

# Women and Mental Health

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- Malfunctions of the womb often blamed for psychological disturbances in women
- ‘Hysteria’ – Greek for uterus
- Hippocrates described the link between lactation and mania in early writings
- Marriage was recommended as a ‘buffer’ in 19<sup>th</sup> century England





# GENDER SPECIFIC RISK FACTORS and STRESSORS

- Menstruation
- Sexual abuse, assault and rape
- Pregnancy, termination, miscarriage and stillbirth
- Menopause
- Surgery to female organs – hysterectomy & mastectomy
- Longer life expectancy



# PSYCHIATRIC DISORDERS in WOMEN

- Disorders occurring exclusively in women
  - Premenstrual Dysphoric Disorder
  - Disorders occurring during pregnancy
  - Disorders arising in postpartum period
  - Disorders arising in the post-menopausal period
- Disorders occurring more commonly in women
  - Depressive disorders
  - Anxiety disorders
  - Eating disorders
  - Trauma related disorders following sexual abuse, rape and domestic violence



# THE GIRL-CHILD and ADOLESCENCE

- Sexual abuse
- Puberty
- Eating Disorders





# THE REPRODUCTIVE YEARS

- Premenstrual Dysphoric Disorder
- Pregnancy and Lactation
- Post-partum illness
- The Depressed Mother
- Pseudocyesis
- Depressive Disorders
- Anxiety Disorders
- Domestic Violence



# THE POST-MENOPAUSAL PERIOD

- Depressive disorders
- Bereavement



# THE GIRL-CHILD & ADOLESCENCE

- Sexual abuse
- Puberty
- Eating Disorders





# SEXUAL ABUSE

- One in four children in S.A. is abused at some time
- One in four girls and one in five boys are sexually abused
- Thought that 1 in 10 teenagers sexually abused by family member



# CONSEQUENCES of SEXUAL ABUSE



- Mistrust
- Poor self image
- Depression
- Anxiety symptoms
- Social withdrawal
- Substance abuse
- Suicidal gestures
- Sexual avoidance/ ↑ sexual arousal/ activity
- Poor school performance
- Maladaptive character traits





# PUBERTY

- Menarche – regular onset of menses
- Average age = 12.9yrs (White) and 12.2yrs (African-American)
- Early maturing girls
  - More adjustment difficulties
  - Low self-esteem
  - Greater vulnerability to depression, anxiety, eating dx
  - Engagement in more risky behaviours incl. sexual
- Limited equivocal associations adolescent psychopathology and gonadal hormone levels



# EATING DISORDERS



- ANOREXIA NERVOSA
- BULIMIA NERVOSA
- EATING DISORDER Not Otherwise Specified (NOS)
- Complex syndromes with considerable psychiatric and medical co-morbidities
- Male : Female between 1:10 and 1:20
- Onset between ages of 10 and 30, 85% onset between 13 and 20 years

# ANOREXIA NERVOSA



- (A) Refusal to maintain normal body weight (< 85% expected)
- (B) Intense fear of gaining weight
- (C) Disturbed perception of body weight / shape; denial of seriousness of low body weight
- (D) Amenorrhoea for at least 3 consecutive cycles



# BULIMIA NERVOSA

- (A) Recurrent episodes of binge eating
  - (1) Eating, discrete period, large amt food
  - (2) Sense of lack of control
- (B) Recurrent inappropriate compensatory behaviours
- (C) At least twice a week for 3 months
- (D) Evaluation unduly influenced by body weight / shape
- (E) Not exclusively during episodes of A.N.
  - Purging type
  - Non-purging type





