



THE NORTH AMERICAN MENOPAUSE SOCIETY

Promoting women's health at midlife and beyond

Original Link: <http://www.menopause.org/for-women/menopauseflashes/depression-menopause>

Depression & Menopause

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Unpredictable hormone fluctuations plus stress, body image, sexuality, infertility, or aging — any one or a combination of these causes emotional distress that may result in mood swings or, in more severe cases, depression. Determining the cause and extent of your “menopause blues” is very important.



3 Types of Depression

“Depressed” and “depression” are words used to describe three distinctly different conditions:

A depressed mood — This is a normal, brief period of feeling blue or sad that is commonly experienced and rarely requires treatment. The medical term is dysphoria.

Depression as a symptom — Sometimes called an adjustment reaction, this type of depression may be due to a wide variety of medical or psychological problems, or to intense reactions to life events (such as divorce, losing a job, death of a loved one). It is usually short term and most often does not require treatment, although it can progress to clinical depression. The medical term for depression that occurs most of the day, more days than not, for at least 2 years is dysthymia.

Clinical depression — This is a disorder believed to result from a chemical imbalance in the brain. A clinical (major) depression requires treatment.

Hormones & Mood Connection

None of these three types were found to be related to menopause in clinical trials. But many women do experience mood swings during perimenopause. Happy highs that turn into teary-eyed lows. Cheerful times followed by crabby days. It's thought that these mood swings are related to the fluctuating levels of ovarian hormones during this transition to menopause. Plus, if a woman is not sleeping well due to night sweats, her mood would no doubt be affected, too.

Women who had severe PMS in their younger years may have more severe mood swings during perimenopause. Also, women with a history of clinical depression seem to be particularly vulnerable to recurrent clinical depression during menopause. Whether suffering from a slight

case of the blues to something more severe, no one should suffer with mood swings in silence. Help is available.

How to Deal

For mild to moderate depression, herbal remedies such as St. John's wort and the following lifestyle changes, recommended by the National Institute of Mental Health, may be helpful:

- Break large tasks into small ones, set some priorities, and do what you can as you can.
- Participate in activities that may make you feel better such as mild exercise, going to a movie, a ballgame, or participating in religious, social, or other enjoyable activities.
- Give it time. Expect your mood to improve gradually, not immediately. Feeling better takes time.
- Postpone important decisions until the depression has lifted. Before deciding to make a significant transition — change jobs, get married or divorced — discuss it with others who know you well and have a more objective view of your situation.

For perimenopausal mood swings, some experts recommend a low-dose oral contraceptive (OC) — even if contraception is not desired. These estrogen-progestin pills provide continuously stable hormone levels and may control mood swings. Plus, they provide other health benefits such as regulation of uterine bleeding and decreased risk for uterine and ovarian cancer. Smokers over age 35 should not use OCs.

If Depression Is Severe

For severe depression, antidepressant medications can be prescribed to correct the chemical imbalance. Although several weeks are usually needed to experience a drug's full effect, most women experience a marked improvement with these medications and relatively few side effects. Some antidepressants also have been found to relieve hot flashes. Antidepressant medication is most effective when used in combination with counseling or psychotherapy.

Many primary care providers are not specifically trained in the management of mental health disorders, including clinical depression. Consultation with a mental health professional may be appropriate, and an expert opinion can be reassuring.

For more information on mental health issues, visit the [Canadian Mental Health Association](#) or the [National Institute of Mental Health/ NIMH Public Inquiries](#).