Menopausal health: Depression

Depression affects about 280 million people globally and is 50% more common in women than among men.

The prevalence of depressive symptoms is higher in perimenopausal (45–68%) than in premenopausal (28–31%) women.

Diagnostic criteria

- Impaired concentration or indecisiveness
- Low self-worth or excessive guilt
- Hopelessness
- Recurrent thoughts of death and suicide
- Sleep disturbance (insomnia or hypersomnia)
- Appetite or weight changes
- Psychomotor agitation or retardation
- Fatigue or low energy

Assessment

- Assessment is based on medical, psychiatric, family and social history
- Healthcare professionals should be alert to people with a history of depression or a chronic physical health problem or **menopause** with associated functional impairment

Referral to a psychiatrist or mental healthcare teams should comply with local guidelines.

Management

Management depends on:

- Symptom severity
- Patient preference
- Associated medical and psychiatric disorders
- Local guidelines and availability

Non-drug treatments

- Supportive strategies such as community therapy and exercise
- Psychotherapy (e.g. cognitive-behavioral therapies)
- Brain stimulation, such as electroconvulsive therapy, though this may be restricted to specialist centers

Drug treatments

- Antidepressants such as selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs) and tricyclic antidepressants)
- Menopausal hormone therapy (though not approved for depression in either Europe or the USA)
- St John's wort (approval varies between countries)
- Melatonin (though not approved for depression in either Europe or the USA)

Further information

NICE (2022). Guideline NG222. Depression in adults: treatment and management https://www.nice.org.uk/guidance/ng222

NICE (2024). Guideline NG23. Menopause: identification and management https://www.nice.org.uk/guidance/ng23

Lumsden et al. (2025). European Society of Endocrinology clinical practice guideline for evaluation and management of menopause and the perimenopause https://doi.org/10.1093/ejendo/lvaf206

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