

WOMEN AND DEPRESSION

Introduction

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One of the most consistent findings on the prevalence of mental disorders is that depression is at least twice as common in women as in men.^{1,2} Although absolute rates of depression vary over the life span, the relative difference in rates of depression between women and men is maintained throughout life. Yet, despite the clarity of these empirically derived results, understanding sex differences in the etiology, treatment, and prevention of depression has not been a major focus of research. In fact, most research, historically, has controlled for the effects of sex by studying only male animals, by matching subjects on sex across study groups, or by using statistical measures to remove the effect of sex from the results.

Within contemporary investigations, there is a burgeoning realization that if we want to generate useful new knowledge on human health, we have to study those factors that were once ruled out of the algorithm for understanding health and disease. And if we want to advance discovery referable to women's health, it is crucial to reverse previous patterns of inquiry and study the health of women as well as the effects of sex and gender.

In an effort to review the great strides that have been made in depression research and update these findings as they relate to women and sex-specific differences in depression, a meeting of depression experts was convened. Among the experts were Carolyn M. Mazure, Ph.D. (chair of the Summit), Ellen Frank, Ph.D., and the authors of the 5 articles on women and depression presented in this issue. The meeting, The Summit on Women and Depression, was cosponsored by the American Psychological Association, the Bureau of Primary Health Care of the Health Resources and Services Administration, the Office on Women's Health of the U.S. Department of Health and Human Services, and the National Institute of Mental Health.

Specifically, the purpose of the meeting was to provide state-of-the-art reviews of research findings on women and depression and make recommendations on how these findings can be incorporated into practice and reflected in health policy. An additional focus of the Summit was to generate a targeted research agenda on women and depression.

These 5 articles, drawn from The Summit on Women and Depression, review specific topic areas on women and depression, provide expert commentary on the treatment of depression in these areas, and suggest policy issues and future research that need our attention.

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In the spirit of full disclosure and in compliance with all ACCME Essential Areas and Policies, the faculty for this CME activity were asked to complete a full disclosure statement. The information received is as follows: Drs. Mazure and Frank have no significant commercial relationships to disclose relative to the presentation.

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Susan G. Kornstein, M.D., in her article "Chronic Depression in Women" (p. 602), outlines the various chronic forms of depression and the debilitating effects of prolonged depressive symptoms, particularly for women. She confronts the poorer treatment response found in chronic depression and reviews the literature on the effectiveness of antidepressant therapy and psychotherapy for chronic depression and the available data on sex differences in treatment approaches. Challenges in studying, understanding, and caring for those with chronic depression are discussed.

Kimberly A. Yonkers, M.D., and Olga Brawman-Mintzer, M.D., in "The Pharmacologic Treatment of Depression: Is Gender a Critical Factor?" (p. 610) review sex differences in the pharmacokinetics and pharmacodynamics of antidepressant agents. The authors indicate that until relatively recently, clinical trials have not provided data on possible sexual dimorphism in psychotropic drug effects. Yet, more recent information supports sex differences in the activity of various antidepressant metabolizing enzymes, and a focus on the translation of these types of data for clinical practice is noted.

Rajita Sinha, Ph.D., and Bruce J. Rounsaville, M.D., in "Sex Differences in Depressed Substance Abusers" (p. 616), provide data relevant to the important point that although rates of drug abuse are higher in men than in women, women constitute a large and growing subset of those abusing drugs in the United States. The work of these authors provides current clinical information on comorbid substance abuse and depression and indicates how sex differences in presentation, onset, and course can affect treatment.

Rachel Manber, Ph.D., and colleagues, in "Alternative Treatments for Depression: Empirical Support and Relevance to Women" (p. 628), review the efficacy for alternative treatments that have been identified in epidemiologic studies as commonly sought remedies for depression. Dr. Manber and colleagues discuss available sex difference information and the need for alternative safe treatments during pregnancy and lactation.

Myrna M. Weissman, Ph.D., and Peter Jensen, M.D., in "What Research Suggests for Depressed Women With Children" (p. 641), highlight the important data indicating that risk for depression is greatest for women throughout childbearing and child-rearing years and point to the critical implications of this fact for women and for children under the care of depressed mothers. The link between maternal depression and increased risk of mental disorders in offspring is reviewed, and the fundamental problem of undertreatment of this population is discussed with particular attention to health policy implications.

Given that depression has been shown to confer a greater burden of disease for women than any other disorder,³ it is critically important to understand what is known about the treatment of depression in women and how to apply it. These unique articles provide contemporary scientific information and translate research findings into practical considerations for clinical service to reduce risk for depression and maximize interventions.

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