Mood disorders

Women in Black

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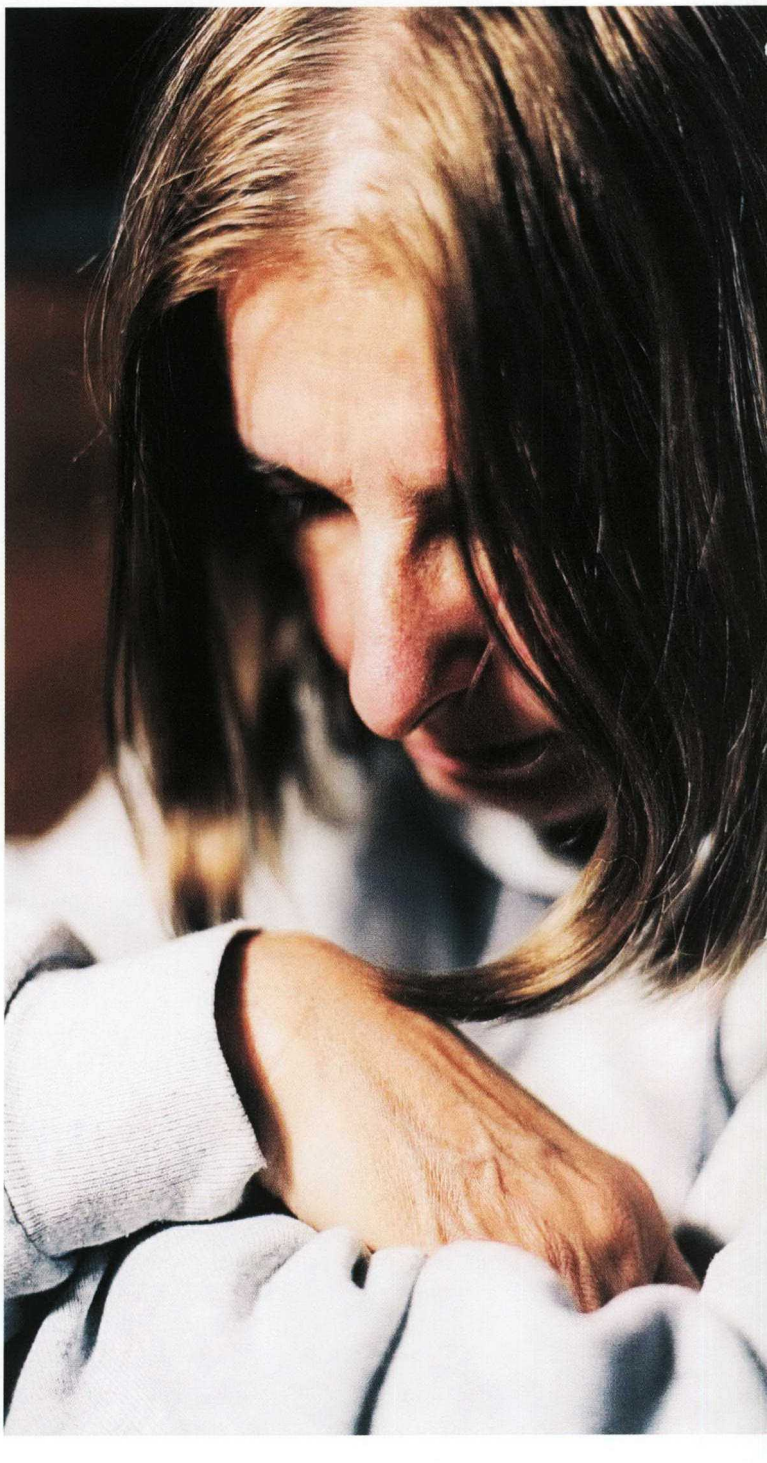
Why do women suffer from psychiatric disturbances, especially mood disorders, more frequently than men do? The answer seems to require a combination of biology, psychology, and sociology

Epidemiological studies show that several groups of psychiatric disorders clearly affect women more than men. These include, for example, various types of depression of varying intensity, states of anxiety (especially panic attacks), and personality disorders. Yet this is still not the whole story: we should also mention women's specific emotional and mood disturbances in the second phase of their menstrual cycle, and the so-called "fifth-day depression" that sometimes occurs after childbirth. While in the two latter cases the influence of female physiology seems to be of fundamental import, scientists seeking the causes behind the frequent appearance of the other disorders have explored and proposed several different, sometimes competing explanations.

Psychological approaches stress the significance of women's particular personality traits, giving them a predisposition to develop depression in reaction to specific situations. Sociological explanations, in turn, ascribe particular significance to such factors as women's social status (in view of male dominance), being overburdened with household obligations and childrearing duties (frequently without any gratification or satisfaction), and marital conflicts. Still other strong arguments point to the biological foundations of psychological disorders in women; here the key role is seen as resting with genetic factors and the significantly better understood female sex hormones that are present at all stages of the female body's development: diethylstilbestrol in reproductive life, and the truly dramatic fluctuations



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that occur in levels of estrogens and progesterone during the female life cycle.

Two to one

Studies carried out in various countries show that apart from a few exceptions, recurring affective disorders (mood disorders) occur twice as often in women than in men (this proportion varies in different countries, from 1.6: 1 in Taiwan to 3.5: 1 in Germany). This chiefly holds for a non-homogenous group of recurring depressive disorders and dysthymia (chronic moderately depressed mood), where a significant role is played by psychosocial factors. However, we should bear in mind that such statistical ratios might be overestimated due to the fact that women are more likely to avail themselves of medical assistance, including psychiatric help.

