Women's Health Update

Summer 2003

Bureau of Health Promotion and Risk Reduction, Ohio Department of Health

Update Focus: Women and Mental Health

18 Years of WHM – Once again we are in the midst of preparing for Women's Health Month (WHM). The response to the request for applications has been good in all regions; 80 to 100 programs focused on women's health will take place across the state this September. We look forward to our continued partnership with the Area Health Education Centers (AHECs) and appreciate the time and effort they dedicate to making the WHM initiative successful.

WHM Kick-off – The WHM kick-off will be held on September 5, 2003 at Edison Community College in Piqua. A resolution proclaiming September as WHM in Ohio will be presented and a local consortium will be recognized for their long-standing commitment to providing education about women's health.

Sexual Assault Protocol – As many of you are aware, in addition to responsibilities for the WHM initiative, the SADVPP administers federal and state money for sexual assault prevention and crisis intervention including the Violence Against Women Act (VAWA) funds. Under that program a multidisciplinary advisory committee was formed to assist with the development of a state protocol to address sexual assault. The protocol was first issued in 1992, revised in 1997, and revised again in 2002. The new protocol, The Ohio Protocol for Sexual Assault Forensic and Medical Examination, includes a pediatric protocol and some updates related to DNA. The protocol is posted on the ODH web site. To access the protocol: http://www.odh.state.oh.us/ODHPrograms/SADV/sadvprot.htm You may also request a hard copy of the protocol by contacting our office at the numbers listed in this Update.

Educational Sessions for Mental Health Professionals – Based on recommendations from the report of the Ohio Sexual Assault Task Force (OSATF), ODH is working with the Ohio Coalition on Sexual Assault (OCOSA) to sponsor three workshops on effective counseling for sexual assault survivors. Two workshops will be conducted in June and one in September. The workshops will be held in Columbus, Cleveland/Akron area and Cincinnati. For more information or to receive a brochure, contact Sara Brasse at OCOSA, 614/781-1902 or the SADVPP staff at ODH, 614/728-2707.

Judi Moseley, Program Administrator, SADVPP
(Sexual Assault and Domestic Violence Prevention Program)

Women and Mental Health

CLINICAL DEPRESSION AND WOMEN

(Source: National Mental Health Association)

Women experience depression at roughly twice the rate of men. One in five women can expect to develop clinical depression during their lifetime. Regardless of age, race, or income clinical depression can occur in any woman, and can be serious enough to lead to suicide. The good news is that clinical depression is a treatable medical illness. Women with clinical depression need to know that successful treatments are available.

The Facts Every Woman Should Know

- Approximately seven million women in the United States currently have diagnosable clinical depression.
- Only one out of every three women who experience clinical depression will ever seek care.
- Married women have higher rates of depression than unmarried women, with rates peaking during the childbearing years.
- Depression occurs most frequently in women 25-44 years of age.
- Girls entering puberty are twice as prone to depression as boys.
- Elderly women experience depression more often than elderly men.
- Depression is the number one cause of disability in women.
- Research shows a strong relationship between eating disorders and depression.
- Almost 15% of those suffering from severe depression will commit suicide.

Why are Women at Increased Risk for Depression?

- Biological differences in women may contribute to depression, such as hormonal changes and genetics.
- Social reasons may also lead to higher rates of clinical depression among women, such as greater stresses from work and family responsibilities, the roles and expectations of women, and even the increased rates of sexual abuse and poverty.

Learn to Recognize the Symptoms of Clinical Depression

No two people experience clinical depression in the same manner. Symptoms will vary in severity and duration among different people. See your doctor* if you experience five or more of the following symptoms for more than two weeks:

- Persistent sad, anxious, or "empty" mood
- Sleeping too little, early morning awakening, or sleeping too much
- Reduced appetite and/or weight loss, or increased appetite and weight gain
- Loss of interest in activities once enjoyed, including sex
- Restlessness, irritability
- Persistent physical symptoms that don't respond to treatment (such as headaches, chronic pain or digestive disorders)
- Difficulty concentrating, remembering, or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless, or worthless
- Thoughts of suicide or death

*As a first step, a thorough physical examination may be recommended to rule out other illnesses.

