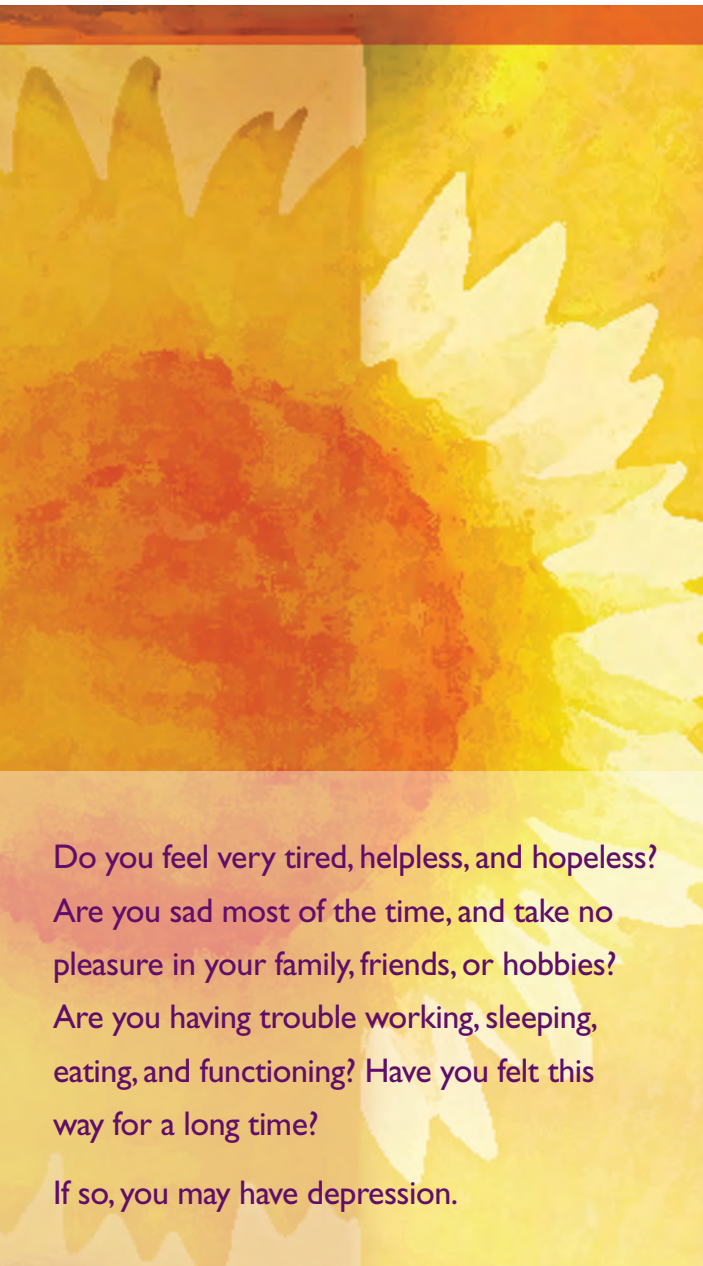


DEPRESSION IN WOMEN

A watercolor illustration of a sunflower. The center of the flower is a textured orange-red, while the petals are painted in shades of yellow and white. The background is a soft, blended wash of yellow and orange tones.

Do you feel very tired, helpless, and hopeless?
Are you sad most of the time, and take no
pleasure in your family, friends, or hobbies?
Are you having trouble working, sleeping,
eating, and functioning? Have you felt this
way for a long time?

If so, you may have depression.

Depression in Women

What is depression?

Everyone feels low sometimes, but these feelings usually pass after a few days. When you have depression, the low feelings persist and they can be intense. These low feelings hurt your ability to do the things that make up daily life for weeks at a time. Depression is a serious illness that needs treatment.

What are the different forms of depression?

The types of depression that affect women include:

- **Major depression**—severe symptoms that interfere with a woman’s ability to work, sleep, study, eat, and enjoy life. An episode of major depression may occur only once in a person’s lifetime. But more often, a person can have several episodes.

If the symptoms of depression began either during pregnancy or in the month after giving birth, a woman is said to have **postpartum** (or **peripartum**) **depression**. Women who have had episodes of depression before they became pregnant are at increased risk of postpartum depression.

- **Persistent depressive disorder**—depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.

What are the signs and symptoms of depression?

Different people have different symptoms. Some symptoms of depression include:

- Feeling sad or “empty”
- Feeling hopeless, irritable, anxious, or guilty
- Loss of interest in favorite activities
- Feeling very tired
- Not being able to concentrate or remember details
- Not being able to sleep, or sleeping too much
- Overeating, or not wanting to eat at all
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems.

