

Women and Depression

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Does it come as a surprise to you that, as women, we are twice as likely to suffer from depression as men? Our lives are complicated; we play multiple roles as professional, wife, mother, and caretaker. At home, we can be expected to act as super-mom, breadwinner, personal shopper, chef, taxi driver, accountant, event planner, hostess, cleaning crew, counselor, mediator, playmate-of-the-month, and so on; and then, and only then, find time for ourselves. Yet we are expected to perform each of these roles to perfection, sometimes at the expense of our own self-care. I don't know about you, but I'm tired. I know that I don't spend enough time taking care of 'me', and in turn, everything in my life suffers. It can be the same with our mental health. Ignoring the problem won't make it go away! This month, let's all make it a point to do something for ourselves. And don't worry; everyone else will survive.

I found it quite interesting that we, as women, are at a higher risk for major depression and dysthymia. The following information is an excerpt of the American Psychological Association's "Briefing on Women and Depression". I would like to share some of the major points regarding this critical subject with you. Please read on, and as you go, watch for items that might 'hit close to home'.

FACTS:

Women are approximately two times more likely than men to suffer from major depression and dysthymia (Research Agenda for Psychosocial and Behavioral Factors in Women's Health, 1996). Depression has been called the most significant mental health risk for women, especially younger women of childbearing and childrearing age (Glied & Kofman, 1995).

Depression in women is misdiagnosed approximately 30 percent to 50 percent of the time. Approximately 70 percent of the prescriptions for antidepressants are given to women, often with improper diagnosis and monitoring. Prescription drug misuse is a very real danger for women (McGrath et al., 1990),

High levels of depressive symptoms are particularly common among individuals with economic problems and those of lower socioeconomic status. Individuals who are less educated and unemployed are at higher risk for depression. These risk factors are overrepresented among women (McGrath et al., 1990).

Women of color are more likely than Caucasian women to share a number of socioeconomic risk factors for depression, including racial/ethnic discrimination, lower educational and income levels, segregation into low status and high-stress jobs, unemployment, poor health, larger family sizes, marital dissolution, and single parenthood (McGrath et al., 1990).

Women confronting the impact of immigration and acculturation reported a higher level

of depression than those women without such conflicts. For example, the National Center for Health Statistics (1994) indicated that Asian American women over the age of 65 have the highest female suicide rate among all ethnic and racial groups. In addition, Asian American adolescent girls have the highest rates of depressive symptoms of all racial groups and have the highest suicide rate among all women between 15 and 24 years of age.

The rate of sexual and physical abuse is much higher than previously suspected and is a major factor in women's depression. Depressive symptoms may be long-standing effects of post-traumatic stress disorder for many women (McGrath et al., 1990). Married women have higher rates of depression than unmarried women, but the reverse is true for men. Marriage seems to confer a greater protective advantage on men than on women. In unhappy marriages, women are three times as likely as men to be depressed. Women's risk of depressive symptoms and demoralization is higher among mothers of young children and increases with the number of children in the house (McGrath et al., 1990)

WHAT IS DEPRESSION?

Major depression is a mood disorder characterized by one or more major depressive episodes (i.e., at least two weeks of depressed mood or loss of interest or pleasure in nearly all activities) accompanied by at least four additional symptoms such as changes in sleep, appetite, or weight, and psychomotor activity; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; or recurrent thoughts of death or suicidal ideation, plans, or attempts. Dysthymia or dysthymic disorder "is characterized by at least two years of depressed mood for more days than not, accompanied by additional depressive symptoms that do not meet criteria for a major depressive episode (American Psychiatric Association, 1994, p. 317).

Depression is a common and highly treatable disorder affecting over 17 million American adults annually. Once identified, depression can almost always be successfully treated either by psychotherapy, medication, or a combination of both. Unfortunately, according to the Agency for Health Care Policy and Research, depression is under-diagnosed and under-treated by primary care and other non-mental health practitioners.

Major depression can cause severe impairment in social and physical functioning and is often a major precipitating factor in suicide. It has been associated with higher medical costs, greater disability, poor self-care and adherence to medical regimens, and increased morbidity and mortality from medical illness (Katon & Sullivan, 1990).

ACTION:

What can we do and what is needed in order to address the incidence of depression among women? The following are some suggestions for the medical and research community to consider:

1. Expand research on response patterns to treatment for major depression in women and men, including established and new psychopharmacological and psychosocial treatments. (Kessler et al., 1994).
2. Conduct research on barriers to treatment and on ways to facilitate treatment entry, compliance, and retention. Although effective interventions often are available, the majority of people with psychological disorders do not obtain professional treatment. Even among people with a history of three or more co-occurring disorders, less than 50 percent ever obtain specialty mental health treatment (Kessler et al., 1994).
3. Expand research on risk factors for depression among different populations of women. Data is limited on risk factors for various subgroups of women including adolescent girls, lesbians, women of color, rural women, and older women.
4. Expand research and therapeutic attention to women with depressive symptoms who do not meet criteria for major depression. Individuals with depressive symptoms have comparable, or higher, rates of emergency department use, use of medications, medical consultations for emotional problems, attempted suicide, and days lost from work as individuals with diagnosable depression (Glied & Kofman, 1995; Johnson et al., 1992).
5. Expand research examining the effects of treating depression to enhance the rates of recovery and survival for women with medical conditions. Major depression is a source of increased morbidity and an independent risk factor for mortality in patients with medical conditions (Frasure-Smith, et al., 1993). Identification and treatment of depression in women with medical disorders, and in aging women who tend to have higher rates of medical illness, should be a focus of research.

In closing, I urge you to seek assistance if you identify with any symptoms of depression or dysthymia. There is help to be found, and we can point you in the right direction. Please understand that you are not alone. We are here to support each other. Please refer to our links for providers in your area or check out www.psychologytoday.com and http://therapists.psychologytoday.com/rms/prof_search.php

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