Depression Risk Up During, After Menopause

BY DOUG BRUNK

SAN DIEGO — The risk of a major depressive episode more than doubles for women during and after the menopausal transition, compared with when they were premenopausal, results from a 9-year follow-up study showed.

The finding suggests that clinicians "need to pay attention to depressive symptoms during this time in a woman's life, and perhaps do a more extensive assessment both in terms of the current presentation and a history of depression, so they have a better understanding of what the overall risk is for a major depressive episode and how they might intervene to prevent it," the study's principal investigator, Joyce T. Bromberger, Ph.D., said in an interview at the annual meeting of the North American Menopause Society.

She and her associates analyzed 9 years of follow-up data from 221 premenopausal women enrolled at the Pittsburgh site of the Study of Women's Health Across the Nation, a multisite epidemiologic study designed to examine the health of women during midlife. The researchers used the Nonpatient Structured Clinical Interview for DSM-IV Axis I Disorders at baseline to determine lifetime history of major depression and annually to assess current and past-year major depression. They classified the women's status according to self-reported bleeding criteria as premenopausal, perimenopausal, postmenopausal, and postmenopausal on hormones.

Covariates included race, history of major depression at baseline, time-varying age, stressful life events such as the loss of a spouse or a job, use of psy-

Hot Flashes Have Circadian Rhythm in Some

SAN DIEGO — Postmenopausal women with severe vasomotor symptoms show a circadian rhythm of hot flashes that peaks in the late afternoon and early evening hours, results from a small study showed.

"A lot of women complain about frequency of hot flashes at night," Lauren Drogos said in an interview after her poster presentation at the annual meeting of the North American Menopause Society. "But we found that women were having the least frequent amount of hot flashes at night."

For the study, Ms. Drogos and her associates evaluated baseline data from a trial of 29 postmenopausal women who had at least 35 hot flashes per week and were enrolled in a clinical trial comparing the efficacy of hormone therapy, black cohosh, and red clover for menopausal symptoms and cognition.

The women wore ambulatory sternal skin conductance monitors, which recorded their hot flashes over a 24-hour period. Hot flashes were defined as a greater than 2-micromho increase in skin conductance within 30 seconds. The women also kept a diary of perceived hot flashes.

In an effort to reduce the interindividual variability in the time of hot flashes for study participants on different sleep/wake schedules, the researchers normalized the data to each woman's wake time. The mean age of the study participants was 53 years, 61% were African American, 36% were white, and the rest were Asian American.

The women had an average of 19 hot flashes during the 24-hour monitoring period, including 14 during waking hours and 5 during sleeping hours, reported Ms. Drogos, a graduate student in the department of psychology at the University of Illinois at Chicago. "There was a broad peak of hot flash frequency, extending from late afternoon to evening hours, and a nadir that roughly corresponded to the time of the sleep episode," the investigators wrote in their poster.

Ms. Drogos acknowledged certain limitations of the study, including its small sample size and the fact that it focused on highly symptomatic women.

She reported no conflicts of interest.

—Doug Brunk

chotropic medications, and hot flashes/night sweats. Women who reported a bilateral oophorectomy or hysterectomy were not included in the analyses after the procedure.

At baseline the women were between the ages of 42 and 52, reported Dr. Bromberger, associate professor of epidemiology and psychiatry at the University of Pittsburgh.

Of the 221 women, 129 (58%) transitioned to postmenopause over the 9 years and 69 (31%) experienced at least one major depressive episode. Nearly half of the women with a history of a major depression at baseline (47%) met criteria for current or past-year major depression, compared with 23% of women without a history of major depression at baseline.

Univariate analyses demonstrated that the greatest risk for having a major depressive episode occurred when women were postmenopausal (odds ratio 3.52) or when they were perimenopausal (OR 2.13), compared with when they were premenopausal.

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DR. BROMBERGER

In the fully adjusted multivariate analyses, women remained significantly more likely to have a major depressive episode when they were postmenopausal (OR 3.79) or perimenopausal (OR 2.05). Odd ratios were also significantly greater for African American women (OR 2.10), women with a history of depression (OR 2.97), and women who reported stressful life events (OR 2.90).

"I was surprised by the increased risk during the postmenopause, because the majority of the literature on depressive symptoms has suggested that the increased risk is during the [menopausal] transition, and not after it," Dr. Bromberger said.

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