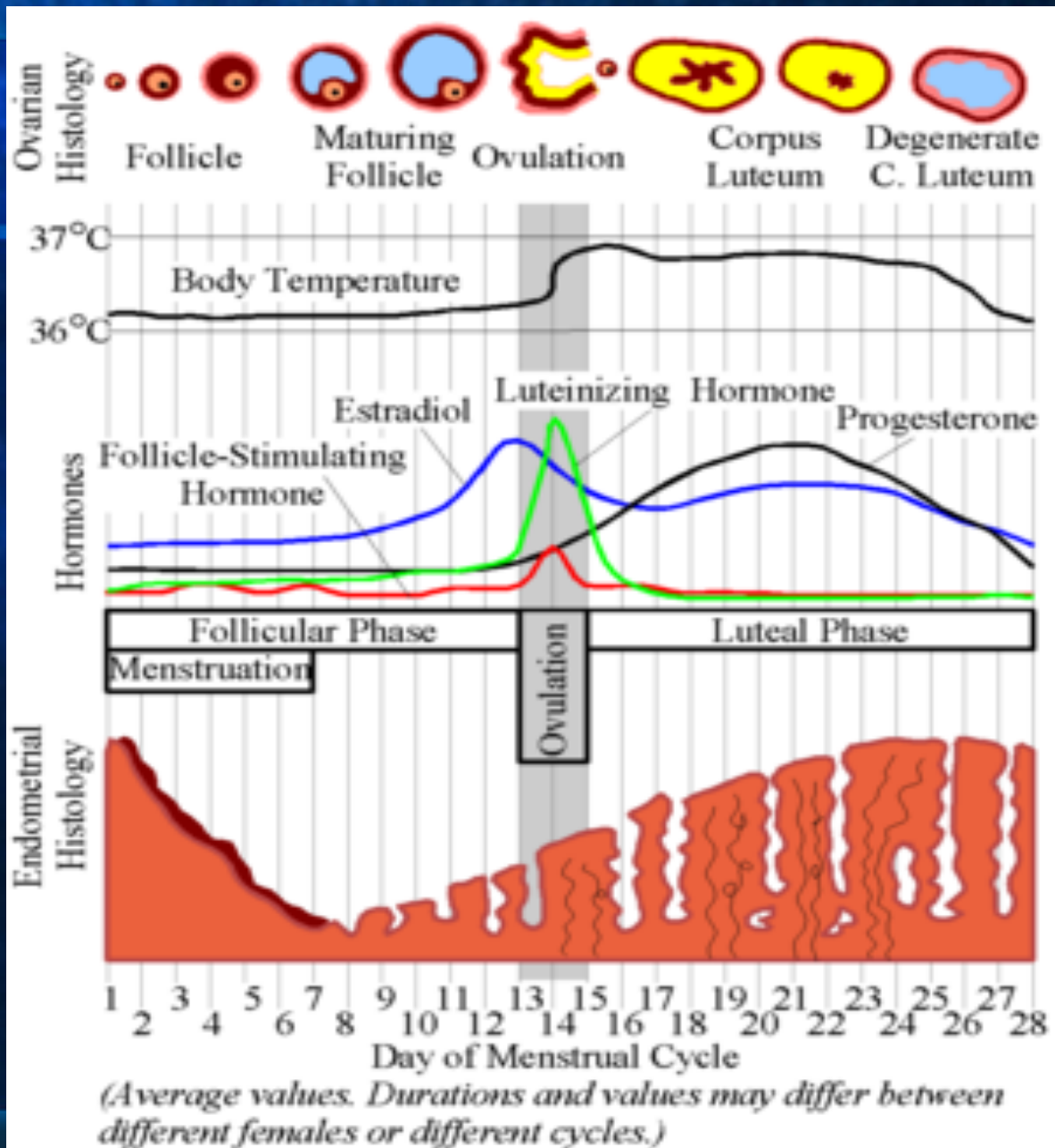
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# PREMENSTRUAL DYSPHORIC DISORDER

- **Somatopsychic illness** – changing levels of sex steroids that accompany ovulatory menstrual cycle
- During last week of **luteal phase**, remit onset of follicular phase
- Usually 1 week before onset of menses
- Symptoms resolve at points during the menstrual cycle
- Aetiology – unknown, hormones implicated
- Epidemiology is not known ? 3 – 7%





