

Depression and the menopause

Globally, more than 300 million people have depression. The incidence is greater in women than in men, and for women the symptoms can be more severe and more frequent.

The perimenopause is considered to be a time of increased risk for the development of depressive symptoms and major depressive episodes.

Symptoms

- Depressed mood
- Loss of interest and enjoyment
- Reduced energy
- Disturbed sleep
- Reduced self-esteem
- Suicidal thoughts or acts

Assessment

- Medical history
- Psychiatric history (especially history of depression)
- Menopausal symptoms (e.g. hot flushes, night sweats and sleep disturbance)
- Family history
- Social history
- Physical examination, and, if needed, focused laboratory tests

Consultation with a psychiatrist or mental healthcare team should be undertaken according to local guidelines.

Management

Management depends on:

- symptom severity
- patient preference
- local guidelines and treatment availability

Non-drug treatments

These include:

- supportive strategies such as community therapy and exercise
- psychotherapy (e.g. cognitive behavioral therapies)
- brain stimulation, for example in the form of electroconvulsive therapy, though this may be restricted to specialist centers

Drug treatments

These include:

- antidepressants (e.g. fluoxetine, citalopram, venlafaxine, amitriptyline)
- menopausal hormone therapy (though this is not approved for depression in either Europe or the USA)
- St John's wort (approval varies between countries)
- melatonin (not approved for depression in either Europe or the USA)

Further information

Management of depressive symptoms in peri- and postmenopausal women: EMAS position statement [https://www.maturitas.org/article/S0378-5122\(19\)30936-3/fulltext](https://www.maturitas.org/article/S0378-5122(19)30936-3/fulltext)