DEPRESSION: WHAT EVERY WOMAN SHOULD KNOW

(Source: National Institute of Mental Health)

The Many Dimensions of Depression in Women

A variety of factors unique to women's lives are suspected in playing a role in developing depression. Investigators are focusing on the following areas in their study of depression in women:

<u>The Issues of Adolescence</u>

Before adolescence, there is little difference in the rate of depression in boys and girls. But between the ages of 11 and 13, there is a rise in depression rates for girls. By the age of 15, females are twice as likely to have experienced a major depressive episode as males. This comes at a time in adolescence when roles and expectations change dramatically. The stresses of adolescence include forming an identity, emerging sexuality, separating from parents, and making decisions for the first time, along with other physical, intellectual, and hormonal changes. These stresses are generally different for boys and girls, and may be associated more often with depression in females. Studies show that female high school students have significantly higher rates of depression, anxiety disorders, eating disorders, and

adjustment disorders than male students, who have higher rates of disruptive behavior disorders.

Adulthood: Relationships and Work Roles

Stress in general can contribute to depression in persons biologically vulnerable to the illness. However, some theorize that higher incidence of depression in women is due to the particular stresses that many women face. These stresses include major responsibilities at home and work, single parenthood, and caring for children and aging parents. How these factors may uniquely affect women is not yet fully understood.

For both women and men, rates of major depression are highest among the separated and divorced, and lowest among the married, while remaining always higher for women than for men. The quality of a marriage, however, may contribute significantly to depression. Lack of an intimate, confiding relationship, as well as overt marital disputes, have been shown to be related to depression in women. In fact, rates of depression were shown to be highest among unhappily married women.

Reproductive Events

Women's reproductive events include the menstrual cycle, pregnancy, the post-pregnancy period, infertility, menopause, and sometimes, the decision not to have children. These events bring fluctuations in mood that for some women include depression. Researchers have confirmed that hormones have an effect on the brain chemistry that controls emotions and mood; a specific biological mechanism explaining hormonal involvement is not known, however.

Specific Cultural Considerations

As for depression in general, the prevalence rate of depression in African American and Hispanic women remains about twice that of men. There is some indication, however, that major depression may be diagnosed less frequently in African American and slightly more frequently in Hispanic than in Caucasian women. Prevalence information for other racial and ethnic groups is not definitive. People from various cultural backgrounds may view depressive symptoms in different ways. Such factors should be considered when working with women from special populations.

Victimization

Studies show that women molested as children are more likely to have clinical depression at some time in their lives than those with no such history. In addition, several studies show a higher incidence of depression among women who have been raped as adolescents or adults. Women who experience other commonly occurring forms of abuse, such as physical abuse and sexual harassment on the job, also may experience higher rates of depression. Abuse may lead to depression by fostering low self-esteem, a sense of helplessness, self-blame, and social isolation. There may be biological and environmental risk factors for depression resulting from growing up in a dysfunctional family. At present, more research is needed to understand whether victimization is connected specifically to depression.

Poverty

Women and children represent seventy-five percent of the U.S. population considered poor. Low economic status brings with it many stresses, including isolation, uncertainty, frequent negative events, and poor access to helpful resources. Sadness and low morale are more common among persons with low incomes and those lacking social supports. But research has not yet established whether depressive illnesses are more prevalent among those facing environmental stressors such as these.

Depression Is a Treatable Illness

Even severe depression can be highly responsive to treatment. Indeed, believing one's condition is "incurable" is often part of the hopelessness that accompanies serious depression. Such individuals should be provided with the information about the effectiveness of modern treatments for depression in a way that acknowledges their likely skepticism about whether treatment will work for them. As with many illnesses, the earlier treatment begins the more effective and the greater the likelihood of preventing serious recurrences. Of course, treatment will not eliminate life's inevitable stresses and ups and downs, but it can greatly enhance the ability to manage such challenges and lead to greater enjoyment of life.

The first step in treatment for depression should be a thorough examination to rule out any physical illnesses that may cause depressive symptoms. Since certain medications can cause the same symptoms as depression, the examining physician should be made aware of any medications being used. If a physical cause for the depression is not found, a psychological evaluation should be conducted by the physician or a referral made to a mental health professional.

Types of Treatment for Depression

The most commonly used treatments for depression are antidepressant medication, psychotherapy, or a combination of the two. Which of these is the right treatment for any one individual depends on the nature and severity of the depression and, to some extent, on individual preference. In the past few years, much interest has risen in the use of herbs in the treatment of both depression and anxiety. St. John's wort (Hypericum perforatum), an herb used extensively in the treatment of mild to moderate depression in Europe, has recently aroused interest in the United States. The Food and Drug Administration issued a Public Health Advisory on February 10, 2000. It stated that St. John's wort appears to affect an important metabolic pathway that is used by many drugs prescribed to treat conditions such as heart disease, depression, seizures, certain cancers, and rejection of transplants. Therefore, health care providers should alert their patients about these potential drug interactions. Any herbal supplement should be taken only after consultation with the doctor or other health care provider.