# PREMENSTRUAL DYSPHORIC DISORDER

- In most menstrual cycles for the past year
  - Markedly depressed mood, hopelessness
  - Marked anxiety, tension
  - Marked affective lability
  - Persistent & marked irritability and anger
  - Decreased interest in usual activities
  - Subjective sense of difficulty concentrating
  - Lethargy, fatigue
  - Hypersomnia or insomnia
  - Subjective sense of being overwhelmed
  - Other physical symptoms
    - Breast tenderness or swelling. Sensation of bloating
    - Headache, muscle and joint pain

MILWAUKIE-PORTLAND  
OREGON

PMS24-7

10

03

Would you pass a car with this license plate?





- NB to distinguish from PMS which occurs in up 80% of women
- PMS does not interfere with functioning
- Treatment
  - Recognition of symptoms
  - Support to the patient
  - SSRIs reported to be effective. Fluoxetine
  - Limited to luteal phase
  - Alprazolam has been studied

# PREGNANCY



- Marked psychological changes
- Reaction to prospective motherhood influenced by
  - Planned or not
  - Relationship with child's father
  - Age of mother
  - Her sense of identity
- Sense of maternal competence
- Psychological attachment begins in utero



# MENTAL ILLNESS and PREGNANCY



- New onset mental illness
- Exacerbation of mental illness
- Inadvertent conception on psychotropics
- Current data suggests
  - Panic Disorder may improve
  - OCD appears more prevalent
  - Psychotic disorders generally worsen
  - Rates and severity of depression span a wide range

# RISKS TO the FOETUS

- Untreated schizophrenia associated with increased risk of perinatal death
- Extreme stress during pregnancy is detrimental to foetal brain
- Severe psychopathology may in itself confer increased risk for complications
- All psychotropic medications cross the placenta-
  - teratogenic, perinatal & neurobehavioural effects of individual agents must be considered

**Pharmacologic treatment during pregnancy:  
Weighing the risks**





# RISK by TRIMESTER

## 1ST TRIMESTER

- Valproic acid – neural tube defects
- Carbamazepine – neural tube defects
- Lithium – Ebstein's anomaly
- Benzos – cranio-facial deformities

## 2<sup>ND</sup> TRIMESTER

- Relative safety if necessary

## 3<sup>RD</sup> TRIMESTER

- Lithium – NB fluid shifts at parturition
- Benzos – 'floppy baby'
- SSRI/TCA – perinatal syndrome

# POSTPARTUM DEPRESSION

- **“BABY BLUES”**
  - 30-75% women
  - 3-5 days after delivery
  - Endures days to weeks
  - No associated stressors
  - No history mood disorder
  - No family history of mood dx
  - Tearfulness
  - Mood labile
  - Not anhedonic
  - Occasional sleep disturbances
  - No suicidal thoughts
  - Thoughts harming baby – rare
  - Mild feelings of guilt/inadequacy
- **POSTPARTUM DEPRESSION**
  - 10-15% women
  - Within 3-6 months
  - Months (years untreated)
  - Associated poor support
  - History of mood disorder
  - Family history of mood disorder
  - Tearfulness
  - Mood uniformly depressed
  - Anhedonic
  - Sleep disturbances always
  - Suicidal thoughts
  - Thoughts of harming baby – common
  - Excessive guilt, feelings of inadequacy





**Most women suffering from postpartum  
depression do not receive  
adequate treatment**

# POSTPARTUM PSYCHOSIS

- 1-2/1000 births
- 50-60% with first child
- $\pm$  50% associated perinatal complications
- $\pm$  50% associated family history mood disorder
- Essentially an episode of mood disorder
- PSYCHIATRIC EMERGENCY
  - 5% commit suicide
  - 4% commit infanticide
- Within 8 weeks of delivery





