Assessment and Treatment of Depression in Menopause

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Objective

- To summarize the work and recommendations of the National Network of Depression Centers (NNDC) Task Force for the Development of Guidelines for the Evaluation and Treatment of Depression during the Menopause Transition

Guidelines for Depression in Menopause: Task Force Members

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Disclosures

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Guidelines for Depression in Menopause: Outline of Lit Review and Recommendations

- Epidemiology
- Clinical Presentation
- Diagnosis
- Treatment
  - Antidepressants
  - Psychotherapy
  - Estrogen Therapy
  - Alternative Therapies

Guidelines for Depression in Menopause: Epidemiology

- The menopause transition and early postmenopause are a window of vulnerability for the development of both depressive symptoms and major depressive episodes
- The risk of depressive symptoms is elevated during the menopause transition and postmenopause even among women with no history of major depression

Guidelines for Depression in Menopause: Epidemiology (cont’d)

- The majority of women who experience a major depressive episode during the menopause transition have experienced a prior episode of depression
  - Therefore, the episode represents a recurrence of their illness
  - First lifetime onset of major depression during the menopause transition is much less common
- Data are unclear about whether women who undergo surgical menopause are at increased or decreased risk for developing depressive symptoms or major depression compared to women who transition through menopause naturally

Guidelines for Depression in Menopause: Epidemiology (cont’d)

- The following factors have been associated with an elevated risk of depressive symptoms during the menopause transition in at least one study:
  - Sociodemographic factors (e.g., younger age, African American race, financial difficulties)
  - Psychosocial factors (e.g., adverse life events)
  - Menopausal symptoms (vasomotor symptoms, sleep disturbance)
  - Anxiety symptoms
  - Reproductive-related mood disturbance (e.g., postpartum and/or premenstrual depressive symptoms)
Guidelines for Depression in Menopause: Clinical Presentation

- Depression during midlife presents with classic depressive symptoms, commonly in combination with menopause-specific symptoms (i.e., vasomotor symptoms, sleep disturbance), and psychosocial challenges
- Several common symptoms of the menopause transition and postmenopause (hot flashes, night sweats, sleep and sexual disturbances, weight/energy changes, cognitive shifts) complicate, co-occur, and overlap with the presentation of depression during this stage
- Vasomotor symptoms are linked to subthreshold depressive symptoms in many studies but are not strongly linked to major depressive episodes

Guidelines for Depression in Menopause: Clinical Presentation (cont’d)

- Empirical data have refuted the previously suggested association between “empty nest syndrome” and a persistent worsening of mood during the menopause transition
- Notwithstanding, mood can be adversely influenced by life stressors that are unique to a woman’s midlife stage
  - Caring for children and aging parents
  - Marital and career shifts
  - Awareness of aging
  - Body changes associated with the menopause transition
  - Illness in oneself and one’s spouse

Guidelines for Depression in Menopause: Diagnosis

- Evaluation of the clinical presentation and diagnosis of depression during the menopause transition and early postmenopause involves:
  - Identification of stage of menopause
  - Assessment of co-occurring and overlapping menopausal and psychiatric symptoms
  - An understanding of psychosocial factors unique to midlife
  - Appreciation of the differential diagnosis for depressive symptoms during this reproductive transition
  - Use of scales to aid in disentangling symptoms and distinguishing diagnoses

Guidelines for Depression in Menopause: Diagnosis (cont’d)

- The differential diagnosis of depression during the menopause transition includes:
  - Major depressive disorder
  - Subsyndromal depression
  - Adjustment disorder
  - Psychological distress
  - Bereavement
  - Depressive episodes associated with bipolar disorder
  - General medical causes of depression
Guidelines for Depression in Menopause: Diagnosis (cont’d)

- The following women should always be evaluated for a mood disorder episode:
  - Women who experienced multiple depressive episodes in the past (not necessarily hormone-related)
  - Women presenting with severe depressive symptoms
  - Women expressing suicidal ideation

- A menopause-specific mood disorder scale does not yet exist
- Several general validated screening measures may be used for categorical determination of mood disorder diagnoses during the menopause transition, as they are in other populations
  - PHQ-9
  - QIDS
- Other validated menopause-specific general symptom scales (eg, MRS, MENOQOL, Greene Climacteric Scale, Utian QOL Scale) include mood items and may be useful in clarifying the contribution of menopause-related symptoms

Guidelines for Depression in Menopause: Antidepressants and Psychotherapy

- Proven therapeutic options for depression (i.e., antidepressants, evidence-based psychotherapies) should remain as frontline antidepressant treatments for major depressive disorder at any given time in life, including during the menopause transition
- Psychotherapeutic options include cognitive behavior therapy and interpersonal therapy
  - Mindfulness-based cognitive therapies lack evidence for treatment of depression in the menopause transition

Guidelines for Depression in Menopause: Treatment with Antidepressants

- In women with a history of major depressive disorder, a prior adequate response to a particular antidepressant should guide treatment selection when major depression recurs during midlife years
- For new-onset depression during the menopause transition, existing data on various SSRI and SNRI antidepressants (including citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, sertraline, and venlafaxine) suggest good efficacy and tolerability at usual doses
Guidelines for Depression in Menopause: Treatment with Antidepressants (cont’d)
- In addition to their efficacy in treating major depressive disorder, some antidepressants (SSRIs and SNRIs) have been shown to improve menopause-related complaints (eg, vasomotor symptoms, pain)
- Clinicians using antidepressants in women during the menopause transition should consider:
  - Available data on efficacy and tolerability in this specific population
  - Management of challenging side effects such as sexual dysfunction and weight changes
  - Safety (e.g., drug-drug interactions), given the likelihood of concomitant use of other medications during this stage of life
- Clinicians should also consider treating co-occurring sleep disturbance and night sweats as part of treatment for menopause-related depression.

Guidelines for Depression in Menopause: Treatment with Estrogen Therapy (cont’d)
- There is some evidence that estrogen therapy has antidepressant effects of similar magnitude to that observed with classic antidepressant agents when administered to perimenopausal women suffering from clinical depression, especially when vasomotor symptoms are present
- There is some evidence that estrogen therapy improves mood and wellbeing in non-depressed peri- and early postmenopausal women
- Estrogen therapy is ineffective as a treatment for depressive disorders in late postmenopausal women
- Such evidence suggests a possible window of opportunity for the effective use of estrogen therapy for the management of depressive disorders during the perimenopause and early postmenopause

Guidelines for Depression in Menopause: Treatment with Alternative Therapies
- The available evidence is insufficient for recommending any of the following for treating depression related to the menopause transition:
  - Botanical extracts (e.g., Saint John’s Wort, Black Cohosh, Gingko biloba, ginseng)
  - Vitamins/nutritional supplements (folate, omega-3 fatty acids)
  - Isoflavones/phytoestrogens
  - Neuromodulatory interventions (eg, transcranial magnetic stimulation)
  - Other complementary/alternative approaches (eg, acupuncture, light therapy)
Future Plans for Guidelines on Depression in Menopause

- Endorsement by relevant organizations, e.g., NAMS, AWH, IAWMH, NASPOG
- Publication of literature review and recommendations in relevant journals, e.g., Menopause and Journal of Women’s Health
- Posting on NAMS and other organizational websites as position statement
- Availability of slide set for NAMS and other organizational members