MENOPAUSE AND MOOD
What to Expect, What to Do
Pauline Maki, PhD

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Emotions are never easy to control. But if you are approaching or passing through menopause, mood swings and mental health issues often surface or become more difficult to manage, especially if you have a diagnosed mental health issue like depression or anxiety.

Below is my discussion with Dr. Pauline Maki, a professor of both Psychiatry and Psychology at the University of Illinois in Chicago, and one of the leading researchers in the area of women’s mental health and menopause.

Dr. Mache Seibel: How big of an issue are mood changes as women transition into and through menopause? Dr. Pauline Maki: Mood changes are one of the prominent features of a menopausal transition. Research studies show that they experience changes primarily in depression and anxiety.

Dr. Seibel: And of course if a person is anxious or depressed, that could have a big impact on every aspect of her personal and professional life. Dr. Maki: That’s exactly right. Mood issues, particularly depression and anxiety but also mood lability when they suddenly become more irritable really affect women’s quality of life in women as they transition through the menopause. Their daily life is affected by having increased levels of these symptoms even if they don’t meet the medical criteria for mental illness. The fact that women are experiencing a higher level of these symptoms subclinically has a significant impact on their day-to-day quality of life.
There’s a very high correlation between mood swings and hot flashes in women.

Dr. Seibel: Clinical depression is a specific diagnosis with specific criteria. But what you’re saying is that you may not reach the level where you get a code on a medical form that says you have clinical depression but your quality of life or the way you feel could be really affected so you have to struggle through a day. Dr. Maki: That’s exactly right. The clinical criterion for depression means that their symptoms have been so severe and so long-lasting that they negatively impact daily functioning for a period of at least two weeks where women are, if you will, incapacitated by the symptoms. In contrast, experiencing higher levels of depressive symptoms mean that women don’t get as much pleasure, for example, out of their daily life or they’re just experiencing higher levels of overall sadness or irritability.

Dr. Seibel: This is something that happens regardless if people choose to be on hormones or not, but do you think that hormones play a role in this or have the potential to be a source of treatment? When do they go to the doctor? Who do they go to, and when do they know it’s time to see someone? Dr. Maki: These are very important questions. In fact, women often present with complaints of moodiness and irritability when they see their gynecologist for symptoms of the menopause, and indeed while hot flashes are the most common reason why women seek help from their gynecologist during the menopausal transition, it’s worth noting that there’s a very high correlation between mood symptoms and hot flashes in women. When women seek advice for their hot flash-
es their doctor can use this opportunity to describe how symptoms of hot flashes and mental health cluster together among some women as they transition through the menopause.

Dr. Seibel: So if someone is feeling sad or blue for two weeks and they’re really not feeling well, probably it’s a good idea to tell your doctor about it when you see him or her.

Dr. Maki: It’s absolutely worthwhile to talk to one’s doctor about feelings of sadness and anxiety. In fact, there’s been a real shift in our understanding of the menopausal transition as a time when women are at risk for mental health issues even in the absence of any prior history of having these issues.

For example, there are now multiple longitudinal studies that follow a woman as she transitions from the premenopausal stage to the perimenopausal stage, and then a few studies onto the postmenopausal stage. And the finding is very robust in showing that women, as they transition, are at an increased risk for depressive symptoms in the normal range, but higher than what she normally experienced when she was premenopausal. In addition, there are also really important increases in clinical levels of depressive symptoms.

This data is really strong, so the scientific community is now accepting that the menopausal transition is a time period in which women really need to be alert to this risk for mental health issues. Fortunately, the majority of women don’t experience clinical depression as they transition through the menopause; however, it is a time of vulnerability and women should be aware of that.

Dr. Seibel: If you’re a woman who has had bad PMS or suffered from depression in the past, does that put you at more risk as you go into this window of life?

Dr. Maki: There is evidence to suggest that women with a history of PMS or postpartum depression are particularly at increased risk for mood symptoms as they transition through the menopause, and women with a history of depression are also at increased risk for mood symptoms during the menopausal transition. However, even in the absence of those risk factors, the menopausal transition is a time period in which women do experience an increased risk of those symptoms.
Feature Story

Dr. Seibel: In addition to anxiety and depression, you were saying that irritability is another thing that’s really very common. Could you address that?

Dr. Maki: One of the things that troubles women as they transition through the menopause is the feeling that their response to situations has changed and that their response to highly emotional situations trigger more of an emotional reaction that one might describe as irritability. They react more frequently and with greater responsiveness to situations that premenopausally would not have bothered them so much.

This so called “irritability” or “mood lability” is really the cardinal symptom of a lot of the mood disorders that women experience. The moodiness that women report is characterized by increased reactivity to normal situations and getting upset. This expression of mood is very similar to what women express in the final days of the menstrual period, during PMS when they’re more emotionally reactive. So, it’s more of a consistency, if you will, in the expression of emotion that’s driven by these periods of hormonal change. I find that women are often relieved to know that how they feel is normal. They feel like they are more reactive and that is exactly what characterizes mood symptoms when we look item by item at our research studies in this area.