# POSTPARTUM PSYCHOSIS

- Prodrome
  - Fatigue
  - Insomnia, restlessness
- Suspiciousness
- Irrationality, confusion, incoherence
- Obsessional concerns about the baby's health
- Suicidal or homicidal thoughts
- Hallucinations
- Delusional thoughts
  - Baby dead or defective
  - Persecution



# POSTPARTUM PSYCHOSIS

- Hospital admission – PSYCHIATRIC EMERGENCY
- Antipsychotics
- ± antidepressant
- ± mood stabiliser
- Visits with the baby closely supervised
- Psychotherapy after recovery







# LACTATION

- Benefits of breast feeding to mother and infant vs risk of drug exposure to infant
- Premature infants; renal; hepatic; cardiac & neurological impairment at greater risk
- Monitor for specific drug adverse effects
- Monitor feeding patterns, growth & development
- Treatment of maternal illness is highest priority

**How safe is it for women to take medications and breastfeed?**





# LACTATION - SUGGESTIONS

- Antidepressants
  - Paroxetine (Aropax®)
  - Sertraline (Zoloft®)
- Antipsychotics
  - Sulpiride (Eglonyl®)
  - Olanzapine (Zyprexa®)
- Mood stabilisers
  - Avoid if possible
  - Valproate if essential
- Sedatives
  - Lorazepam for anxiety
  - Zolpidem (Stilnox®) for sleep



# THE DEPRESSED MOTHER

- Negative effect on parenting practices
- Less healthy feeding and sleeping patterns
- Less talking to infant
- Less attuned to child's needs
- Harsher punishment
- More infant crying
- Poorer infant cognitive outcome
- Impact on mother-child attachment





# PSEUDOCYESIS



- Development of the **classic symptoms of pregnancy in a NON-PREGNANT woman**
  - Amenorrhoea & breast enlargement
  - Nausea & abdominal distention
- Predisposing factors
  - Pathological wish for or fear of pregnancy
  - Ambivalence around gender, sexuality & childbearing
  - Grief reactions after tubal ligation/hysterectomy

# DEPRESSIVE DISORDERS

- MDD - ± 10-25% for women vs 5-12% for men
  - Hormonal differences
  - Effects of childbirth
  - Differing psychosocial stressors
  - ? Learned helplessness
- Dysthymic Disorder more common in women
- Female preponderance emerges at puberty
- In Bipolar Disorder – depressive episodes more common in women



# ANXIETY DISORDERS

- Lifetime prevalence in women 30.5% vs men 19.2%
- Female preponderance emerges before puberty
- Panic Disorder - Females 2-3x > Males
- Social Phobia – Female > Males
- PTSD – Females 10-12% vs Males 5-6%
- GAD – Female : Male = 2:1



# DOMESTIC VIOLENCE

- One in four S.A. women are survivors of domestic violence
- Risk factors
  - Young age (<30)
  - Recently separated or divorced
  - Disabled women
  - Previous history of abuse
  - Pregnancy





# MENTAL HEALTH and DOMESTIC VIOLENCE



- Depression
  - Risk of suicide
- PTSD & other Anxiety Disorders
  - Insomnia, poor concentration, irritability
  - Flashbacks, nightmares, hypervigilance, avoidance
- Substance Use Disorders
  - Alcohol, prescription drugs, illicit drugs
  - Suspect if substances used in pregnancy

# THE POST-MENOPAUSAL PERIOD



- Post- menopausal depression
- Bereavement



# POSTMENOPAUSAL DEPRESSION

- Increase in number of episodes of mood disorder in postmenopausal period
- Likely biologically driven and not 'Empty Nest Syndrome'
- Sleep disturbances are common
- May respond to oestrogen replacement



# BEREAVEMENT



- Death of spouse often ranked as one of most stressful life events
- Intense sadness but not MDD criteria
- Grief is often stimulus bound, fluctuating state
- Fears for one's health or mortality
- In widows relative risk of death from cirrhosis and suicide may increase
- May develop depression or anxiety disorders





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