Along with professional treatment, there are other things you can do to help yourself get better. Some people find participating in support groups very helpful. It may also help to spend some time with other people and to participate in activities that make you feel better, such as mild exercise or yoga. Exercise, a well-balanced diet, and rest can help you feel better. Just don't expect too much from yourself right away. Feeling better takes time.

POSTPARTUM DEPRESSION

(Source: National Women's Health Information Center)

Postpartum depression (PPD) is a condition that describes a range of physical and emotional changes that many mothers can have after having a baby. PPD can be treated with medication and counseling. Talk with a health care provider right away if PPD is suspected.

There are three types of PPD women can have after giving birth:

- The *baby blues* happen in many women in the days right after childbirth. A new mother can have sudden mood swings, such as feeling very happy and then feeling very sad. She may cry for no reason and can feel impatient, irritable, restless, anxious, lonely, and sad. The baby blues may last only a few hours or as long as one to two weeks after delivery. The baby blues do not always require treatment from a health care provider. Often, joining a support group of new moms or talking with other moms helps.

- *Postpartum depression* can happen a few days or even months after childbirth. PPD can happen after the birth of any child, not just the first child. A woman can have feelings similar to the baby blues - sadness, despair, anxiety, irritability - but she feels them much more strongly than she would with the baby blues. PPD often keeps a

Organizations and Associations

Depression and Bipolar Support Alliance (DBSA)
730 N. Franklin Street, Suite 501
Chicago IL 60610-7224
Toll free: (800) 826-3632
Phone: (312) 642-0049
Fax: (312) 642-7243
Website: www.dbsalliance.org

DBSA is the nation's largest patient-directed, illness-specific organization. It was incorporated in 1986.

The not-for-profit organization educates the public concerning the nature of depressive and bipolar illnesses as treatable medical diseases. More than 5,000 calls per month are personally answered on the toll-free information and referral line and the website receives nearly 75,000 individual visitors monthly. Each year more than 50,000 information packets are distributed free of charge to anyone requesting information about mood disorders.

DBSA has a grassroots network of nearly 1,000 patient-run support groups that hold regular meetings across the United States and Canada. Check the website to find out locations in Ohio.

National Alliance for the Mentally Ill (NAMI)
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington VA 22201-3042
NAMI HelpLine: 1-800-950-NAMI (6264)
Main office: (703) 524-7600
Fax: (703) 9094
TDD: (703) 516-7227
Website: www.nami.org

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases. NAMI is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders.

Founded in 1979, NAMI has more than 210,000 members who seek equitable services for people with severe mental illnesses, which are known to be physical brain disorders. Working on the national, state, and local levels, NAMI provides education about severe brain disorders, supports increased funding for research, and advocates for adequate health insurance, housing, rehabilitation, and jobs for people with serious psychiatric illnesses.

Consumers, family members, friends, and the public are encouraged to call the toll-free NAMI HelpLine for information and referral to the NAMI affiliate group in their area. The HelpLine number is 1-800-950-NAMI (6264).

National Institute of Mental Health (NIMH)
NIMH Public Inquiries
6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda MD 20892-9663
Phone: (301) 443-4513
Fax: (301) 443-4279
TTY: (301) 443-8431
Website: www.nimh.nih.gov

The mission of NIMH is to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior.

The organization is in the midst of an era of enormous promise and achievement in all areas of biomedical science. With a current annual budget of $1.2 billion, NIMH sponsors research conducted by independent investigators at universities and other settings across the country and by scientists located in the intramural research program in Bethesda, Maryland. One important purpose of the NIMH website is to provide information that will be responsive to people who have questions about their own mental health or the health of a family member or friend.

A major challenge is to ensure that people have access to high quality mental health care. The Nation is striving to achieve that goal, and for information about those efforts, readers can review the ongoing work of the President's New Freedom Commission on Mental Health, which can be found at www.mentalhealthcommission.gov

National Mental Health Association (NMHA)
2001 N. Beauregard Street, 12th floor
Alexandria VA 22311
Phone: (703) 684-7722
Fax: (703) 684-5968
TTY: (800) 433-5959
Website: www.nmha.org

NMHA is the country's oldest and largest nonprofit organization addressing all aspects of mental health and mental illness. NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research and service.

NMHA was established in 1909 by former psychiatric patient Clifford W. Beers. During his stays in public and private institutions, Beers witnessed and was subjected to horrible abuse. From these experiences, Beers set into motion a reform movement that took shape as the National Mental Health Association.

