Editorial

See article series beginning on page 1235.

Focus on Women's Mental Health

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In this issue of *The Journal of Clinical Psychiatry*, we kick off our "Focus on Women's Mental Health" section. Women's mental health includes—but is not exclusive to—pregnancy-, postpartum-, premenstrual-, and perimenopausal-related disorders. Mental health issues pertinent to the female reproductive lifespan are important and understudied. In this inaugural, we focus on postpartum depression. In future sections, we will also highlight (1) disorders that disproportionately affect women and (2) inquiries into how gender impacts the course and treatment of disorders that affect the sexes equally.

WOMEN'S HEALTH

Definition

The field of women's health has "moved beyond an exclusive emphasis on women's reproductive function to one that defines health as a scientific enterprise to identify clinically important sex and gender differences in prevalence, etiology, course, and treatment of illnesses affecting men and women in the population as well as conditions specific to women."[1(p794)] In fact, a driving force in the women's health movement has been a recasting and expansion of the definition of women's health to include all conditions, disorders, and diseases that affect women over the life cycle.

A Paradigm Shift

Ironically, even though women's health was confined in the past to reproductive issues, mental health treatment research in pregnant women is still in its infancy. As is the case with child psychiatry, evidence-based decision making in the treatment of pregnant and postpartum women is difficult, as data are lacking to guide treatment. Historically, women and children have frequently been left out of pharmacologic research. In 1977, after the tragedies of thalidomide and diethylstilbestrol, the U.S. Food and Drug Administration issued a guideline excluding women of childbearing potential from participation in early phases of clinical research.[2] However, the ramifications of this guideline were to limit significantly the participation by women of childbearing potential from most clinical research.

Robert Levine[3] describes the phenomenon of "therapeutic orphans." This descriptor refers to the reluctance to include women of reproductive years and children in studies to determine the safety and efficacy of drugs. As a result, medications that are frequently utilized in children and pregnant women are often insufficiently studied in these populations so there are no data on safety and efficacy. In changing these past paradigms, the Clinical Trials and Translation Workgroup outlined priorities for the National Institute of Mental Health Strategic Plan for Mood Disorders Research.[4] As part of their final document, the workgroup identified areas such as mood disorders in pregnancy and postpartum as those in which more study is needed.

Women as a Special Population

The necessity for the study of women's mental health as compared with men's mental health, or the study of mental health in any other "special" population, reflects much more than political correctness. Study of special

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populations moves us in the direction of individualization of treatment. Since the 1994 National Institutes of Health mandate to include women and minorities in clinical research, there has been increasing recognition of the importance of biological sex, gender, age, and race/ethnicity on health and disease status.[5]

WOMEN'S MENTAL HEALTH

Why "women's mental health"? Several factors, including hormones, reproductive potential, caregiver roles, and environmental issues, can be used to make a case to distinguish women as a unique population for mental health issues. Onset of depression in women coincides with life stages defined by changes in female sex hormones. Mental disorders in women have the potential to affect the rest of the family, especially children. Also, depression is associated with caregiving, which is done predominantly by women.[6] Mood and anxiety disorders are more prevalent in women than men.[7,8] Even though suicide is completed more frequently by men, women attempt suicide 4 times more often.[9] A recent World Health Organization report named depression as the greatest disease burden for women worldwide.[9] A focus on women's mental health is necessitated by the numbers affected, and by sex and gender issues.

Female/Male Differences

A senior colleague recently challenged, "Women live longer than men—why should we study women's health?" While women live an average of 5 to 6 years longer than men,[10] over the course of their lifetime, women suffer more chronic diseases.[11] While part of the rationale for research in women's health has been to make up for past neglect and fill large gaps in knowledge, a focus on women's health does not diminish the importance of men's health. The study of sex-based biology and medicine benefits both men and women. For example, work on depression in women led the National Institute of Mental Health to develop a specific program focusing on depression in men.[12] Scientific research has documented female/male differences in heart disease, stroke, lung cancer, colon cancer, diabetes, and pain. Women also may experience different side effect burdens from medication than men.

Knowledge of sex-based biology and medicine has the potential to improve prevention, diagnosis, and treatment for women and men. So too in the area of mental health, it is critical to evaluate men and women as distinct groups to arrive at the best outcomes for everyone. As we subspecialize within the field of psychiatry—with focused research growing in the areas of child psychiatry, women's health, cultural and ethnic differences, and geriatrics and aging—we bring back valuable lessons to psychiatry as a whole.

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