Depression increases in women during early to late menopause but decreases after menopause


Q Is there an association between depression and the transition to menopause?

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The study by Freeman and colleagues is important because it periodically obtained blood samples from a prospective cohort of premenopausal women not initially using hormones, who were followed over a significant number of years (4 years). Consistent with prior work, depressive symptoms, as measured by the CES-D, significantly increased during the perimenopausal stage and decreased after menopause. However, the question of whether hormonal shifts during perimenopause increased depressive symptoms, or that climacteric symptoms were interpreted as depressive symptoms remains unanswered. It is unclear whether clinicians should treat the depressive symptoms, treat the climacteric symptoms, a combination of the two, or wait until women pass through to menopausal stages.

Randomised placebo controlled trials have not consistently found that use of an oestrogen/progestogen combination improves mood.1–3 However, in the HERS trial, the benefit of hormone therapy (HT) was observed among women experiencing flushing,4 but no significant relation was observed for women not experiencing flushing. The frequent administration of progestogen with oestrogen confounds exploration of the antidepressant role of HT. In our own study of community women aged 45–54 years, increased climacteric symptoms (hot flashes, trouble sleeping, night sweats, memory problems, mood swings) explain the observed increased rates of depressive symptoms among women of this cohort (almost 30% reported high levels of depressive symptoms as measured by a shortened CES-D).5 Even after considering HT, climacteric symptoms remained significantly related to increased depressive symptoms. Although there is suggestive evidence from observational studies and a limited number of randomised, controlled trials that oestrogen therapy improves mood and cognition, the clinical relevance of oestrogen administration is unproved. There are weak data that oestrogens might be considered for mild depressive symptoms attributed to hot flashes, sleep disturbances, or other climacteric symptoms. No hard data exist to indicate whether oestrogen could be used as adjunctive therapy for other depressive disorders during the menopausal transition or postmenopausal period. The use of antidepressants is the only proven treatment at this time.

Hayden B Bosworth, PhD

Department of Medicine and Psychiatry, Duke University Medical Center, Durham, NC, Center for Health Services Research in Primary Care, Durham VA/MC, Durham, NC, USA


For correspondence: Ellen Freeman, Department of Obstetrics/Gynecology, University of Pennsylvania School of Medicine, 3701 Market Street, Suite 820, Philadelphia, PA, USA; freemane@mail.med.upenn.edu

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