Helpful Websites

American Psychological Association:
http://www.apa.org

Healthfinder: http://www.healthfinder.gov

National Foundation of Depressive Illness:
http://www.depression.org

National Women's Health Information Center:
http://www.4woman.gov

Psychology Information Online:
http://www.psychologyinfo.com

SAD Association:
http://www.sada.org.uk

woman from doing the things she needs to do every day. When a woman's ability to function is affected, this is a sure sign that she needs to see her health care provider right away. If a woman does not get treatment for PPD, symptoms can get worse and last for as long as one year. While PPD is a serious condition, it can be treated with medication and counseling.

- *Postpartum psychosis* is a very serious mental illness that can affect new mothers. This illness can happen quickly, often within the first three months after childbirth. Women can lose touch with reality, often having auditory hallucinations (hearing things that aren't actually happening, like a person talking) and delusions (seeing things differently from what they are). Visual hallucinations (seeing things that aren't there) are less common. Other symptoms include insomnia (not being able to sleep), feeling agitated (unsettled) and angry, and strange feelings and behaviors. Women who have postpartum psychosis need treatment right away and almost always need medication. Sometimes women are put into the hospital because they are at risk for hurting themselves or someone else.

How can a woman tell if she is experiencing postpartum depression?

Some of the signs of postpartum depression can include:

- Feeling restless or irritable
- Feeling sad, depressed, or crying a lot
- Having no energy
- Having headaches, chest pains, heart palpitations (the heart being fast and feeling like it is skipping beats), numbness, or hyperventilation (fast and shallow breathing)
- Not being able to sleep or being very tired, or both
- Not being able to eat and having weight loss
- Overeating and having weight gain
- Trouble focusing, remembering, or making decisions
- Being overly worried about the baby
- Not having any interest in the baby
- Feeling worthless and guilty
- Being afraid of hurting the baby or yourself
- Having no interest or pleasure in activities, including sex

A woman may feel anxious after childbirth but not have PPD. She may have what is called *postpartum anxiety* or *panic disorder*. Signs of this condition include strong anxiety and fear, rapid breathing, fast heart rate, hot or cold flashes, chest pain, and feeling shaky or dizzy. A woman should talk with her health care provider right away if any of these signs exist. Medication and counseling can be used to treat postpartum anxiety.

Who is at risk for getting postpartum depression?

Postpartum depression affects women of all ages, economic status, and racial/ethnic backgrounds. Any woman who is pregnant, had a baby within the past few months, miscarried, or recently weaned a child from breastfeeding can develop PPD. The number of children a woman has does not change her chances of getting PPD. New mothers and women with more than one child have equal chances of getting PPD. Research has shown that women who have had problems with depression are more at risk for PPD than women who have not had a history of depression.

What causes postpartum depression?

No one knows for sure what causes postpartum depression (PPD). Hormonal changes in a woman's body may trigger its symptoms. During pregnancy, the amount of two female hormones, estrogen and progesterone, in a woman's body increases greatly. In the first 24 hours after childbirth, the amount of these hormones rapidly drops and keeps dropping to the amount they were before the woman became pregnant. Researchers think these changes in hormones may lead to depression, just as smaller changes in hormones can affect a woman's moods before she gets her menstrual period.

Thyroid levels may also drop sharply after giving birth. (The thyroid is a small gland in the neck that helps to regulate how your body uses and stores energy from foods eaten.) Low thyroid levels can cause symptoms that can feel like depression, such as mood swings, fatigue, agitation, insomnia, and anxiety. A simple thyroid test can tell if this condition is causing a woman's PPD. If so, thyroid medication can be prescribed by a health care provider.

Other things can contribute to PPD, such as:

- Feeling tired after delivery, broken sleep patterns, and not enough rest often keeps a new mother from regaining her full strength for weeks. This is particularly so if she has had a cesarean (C-section) delivery.
- Feeling overwhelmed with a new, or another, baby to take care of and doubting her ability to be a good mother.
- Feeling stress from changes in work and home routines. Sometimes women think they have to be "super mom" or perfect, which is not realistic and can add stress.
- Having feelings of loss - loss of identity (who she is, or was, before having the baby), loss of control, loss of a slim figure, and feeling less attractive.

- Having less free time and less control over time. Having to stay home indoors for longer periods of time and having less time to spend with the baby's father.

How is postpartum depression treated?

It is important to know that PPD is treatable and that it will go away. The type of treatment will depend on how severe the PPD is. PPD can be treated with medication (antidepressants) and psychotherapy. Women with PPD are often advised to attend a support group to talk with other women who are going through the same thing. If a woman is breastfeeding, she needs to talk with her health care provider about taking antidepressants. Some of these drugs affect breast milk and should not be used.

How can a woman take care of herself if she gets postpartum depression?