- **Premenstrual dysphoric disorder**—symptoms include severe mood swings, depressed mood, and anxiety that appear consistently in the week before a woman’s menstrual period and lift within a few days. Symptoms are severe enough to interfere with daily activities and relationships.

What causes depression?

Different kinds of factors play a role in the risk of depression. Depression tends to run in families. One of the reasons for this has to do with genes. Some genes increase the risk of depression. Others increase resilience—the ability to recover from hardship—and protect against depression. Experiences such as trauma or abuse during childhood and stress during adulthood can raise risk. However, the same stresses or losses may trigger depression in one person and not another. Factors such as a warm family and healthy social connections can increase resilience.

Research has shown that in people with depression, there can be subtle changes in the brain systems involved in mood, energy, and thinking and how the brain responds to stress. The changes may differ from person to person, so that a treatment that works for one person may not work for another.

During childhood, girls and boys experience depression at about equal rates. By the teen years, however, girls become more likely to experience depression than boys. Researchers continue to explore the reasons for this difference and how changes in hormone levels may be involved in depression risk during a woman’s lifetime.

How is depression treated?

The first step to getting the right treatment is to visit a doctor or mental health professional. He or she can do an exam or lab tests to rule out other conditions that may have the same symptoms as depression. He or she can also tell if certain medications you are taking may be affecting your mood.

The doctor should get a complete history of symptoms, including when they started, how long they have lasted, and how bad they are. He or she should also know whether they have occurred before, and if so, how they were treated. He or she should also ask if there is a history of depression in your family.

If you are pregnant . . .

Before taking an antidepressant during pregnancy, talk to your doctor about the risks and benefits to you and your baby. There may be a very small chance that taking the medication during certain times of your pregnancy may affect your growing baby. But not taking your medication also may be risky to you and your baby. Experts generally agree that each woman's individual situation should determine whether she can safely take an antidepressant while pregnant.

Medication

Medications called antidepressants can work well to treat depression. They can take several weeks to work. Antidepressants can have side effects including:

- Headache
- Nausea, feeling sick to your stomach
- Difficulty sleeping and nervousness
- Agitation or restlessness
- Sexual problems.

Most side effects lessen over time. **Talk to your doctor about any side effects you may have.**

It's important to know that although antidepressants can be safe and effective for many people, they may present serious risks to some, especially children, teens, and young adults. A "black box"—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people, especially those who become agitated when they first start taking the medication and before it begins to work, to have suicidal thoughts or make suicide attempts. Anyone taking antidepressants should be monitored closely, especially when they first start taking them. For most people, though, the risks of untreated depression far outweigh those of antidepressant medications when they are used under a doctor's careful supervision.

Therapy

Several types of therapy can help treat depression. Therapy helps by teaching new ways of thinking and behaving, and changing habits that may be contributing to the depression. Therapy can also help women understand and work through difficult relationships that may be causing their depression or making it worse.

Researchers are developing new ways to treat depression more quickly and effectively. For more information on research on depression, visit the NIMH website at www.nimh.nih.gov.

How can I help a loved one who is depressed?

If you know someone who has depression, first help her see a doctor or mental health professional.

- Offer her support, understanding, patience, and encouragement.
- Talk to her, and listen carefully.
- Never ignore comments about suicide, and report them to her therapist or doctor.
- Invite her out for walks, outings, and other activities. If she says no, keep trying, but don't push her to take on too much too soon.
- Remind her that with time and treatment, the depression will lift.

How can I help myself if I am depressed?

As you continue treatment, gradually you will start to feel better. Remember that if you are taking an antidepressant, it may take several weeks for it to start working. Try to do things that you used to enjoy before you had depression. Go easy on yourself. Other things that may help include:

- Breaking up large tasks into small ones, and doing what you can as you can. Try not to do too many things at once.
- Spending time with other people and talking to a friend or relative about your feelings.
- Postponing important decisions until you feel better. Discuss decisions with others who know you well.

Where can I go for help?

If you are unsure where to go for help, ask your family doctor. You can also check the phone book for mental health professionals. Hospital doctors can help in an emergency.

Women are more likely than men to attempt suicide. If you or someone you know is in crisis, get help quickly.

- Call your doctor.
- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889).

For more information on conditions that affect mental health, resources, and research, go to **MentalHealth.gov** at <http://www.mentalhealth.gov>, the **NIMH website** at <http://www.nimh.nih.gov>, or contact us at:

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