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## Risk for Depression During the Menopausal Transition: Viewpoint

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### **Risk for New Onset of Depression During the Menopausal Transition: The Harvard Study of Moods and Cycles**

Cohen LS, Soares CN, Vitonis AF, Otto MW, Harlow BL  
*Arch Gen Psychiatry*. 2006;63:385-390.

#### **Summary**

To evaluate the impact of the transition into menopause on mood disorders in women with no previous history of major depression, 460 premenopausal women between the ages of 36 and 45 were enrolled and followed for up to 92 months. Over this period, 326 women entered the perimenopausal stage while 134 remained in the premenopausal stage. The Center for Epidemiological Studies Depression Scale was used to assess new onset depression; the Life Experience Survey was administered to evaluate negative life events over the study time course.

Women who entered the perimenopausal phase were twice as likely to develop a depressive syndrome as women who remained premenopausal. Women who reported vasomotor symptoms such as hot flashes were somewhat more likely to develop depressive symptoms. Use of hormone therapy to ease the symptomatic transition into menopause did not seem to impact the rate of depressive symptom onset. Women with a history of significant negative life events were more prone to developing depressive symptoms compared with women who remained premenopausal.

#### **Viewpoint**

This study helps solidify evidence that transition to menopause is associated with an increased risk for the development of a depressive syndrome. Previous studies defined menopause merely by age or with a variety of criteria including hormone levels, presence of menopausal-related symptoms, or history of menstrual cycle irregularity.<sup>[1,2]</sup> Strengths of the current study include:

- Provision of a more rigorous definition of transition into the menopausal state;
- Evaluation of women with no previous depression history; and
- Assessment of how vasomotor symptoms impact development of depression.

The milder degree of depressive symptoms in those taking hormone therapy compared with those not taking hormone therapy hints at the possibility of a protective effect from hormone therapy in this population.

Self-reports of symptoms of depression and absence or presence of vasomotor symptoms is a possible study limitation. These subjective assessments may not be as accurate as more objective means to determine this information.

Nonetheless, this well-designed, prospective, longitudinal study enhances our understanding of an area of women's health that, until recently, has been largely ignored.

**Abstract (PubMed) URL:** [www.medscape.com/medline/abstract/16585467](http://www.medscape.com/medline/abstract/16585467)

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2. Hunter M, Battersby R, Whitehead M. Relationships between psychological symptoms, somatic complaints and menopausal status. *Maturitas.* 1986;8:217-228.

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