The good news is that if a woman has PPD, there are things she can do to take care of herself. She should:

- Get good, old-fashioned rest. Always try to nap when the baby naps.
- Stop putting pressure on herself to do everything. Do as much as possible and leave the rest! Ask for help with household chores and nighttime feedings.
- Talk to her husband, partner, family, and friends about how she is feeling.
- Not spend a lot of time alone. She should get dressed and leave the house - run an errand or take a short walk.
- Spend time alone with her husband or partner.
- Talk to a health care provider about medical treatment. She should not be shy about telling them her concerns. Not all health care providers know how to tell if she has PPD. She should ask for a referral to a mental health professional who specializes in treating depression.
- Talk with other mothers, so she can learn from their experiences.
- Join a support group for women with PPD. Call a local hotline or look in the telephone book for information and services.

Help Is Available

NMHA Campaign for America's Mental Health
1-800-969-6642

Depression and Bipolar Support Institute
1-800-826-3632

National Alliance for the Mentally Ill (NAMI)
1-800-950-NAMI

Resources:

Depression After Delivery, Inc.
Phone Number: (800) 944-4773
Internet Address: http://www.depressionafterdelivery.com/

Postpartum Education for Parents
Phone Number: (805) 564-3888
Internet Address: http://www.sbpep.org

American College of Obstetricians and Gynecologists (ACOG)
Phone Number: (800) 762-2264
Internet Address: http://www.acog.com

Federal Maternal and Child Health Library
Internet Address:
http://mchlibrary.info/KnowledgePaths/kp_postpartum.html

SEASONAL AFFECTIVE DISORDER (SAD)

(Sources: Alaska Northern Lights and National Mental Health Association)

The last thing any of us need is another disease to "think" we have. But for many people, winter depression or "seasonal affective disorder" is a serious contender with the common cold for the most common medical complaint. Here are some of the key indicators that our review of available information turned up for seasonal affective disorder:

- You are a women over 30
- But you might be a guy...1 in 4 sufferers are!
- Depression starts when the days get short
- You feel tired all the time
- You just can't get going
- You experience increased appetite
- You have weight gain
- You crave carbohydrates
- You withdraw from relationships
- You find it difficult to concentrate or focus
- You have problems at work
- You suffer from anxiety and despair

If you experience a number of these symptom, you should see your doctor. There are some excellent therapies.

The further north you live, the more likely you are to get the disease, because it is related to daylight. Climate, season, weather, latitude, storms, cloud cover, and how much time you spend indoors under artificial light all affect mood.

Melatonin, a sleep-related hormone secreted by the pineal gland in the brain, has been linked to SAD. This hormone is believed to cause symptoms of depression and is produced at increased levels in the dark. So when the days are shorter and darker, the production of this hormone increases.

Some people are more sensitive to changes in light than others. Regular exercise—particularly if done outdoors—may help because exercise can relieve depression. One study found that an hour's walk in winter sunlight was as effective as two and a half hours under bright artificial light.

For more severe symptoms, a light treatment called phototherapy might help. Phototherapy has been shown to suppress the brain's secretion of melatonin. Although research hasn't proven that this treatment has an antidepressant effect, it has helped many people.

Doctors believe light has a biological effect on brain hormones and function. Treatment is based on the interaction of light with the eyes, not the skin. Typically the patient is directed to sit directly in front of the light once or twice a day, from 30 minutes for the brighter light boxes to a couple hours for the lights that are not quite as intense. The time required varies among different people. Exercise is a very important part of the treatment. For example, go for a walk outside during lunch break. The exercise helps. And some light rays may also be absorbed.

Opinions differ as to what kind of light and what intensity. Some say that light from incandescent and halogen bulbs is just as effective as so called "balanced" or "day light" bulbs. The standard for professional light boxes usually is fluorescent tubes. These give even disbursement of light and cool operating temperatures. Some individuals are sensitive to florescent light, so there is no one answer. Always consult a doctor for treatment.

Laughter, when done in huge amounts, is said to release a brain chemical that counteracts SAD. Lots of jogging is said to release dopamine in the brain, one of the products SAD people seem to be short of. To combat SAD, the best context is a healthy mental and physical lifestyle.

Online Depression Screening Test

The New York University School of Medicine provides an Online Depression Screening Test. The test is made up of 10 questions. It is a preliminary screening test for depressive symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate depressive symptoms that indicate the need for an evaluation by a psychiatrist. The online test may be found at: http://www.med.nyu.edu/Psych/screens/depres.html

Important Dates

May	Mental Health Month
October 5-11	Mental Illness Awareness Week
October 9	National Depression Screening Day

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