related to depression

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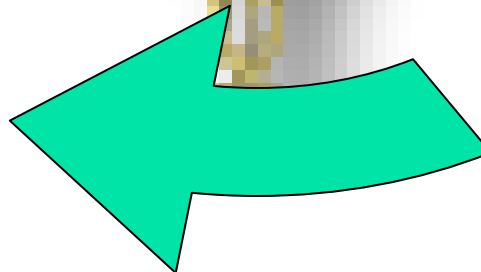
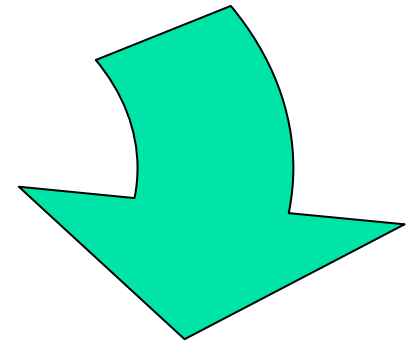
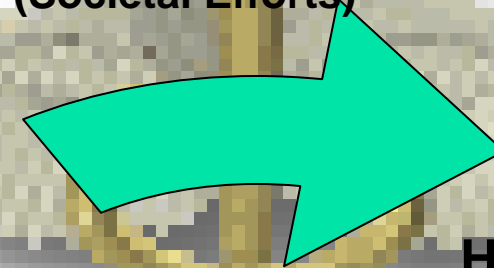
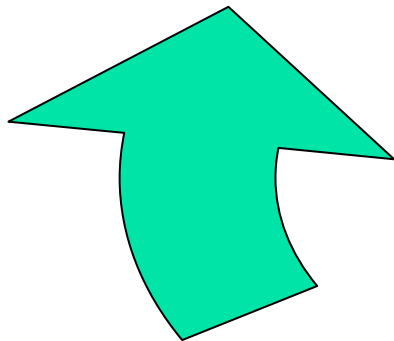
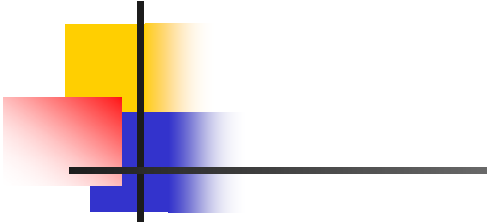
Health Promotion

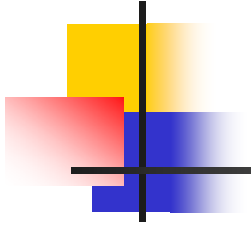
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The End
