Menopausal Changes Linked to Depression

BY MARY ANN MOON
Contributing Writer

T he "changing hormonal milieu" of menopause is strongly associated with new-onset major depression as well as depressive symptoms in women with no history of mood disturbance, reported Ellen W. Freeman, Ph.D., of the departments of ob.gyn. and psychiatry at the University of Pennsylvania, Philadelphia, and her associates in the Penn Ovarian Aging Study.

Women are significantly more likely to develop a depressive disorder when their levels of estradiol (E2) was significantly associated with depressive symptoms and with major depression. Similarly, variability in a woman’s mean levels of estradiol, FSH, and LH also was linked to depression and anxiety disorders. Similarly, variability in a woman’s mean levels of estradiol, FSH, and LH also was linked to depression and anxiety disorders.

BY JANE SALODOF
MacNeil Southwest Bureau

San Francisco — Preteens and adolescents with asthma were also depressed or anxious had asthma symptoms on significantly more days and were more prone to individual symptoms, according to a study presented at the annual meeting of the Pediatric Academic Societies.

Based on these findings, the investigators urged physical health care providers to screen for anxiety and depressive disorders when young people have asthma symptoms that do not respond to medication.

"We conclude that youth with asthma and depressive disorders do have a higher symptom burden, and providers should consider screening for depression in youth with high symptom burden if they are not responding to medication or treatment as expected," Dr. Laura Richardson said in a poster presentation.

The researchers surveyed by telephone 767 young people, 11-17 years of age, who had asthma and were enrolled in a staff-model health maintenance organization to assess the number of days of asthma symptoms each participant had experienced in the 2 weeks prior to a call and the incidence of individual symptoms.

A total of 125 respondents (16%) were found to have anxiety or depressive disorders, while 642 did not (84%). Nearly two-thirds of the depressed youth but fewer than half of the other respondents were female. Both groups were 14 years old on average, reported Dr. Richardson, whose specialty is child and adolescent medicine at the University of Washington in Seattle.

Similar proportions of both groups met Health Plan Employer Data Information Set (HEDIS) asthma severity criteria: 69% of the depressed group and 70% of those who were not depressed. The depressed patients had higher Chronic Disease Scores, however (795 vs. 581).

"After controlling for asthma severity and other covariates, we found that youth with anxiety or depressive disorders had an average of 5.4 symptom days in the prior 2 weeks, compared to 3.5 days in those without anxiety or depressive disorders," Dr. Richardson said.

The respondents with anxiety or depressive disorders also were significantly more likely than the other respondents to report each of six asthma-specific symptoms (wheezing with a cold, cough that won’t go away, cough, wheezing without a cold, tightness in chest, and shortness of breath) and five less-specific symptoms (difficulty sleeping, stuffy nose/congestion, itchy eyes, skin rash, and headache).

In addition, the investigators charted a linear relationship between the number of symptoms of anxiety and depression and the number of asthma symptoms that the patients reported. “The more anxiety and depression you have, the more asthma you have," Dr. Richardson said in an interview before her presentation at the meeting, which was sponsored by the American Pediatric Society, Society for Pediatric Research, Ambulatory Pediatric Association, and American Academy of Pediatrics.

Quick Screen Identifies Depression and Panic Disorder in Sports Medicine Clinic

Miami — Athletic patients with significant musculoskeletal pain should be screened for comorbid depression and panic disorder, according to study findings presented at the annual meeting of the American Medical Society for Sports Medicine.

In a study of 148 consecutively treated athletic patients who presented to a sports med- 
icine clinic with musculoskeletal complaints, the overall prevalence of a major depressive disorder was 6%, 7% had another form of depression.

Dr. William W. Dexter and his associates at the Maine Medical Center sports medicine program in Portland surveyed participants using the Primary Care Evaluation of Mental Disorders (PRIME-MD) patient questionnaire.

Although these overall prevalence rates are similar to those in a general primary care practice, the prevalence of mood disorders was even higher among those patients who presented with pain severity scores of 6 or higher on a scale of 0-10, Dr. Dexter noted in an interview.

Overall, the prevalence of panic disorder was 17%

Although the association between mood and musculoskeletal pain has been documented in the literature, there are no data on the prevalence of mental health disorders in a primary care sports medicine population. “In our clinic, we felt we were seeing a lot of musculoskeletal complaints in patients who had an undiagnosed or underdiagnosed mood disorder,” Dr. Dexter said.

If patients’ comorbid depression and/or panic disorder are not addressed, significant improvements in musculoskeletal pain are unlikely, he added.

“Many of the subjects in the study did not have a prior diagnosis of mood disorder,” Dr. Dexter said. “The treatment of musculoskeletal pain identified through screening with the PRIME-MD tool...”

—Damian McNamara