

From the editor



Getting it right about menopause

We in psychiatry have often gotten it wrong about menopause. We have “pathologized” normal perimenopause experience, at times ascribing its mood symptoms to DSM-II’s “involutional melancholia,” or to change of life or empty nest syndrome. At other times we have “normalized” pathological experience, dismissing women’s complaints of depression and anxiety and referring them too quickly to Ob/Gyns.

Sometimes we have relied too heavily on hormonal treatments and at other times have not used them enough. Hormone replacement therapies clearly do benefit many women with psychiatric symptoms ranging from mild to severe. But hormonal treatments do not help all women and they can have harmful side effects, as the Women’s Health Initiative studies of estrogen with progesterone have shown. We clearly need to understand more about hormonal treatments and not just leave their understanding and management to Ob/Gyns.

A step in that direction is “Minding menopause,” by Louann Brizendine, MD (*page 12*). This article presents the current approach to diagnosis and treatment of menopause-related psychiatric symptoms, based on the latest evidence and Dr. Brizendine’s experience as director of the Women’s Mood and Hormone Clinic at Langley Porter Psychiatric Clinic, San Francisco.

Dr. Brizendine’s article portrays psychiatry at its best, changing its approaches to coincide with new data and experience—until we get it right.

A handwritten signature in black ink, appearing to read 'Randy Hillard'.

Randy Hillard, MD