Menopausal Changes Linked to Depression

BY MARY ANN MOON Contributing Writer

The “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, follicle-stimulating hormone (FSH), and luteinizing hormone (LH) increase, and levels of inhibin B decrease, as happens during the transition to menopause. It appears that the hormonal changes characteristic of ovarian aging produce “destabilizing effects” that contribute to depression, the investigators said (Arch. Gen. Psychiatry 2006;63:375-82).

This finding should make a substantial contribution to what has been only “limited evidence” in the literature about mood symptoms in the perimenopausal years. “Whether mood symptoms increase in the perimenopausal years and whether the occurrence of depressed mood is independently associated with ovarian changes or is secondary to vasomotor or other bothersome symptoms” has been controversial, they noted.

Dr. Freeman and her associates examined the issue by assessing fluctuations in reproductive hormone levels in 231 perimenopausal women aged 35-47 years at baseline who were followed for 8 years. During that interval, 45% of the women entered the transition to menopause. Hormone assays were conducted in 10 assessment periods, the first at 6-8 month intervals. Blood samples were collected at the start of menstrual cycles. Depressive symptoms were assessed using the CES-D (Center for Epidemiological Studies-Depression) scale; either the PRIME-MD (Primary Care Evaluation of Mental Disorders) or the PHQ (Patient Health Questionnaires) was used to detect major depressive disorder.

A total of 116 women (50%) were found to have depressive symptoms in the CES-D at the time of follow-up. Of these, 16 women had depressive symptoms on two consecutive assessments and 37 had them on three or more consecutive assessments. Of the 231 women, 59 (26%) were found to have depressive disorders on the PRIME-MD or PHQ. 26 had major depressive disorder and 33 had other depressive disorders. Nine of the women had depressive disorders on two consecutive assessments and four had them on three or more consecutive assessments.

A total of 108 women (47%) showed no depressive symptoms on either measure, Dr. Freeman and her associates said.

Changes in individual women’s levels of FSH, LH, and inhibin B were significantly associated with depressive symptoms and with major depression. Similarly, variability in a woman’s mean levels of estradiol, FSH, and LH also were linked to depression and depressive symptoms. “On average, the women were 4.58 times more likely to have higher FSH levels ... 3 times more likely to have higher LH levels ... and 63% more likely to have lower inhibin B levels ... at the time of high [depression] scores,” compared with the time before high scores, the investigators said.

After the data were adjusted for several other depression risk factors, including change in employment status or marital status, the researchers found that a woman was, on average, more than five times more likely to be in menopausal transition at the time of reporting high [depression] scores than she was before the onset of depressive symptoms.

“The strongest risk factor for the new onset of [depression] was the increased variability of estradiol,” Dr. Freeman said.

Depression and Anxiety Worsen Asthma in Preteens, Adolescents

BY JANE SALODOF MacNeil Southwest Bureau

SAN FRANCISCO — Preteens and adolescents with asthma who 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 physicians 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, a pediatrician specializing in 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, cold 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.