SECTION CONTENTS

Depression in Women: New Findings

Three articles in this issue's Focus on Women's Mental Health section provide new data regarding depression in women. The topics include risk factors for perinatal depression, the assessment of gender differences in psychotic depression, and the treatment of menopausal depression. The clinical relevance of these topics is compelling.

Also included this month is an editorial by my colleagues and I that proposes the systematic data collection of reproductive life cycle variables and hormone use during clinical trials. We have developed questionnaires, organized into modules, to make implementation as easy as possible. We believe that systematic collection of such data will allow for large-scale analyses across studies that will further the understanding of the impact of endogenous and exogenous female reproductive hormones, as well as their impact on outcomes in psychiatric clinical trials.

Robertson-Blackmore and colleagues conducted a prospective study of pregnant women recruited from an obstetrical clinic that served a socioeconomically disadvantaged population. They assessed whether previous trauma was a risk factor for perinatal depression and whether a dose-response effect could be ascertained. Women (N = 374) were assessed for the presence of a major depressive episode at 18 and 32 weeks' gestation and at 6–8 weeks and 6 months postpartum. Trauma history was documented, and types of trauma were categorized. Thirty-nine percent of the cohort had experienced a traumatic event, and 30.1% had experienced 3 or more. Over half (52.4%) had experienced a major depressive episode prior to study participation. One-quarter of the cohort experienced a major depressive episode during the study; 10.7% experienced antenatal depression but not postpartum depression, 6.7% experienced only postpartum depression, and 7.0% experienced depression both during pregnancy and postpartum. At all points of assessment, women who endorsed a history of trauma were at greater risk of a depressive episode than women who did not, and a higher number of traumatic events predicted antenatal depression. Interestingly, histories of trauma predicted antenatal but not postpartum depression. In this online-only offering, the investigators discuss the clinical and treatment implications of their work.

Psychotic depression is the topic of a second article. Differences are known to exist between women and men as regards course of illness in schizophrenia and bipolar disorder, and women are more likely than men to experience major depressive disorder (MDD). Deligiannidis and colleagues extend the work on gender differences pertaining to psychotic and affective disorders in an examination of gender differences in the manifestation and treatment outcomes of psychotic depression. To approximate for menopausal status, they also conducted analyses by age. These are secondary analyses for a randomized treatment study of psychotic depression, in which patients were treated with olanzapine plus sertraline or olanzapine plus placebo for psychotic depression. The authors did not find differences in treatment outcomes on the basis of gender or age. In addition, gender did not predict increased body mass index during the study. However, there were some gender differences in presentation; women were more likely than men to have comorbid anxiety disorders, as well as hallucinations and disorganization.

Also in this section, Clayton and others present findings from a treatment study for depression associated with the menopausal transition. The investigators conducted a large, multicenter, randomized, placebo-controlled trial of desvenlafaxine for MDD in perimenopausal and menopausal women (N = 434). They demonstrated a significantly more efficacious response with desvenlafaxine compared with placebo in terms of the outcome measure, change on the 17-item Hamilton Depression Rating Scale. Desvenlafaxine was also more efficacious on secondary measures, such as the Montgomery-Asberg Depression Rating Scale, and on the proportions of patients who were responders and remitters. Headache and nausea were the most commonly reported side effects.

We are grateful for these authors' contributions to this section and to the field of women's mental health.

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