Hot Flashes Fuel Menopausal Depression's Onset

BY PATRICE WENDLING
Chicago Bureau

TUCSON, ARIZ. — When a female patient presents with hot flashes, consider screening her for depression, Dr. Marlene Freeman advised at a psychopharmacology conference sponsored by the University of Arizona.

The risk of depression is known to increase during perimenopause, and epidemiologic studies have shown that women in early perimenopause have greater rates of persistent mood symptoms (15%-18%) than do premenopausal women (8%-12%).

But a recent study found that the onset of perimenopausal depression was associated only with hot flashes, and not with many of the risk factors that are conventionally suspected, such as parity, previous depression, and family history (Am. J. Psychiatry 2004;161:2238-44).

"We don't know if for all women they are going to have a tough time during perimenopause, but for some it can be an exquisitely high-risk time," said Dr. Freeman, of the Women's Mental Health Program at the University of Arizona, Tucson.

In general, history of major depressive episodes is important to predict future episodes, because some patients with depression have patterns of recurrence. But psychosocial factors also may factor into whether a woman experiences depressive symptoms or episodes, Dr. Freeman said.

Dr. Freeman and her colleagues conducted a small, open-label, 8-week study in which 20 perimenopausal women with major depression were treated with escitalopram (Lexapro) 10 mg/day for 2 weeks, with the option of either decreasing the dosage or increasing to a maximum of 20 mg/day. Side effects caused two patients to drop out of the study, which was supported by Lexapro maker Forest Pharmaceuticals Inc.

An intent-to-treat analysis of 18 patients showed that 16 patients experienced a 50% or greater decrease in scores on the Hamilton Rating Scale for Depression, and 13 experienced a 50% or greater decrease in scores on the Greene Climacteric Scale used to quantify somatic symptoms. Paired t tests showed that the differences in pre- and posttest scores were significant for both of the primary measures.

Other studies have shown that extended-release paroxetine (Paxil) and venlafaxine (Effexor) have been successful in reducing hot flashes in women, she said. Open-label data showed that citalopram (Celexa) was efficacious as a monotherapy for perimenopausal and postmenopausal women with depression, and as an adjunct therapy for women who had remained depressed after 4 weeks of estrogen therapy with estradiol (J. Clin. Psychiatry 2003;64:473-9). ■

Endometrial Lesion Excision Improves Deep Dyspareunia

CHICAGO — Laparoscopic excision of endometriotic lesions of the uterosacral ligament improves not only deep dyspareunia but also the quality of patients' sex life, Dr. Simone Ferrero said at the annual meeting of the AAGL (formerly the American Association of Gynecologic Laparoscopists).

Pain during intercourse affects 60%-79% of women with endometriosis who undergo surgery.

Among women with deep dyspareunia, those with deep infiltrating endometriosis of the uterosacral ligament have the most severe impairment of sexual function, said Dr. Ferrero of San Martino Hospital and the University of Genoa, Italy.

He presented a prospective study in which 64 women with deep dyspareunia were surveyed before surgical excision of endometriotic lesions and 1 year after surgery using a questionnaire based on the sexual satisfaction subscale of the Derogatis Sexual Functioning Inventory, additional questions regarding the characteristics of dyspareunia, the Global Sexual Satisfaction Index, and a 100-mm visual analog scale to measure the intensity of dyspareunia.

All of the women received 6 months of postoperative treatment with the gonadotropin-releasing hormone analogue, triptorelin.

The main indications for surgery were pain symptoms (29), ovarian cysts (20), and infertility (15).

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Medical Tx Rivals Surgery for Chronic Pelvic Pain

BY FRAN LOWRY
Contributing Writer

ORLANDO — Women with chronic pelvic pain responded as well to medical treatment as they did to surgery, according to a prospective, observational cohort study of 370 patients that was carried out 1 year after treatment, Dr. Georgine Lamvu said at the annual meeting of the South Atlantic Association of Obstetricians and Gynecologists.

About 15% of women report having chronic pelvic pain (CPP) in their lifetime. It is the primary indication for 12% of hysterectomies and 40% of laparoscopies and costs over $2 billion annually, said Dr. Lamvu of the University of North Carolina at Chapel Hill.

'It seems like the diagnostic subtypes were better predictors of health status than was endometriosis.'

DR. LESERMAN

The mean pain level score, as assessed by the McGill Pain Questionnaire, was 30, or moderate to severe, in 49% of both medically and surgically treated women who were referred to the university's pelvic pain clinic for evaluation of continued CPP. Likewise, moderate to severe depression, as measured by the Beck Depression Inventory, was diagnosed in 22% of both groups.

Surgical treatment ranged from diagnostic laparoscopy to hysterectomy, and medical treatment consisted of pharmacotherapy, psychotherapy, and physical therapy.

One year later, the mean McGill Pain Questionnaire score had decreased from 30 to 23 in both groups.

In another study on CPP presented at the meeting, Jane Leserman, Ph.D., also of the University of North Carolina, reported that breaking CPP into diagnostic subtypes may be useful in guiding therapy.

A chart review and questionnaire of 306 consecutive patients who presented to the university's pelvic pain clinic found the following most common diagnostic subtypes:

- Diffuse abdominal pelvic pain (43%).
- Vulvovaginal pain (20%).
- Cyclic pain (10%).
- Neuropathic pain (9%).
- Nonlocal pain (7%).
- Trigger point pain (6%).
- Palpation of the uterus (6%).

Patients who had diffuse abdominal pelvic pain had worse physical functioning and more pain than did patients with vulvovaginal, cyclic, neuropathic, and fibroid pain. Those with vulvovaginal pain had the best physical functioning and the least pain, Dr. Leserman said.

Slightly less than half of the patients (48%) had been sexually or physically abused. The women also scored at or below the 25th percentile on mental and physical health measures, compared with the U.S. female population as a whole, Dr. Leserman said.

Endometriosis, which was present in 21% of the women, was not significantly related to any measure of mental or physical health status, Dr. Leserman said.

"It seems like the diagnostic subtypes were better predictors of health status than was endometriosis. Perhaps the degree of diffuseness of pain and the cyclic nature of pain may help guide us in the future in terms of treatment," she said. ■

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At 1-year follow-up, 29 women had no deep dyspareunia, 25 had decreased intensity, and 10 experienced no change.

Patients had had significantly more intercourse per week in the previous 3 months (1.3 vs. 2.3), more satisfying orgasms (2.3 vs. 4.4), were more relaxed and fulfilled after sex (3.2 vs. 4.5), and were less frequently interrupted by pain during intercourse (3.7 vs. 2).

Global Sexual Satisfaction Index scores also significantly improved (*P* less than or equal to .001). The surgery didn't significantly change whether the women were "usually satisfied" with their particular partner (5 vs. 5.2).

Women in the study had been with their partners for an average of 11 years; 42 were married, 10 cohabiting, 6 engaged, and 6 single. The average age of the women was 34 years.

—Patrice Wendling