Midlife peak in common mental disorders: prevalence of high GHQ scores by gender and age

Prevalence of high GHQ scores for women by age and income
Prevalence of high GHQ scores for men by age and income
Depressive disorder, depressive symptoms and stage of menopause conclusions from systematic reviews

**Judd et al Depression and midlife: Are we overpathologising the menopause? J Affective Disorders 2012 136, 199-211 Systematic review.**

The studies identified do not provide evidence for a distinctive diagnostic group of ‘reproductive-related depressive disorders’ which occur as a biological response to hormonal change. The most plausible explanation is a bio-psycho-socio-cultural model of the processes which might lead to a depressive disorder in midlife.

**De Kruif et al Depression during the peri-menopause: a meta-analysis. J Affective Disorders 2016**

The odds to develop a *depression* were not significantly higher during the perimenopause than in the premenopause. A higher risk was found on *depressive symptoms* during the perimenopause as compared to the premenopause but not compared to the postmenopause.
Depressive disorder, depressive symptoms and menopause conclusions from recent studies

Reproductive status did not affect prevalence of major depression. The slight, but not significant, excess of depressive symptoms during MT and early postmenopause cannot be attributed to a direct effect of reproductive status.

Prospective, population-based cohort study of 13,715 women aged 45 to 50 years followed up for over 15 years. Depressive symptoms follow distinct trajectories across the menopause transition. Most women have stable symptoms, but around 9% have increasing symptoms and a similar proportion (8.5%) decreasing symptoms. Increasing depressive symptoms were associated with oophorectomy, hysterectomy, having HT and stopping or starting hormone therapy (controlling for past depression and sociodemographic factors).
Depression and menopause

- The biomedical ‘oestrogen deficiency’ model considers depression a menopausal ‘symptom’ caused by hormone changes...or fluctuations...
- Recent reviews conclude that major depression is not more prevalent, but an increase in depressive symptoms for 9-10% fairly transitory..mood improves in mid-late 50s.
- The biomedical model ignores psychosocial factors: past depression, low self esteem, negative beliefs, health and socioeconomic factors
- The promotion of HRT plays on fears of ageing and reinforces negative expectations and attitudes, and leads to over attribution of problems to menopause
- Biopsychosocial model more helpful and appropriate