Large differences between the genders are not noted, on the other hand, in frequencies of bipolar affective illnesses (previously termed "manic-depressive" disorders). Yet unfortunately, in its most severe manifestation, involving frequent "rapid cycling" between episodes of mania and depression, often without any remission period, this illness does occur significantly more frequently in women (who represent 70% of all individuals with this diagnosis). This unfortunate form of the illness completely disrupts a patient's functioning, especially since it is exceptionally difficult to treat. Another form of recurring affective disorders that occur more frequently in women is winter depression. Four out of every five individuals with this disorder are women.

Treating the above illnesses is further complicated by the fact that there are many limitations to the use of antidepressants and mood stabilization medications in women, which reduces the chances of effectively preventing the return of affective disorders. This above all pertains to the pregnancy period (during which most drugs cannot be administered), but also the effectiveness of pharmacotherapy and psychotherapy in women during periods of the varying influence of sex hormones.

Depressing hormones

The fact that sex hormones are partially responsible for the more frequent occurrence of pathological mood disorders in women (as compared to men) is supported by a range of evidence. This can be divided into epidemiological/clinical and biological factors (following from knowledge of how sex hormones affect brain function). Among the former, we should mention the increased incidence of depression in women during periods of physiological hormonal changes. The critical periods for the occurrence of depression in women are: the period of childbirth and puerperium, interrupted pregnancy, menopause, and the second (luteal) phase of the menstrual cycle. Emotional changes and mood swings (which in intensified form are called premenstrual syndrome) occur during the luteal stage in approximately 80 percent of healthy women. Due to the widespread prevalence of these disorders it is indeed hard to consider them an illness. Rather, they are a consequence of the sex hormones' impact on the central nervous system. But the "premenstrual dysphoric

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disorder" that occurs in 3-8% of women is not something normal, meeting the criteria of an episode of depression of moderate or considerable intensity. Clinicians are very familiar with the fact that for certain women it is in the second stage of their monthly cycle that they more frequently experience relapses of episodes of depression or mania, and depressive or manic syndrome symptoms can intensify.

In the case of psychological disorders associated with childbirth, puerperium, and interrupted pregnancy, we should point out that these situations involve not just large hormonal changes, but for some women they can constitute a considerable (sometimes dramatic) psychological burden. Problems during pregnancy can involve restrictions in the use of antidepressant and antipsychotic drugs, especially mood stabilizers. The menopause period, in turn, is frequently a time when unfavorable changes in a women's life can accumulate. In many cases, it can prove difficult to draw a clear distinction between the role played by psychosocial factors from that of biological factors.

Evidence of the biological link between the sex hormones and depression in women is provided by research that investigates how they impact on the functioning of the central nervous system. Such research indicates that the female sex hormones are likely involved in modulating the functional condition of the central nervous system, by influencing the secretion of substances that mediate in signal transmission (the serotonin and noradrenaline systems), and that changes in the production of estradiol and progesterone are potentially significant in the pathogenesis of mood disorders. Estrogens might play a particular role here.

A third set of evidence might be gleaned through research how hormone therapy impacts on the psychiatric condition of healthy women and women in depressive states, yet the extent of reliable data on this topic is still limited - even though we have been aware of the psychotropic effect of estrogens for more than 60 years!

There is clear disproportion between the theoretical evidence of how female sex hormones influence mood disorders, and the still insufficient scope of clinical research

Call for help

To recap, we can state that a clear disproportion exists between the theoretical evidence, which points to the important significance of female sex hormones in the pathogenesis of mood disorders in women, and the scope of clinical research, which is still insufficient and cannot yet be used to draw definitive conclusions. And this problem is of serious social and economic consequence.

Recurring or chronic depression and bipolar affective disorders are associated with: a lower level of life accomplishments and a poor financial status, long interruptions in professional work, increased risk of permanent inability to work or disability, greater risk of alcohol or drug dependency, increased risk of suicide, and a shortened average lifespan or poorer quality of life - such as due to loneliness (women who suffer from affective disorders have higher divorce rates and lower marriage rates in general).

Depression in women may have an overwhelming impact on family life and child-rearing, and so preventing affective disorders in women and treating them effectively are among the health care priorities that have been set in many developed countries. ■

Further reading:

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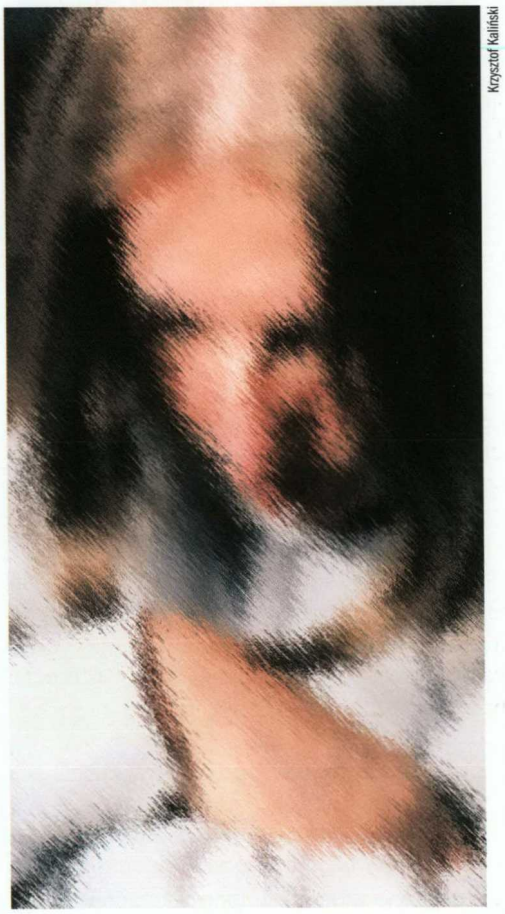

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