



## Perimenopause / Menopause and Depression

### What is perimenopause and menopause?

Menopause is the point at which a woman permanently stops menstruating. Natural menopause usually occurs between the ages of 41 and 55.

**Premature menopause** is the term used when women go through menopause before age 40. Early onset of menopause may be the result of an autoimmune disorder or a thyroid problem.

**Perimenopause** is the transitional phase, before menopause, when the menstrual periods may become irregular and symptoms such as hot flashes may begin. Symptoms noticed during this time are the result of declining estrogen production by the ovaries and may last anywhere from a few months (surgical reason) to a few years.

**Postmenopause** is the time period after a woman has not experienced a period for 12 months. Postmenopausal women may experience serious problems caused by the long-term effect of estrogen loss such as osteoporosis. In comparison to pre-menopausal women, postmenopausal women have a greater risk of developing heart disease. Because of these potential health problems, it is important that menopausal women take preventive measures (such as adopting a healthy diet) to avoid these illnesses. For further information, please consult your doctor.

### Symptoms of perimenopause and menopause

During perimenopause, women may experience hot flashes (sensation of extreme heat that develops suddenly and lasts for 1 to 5 minutes), cold sweats (may cause insomnia when they interrupt your sleep at night) and depression or anxiety. Other symptoms are related to the “thinning” (atrophy) of the walls of the urinary tract and vagina and include urinary incontinence, increased urinary frequency, and painful intercourse (mainly because of vaginal dryness).

### Depression

The signs and symptoms of major depression include but are not limited to:

- Sad mood most of the day, nearly every day for 2 weeks or longer
- Loss of interest or pleasure in work, hobbies or people
- Preoccupation with failures or inadequacies and a loss of self-esteem
- Feelings of uselessness, hopelessness, excessive guilt
- Slowed thinking, forgetfulness, difficulty concentrating and making decisions
- Social isolation
- Lethargy
- Low energy
- Agitation
- Changes in appetite or weight – eating too little or too much
- Oversleeping or insomnia
- Decreased sexual drive
- Suicidal thoughts

### Risk factors

The risk factors for developing depression during natural menopause include but are not limited to:

- History of depression
- History of Premenstrual Dysphoric Disorder (PMDD)
- History of Postpartum Depression
- Lengthy perimenopause (with physical symptoms)
- Caretaking responsibilities (parent, partner or child)
- Loss of significant other
- Chronic health problems

Our Sisters' Place is a community-based support network for women, with a focus on mood disorders associated with hormonal changes throughout the lifespan. “Our Sisters' Place provides support, information and education as a complement to traditional and alternative therapies. OSP services are not intended as a replacement for other treatment options and encourages individuals to seek treatment by a qualified health care professional.”

**Our Sisters' Place** is a program of **Mood Disorders Association of Ontario (MDAO)**

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## Surgical menopause

Surgical menopause happens when a woman goes through surgical removal of the ovaries or has ovarian failure before the natural menopause. Ovarian failure may occur following removal of the uterus or after cancer therapy (chemotherapy or radiation). The factors that seem to increase the risk of menopausal depression following removal of the uterus are:

- History of depression
- Young age
- Lack of social support
- Difficulties in relationship with partner
- History of multiple surgeries
- Surgery performed as emergency

For women who have had their ovaries removed, the drop in estrogen is sudden and they almost invariably will experience hot flashes which may cause great discomfort and even depressed mood.

## Treatments

The treatment of depression that occurs in association with menopause depends on how severe the symptoms are and whether the woman has had previous history of depression.

The treatment may include:

- hormone replacement therapy (HRT)
- antidepressant medication
- psychotherapy

Some preparations of the hormone estrogen seem to improve mood in perimenopausal and postmenopausal women, especially if symptoms are mild to moderate and particularly if the woman has never been depressed before. Although HRT with estrogen and progestin also has the benefit of improving the physical symptoms of perimenopause, HRT is not without risks. Please consult your doctor to make an informed decision about whether HRT is a good treatment for you.

Antidepressant medication may be more effective for women with a history of depression and is usually the recommended first-line treatment when symptoms of depression are severe.

Psychotherapy is an important part of the treatment of depression. Two types of psychotherapy are recommended:

- interpersonal therapy (focuses on understanding human relationships).
- cognitive-behaviour therapy (teaches how to identify and change the negative thoughts and beliefs that accompany depression).

## References

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- **Menopause for Dummies.** Marcia Jones and Theresa Eichenwald. Wiley Publishing Inc., First Edition, 2003.

## Websites

- MGH Centre for Women's Mental Health  
[www.womensmentalhealth.org/topics/mood.html](http://www.womensmentalhealth.org/topics/mood.html)
- A Friend Indeed  
[www.afriendindeed.ca/](http://www.afriendindeed.ca/)
- Women's Health Matters (keyword search: Menopause)  
[www.womenshealthmatters.ca/](http://www.womenshealthmatters.ca/)
- North American Menopause Society (NAMS)  
[www.menopause.org/](http://www.menopause.org/)
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[www.menopause-online.com/](http://www.menopause-online.com/)
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