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Women's Mental Health: Hot Topics and Clinical Implications

This month, we have a wide range of offerings on clinically important topics in women's mental health. Desmarais and Looper present a systematic literature review on interactions between tamoxifen and antidepressants via the cytochrome P450 2D6 isoenzyme. The use of tamoxifen and antidepressants has increased in women with breast cancer. Tamoxifen has become a leading agent in the prevention of recurrence of breast cancer, and serotonergic antidepressants are commonly used for hot flashes and psychiatric treatment in women with breast cancer. The authors review clinically relevant interactions regarding selective serotonin reuptake inhibitors and tamoxifen, particularly paroxetine and fluoxetine, of which all psychiatrists should be aware. The outcome of interactions may be decreased tamoxifen metabolism to its more potent antiestrogen metabolite, which may compromise relapse prevention.

Johannes et al discuss the prevalence of sexual dysfunction among women after accounting for the impact of depression. In a large cross-sectional study, they assessed the prevalence rates of female sexual dysfunction with and without concurrent depression. They found that approximately 40% of those women with distressing sexual dysfunction reported comorbid depression. The investigators were not able to determine whether sexual dysfunction or depression occurred first, although this study indicates that there is an important relationship between mood and sexual dysfunction deserving of further investigation. Notably, both depression itself and antidepressants may contribute to sexual dysfunction, and both self-reported symptoms and use of an antidepressant were operationalized in the definition of depression, providing interesting data on this topic.

Strøm et al present data on the first prospective study of exercise during pregnancy and postpartum mental illness. In this study, the authors address an important and complex topic, exercise and mental well-being. After assessing prenatal exercise by interview in terms of frequency, duration, and intensity, they followed up with rates of psychiatric hospitalization and antidepressant use. They found that prenatal exercise was not associated with changes in the rates of hospitalization but appeared to be inversely associated with postnatal antidepressant prescriptions. This study has important limitations discussed in the article but is intriguing in terms of its potential role to generate hypotheses and support treatment studies using exercise in pregnant women to promote postpartum well-being.

Also in this issue, Favaro and colleagues provide new data regarding time trends and age at onset of eating disorders. As they demonstrate, over time, the age at onset of anorexia nervosa and bulimia nervosa appears to be increasingly younger. It is urgent that we better understand this pattern of onset.

We welcome your feedback and suggestions for the Focus on Women's Mental Health section of *The Journal of Clinical Psychiatry*.

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