Dr. Seibel: How does a person deal with this? You’re not feeling that great, you’re a little bit more anxious, you’re feeling a little bit sad or more so than you usual, and on top of that your fuse is a little bit short. This is a very tough combination of situations for relationships with kids, with partners, with parents, and at work. How do you mitigate these problems? How do you tiptoe through this window and not fire off either at a time or in a way that could be destructive for you?

Dr. Maki: I wish that I could give you responses based on really sound randomized trial data looking at, for example, the use of oral contraceptives or hormone therapy on these mood issues. Unfortunately, some of that research was halted for a while following the WHI, but the good news is that research has began again.

Dr. Seibel: The WHI is the Women’s Health Initiative study.

Dr. Maki: That’s right, the Women’s Health Initiative study, which scared some women off of hormones because they were getting mixed messages from the media and healthcare providers about the safety of hormone therapy. The evidence from those initial trials actually suggested some benefits in mood following treatment with either estrogen therapy or estrogen plus progesterone therapy which is very good...
news for women because it gives them a treatment option.

However, in general for hormone therapy to be effective really requires that the mood symptoms have been triggered by the hormonal changes of the menopause. In other words, a hormonal treatment is only going to be helpful if the symptoms were triggered by the hormonal changes of the menopause. So, hormone therapy would not, for example, be effective in a postmenopausal woman with for instance depression unless the depression was triggered by low estrogen.

Dr. Seibel: In other words, you wouldn’t use hormones as an antidepressant or as a mood equalizer.

Dr. Maki: That’s exactly right. I would say that at this point in time the first line of treatment for mood symptoms during the menopausal transition is the use of an antidepressant, which also helps with anxiety depending on the class of antidepressants. But many people who specialize specifically in women’s mental health really treat on the basis of whether or not these mood symptoms are accompanied by changes in hot flashes. So, for a woman who is experiencing mood symptoms and hot flashes, experts in women’s mental health will very frequently give a hormonal treatment for the vasomotor symptoms, the hot flashes, the night sweats, to see whether or not that helps with some of the mood issues, and then, if needed, they will add an SSRI.

Other medical practitioners will do the opposite. They’ll start with SSRI, which is an antidepressant and then they’ll add the hormones. It is possible to take both for women who so desire but depending on who treats them, they might have a first line antidepressant or a first line hormone, and it probably depends on whether they see a gynecologist or just a practitioner.

Dr. Seibel: Right. If you go to someone and it’s whether it’s a mental health person or someone who is a GYN person and they’re treating you, they’re going to probably treat you with what they do the most treatment with, which is the medication estrogen and other hormones if they’re coming from the GYN side or some antidepressant if they’re a mental health person. What you’re saying is, it’s not uncommon to start with one in or-
Dr. Maki: That’s correct. We need to be mindful of women who prefer complementary and alternative treatments. In here we actually have some very good data that these complementary and alternative therapies really do improve mood. Unfortunately, there is very little impressive data including from some of our studies of botanical treatments that they have any influence on hot flashes.

For example, there are trials of yoga that show improvements in mental health in women who are transitioning. There are improvements in mental health in women who tried mindfulness-based stress reduction as an intervention for hot flashes. Again, not helpful in terms of frequency of hot flashes, but this approach does provide benefits to mental health. We, our group here at the University of Illinois in Chicago did a study showing that treatment with red clover, which is a phytoestrogen or a food-derived estrogen actually improved anxiety symptoms which was also observed in an Austrian study and is very consistent with some animal studies.

Dr. Maki: Well, this is a study that we’re actually doing right at this very moment that is funded by the National Institutes of Health. It’s probably the equivalent of four glasses of soymilk per day, if one wants to get it from a food-derived source. Otherwise, it’s typical a dosage of soy phytoestrogens that are found in supplement stores; but one needs to be the cautious. We know from recent studies including a terrific lay study in More Magazine; one never knows what dosage of the soy isoflavones are actually in products one receives over-the-counter.

Dr. Seibel: These are isoflavones that are somewhat similar to what is in soy. In terms of the dosing, how much are people taking?
**Dr. Maki:** That’s exactly right. It’s hard to know exactly the dosage that one is getting from those products; so taking food-based soy can sometimes be helpful. Four glasses of soymilk per day could be helpful in treating anxiety. We’re actually in our current study, seeing whether or not the use of these phytoestrogens or estrogen influences not only daily anxiety, but the way that women react to very stressful situations, so there’s this issue of normal day-to-day stressors.

Think traffic jam. The more severe stressors – unexpected news about a very stressful event, for example, and women want to know what they can take to manage both the little stressors and the big stressors in their life. The National Institutes of Health is helping to fund research in this area and we hope to be able to provide women with more concrete answers in a couple of years.

**Dr. Seibel:** You mentioned yoga and mindfulness. These kinds of things are wonderful for women. They’re great for balance, for stress reduction, for hot flashes and for anxiety. They’re a source of exercise; they’re just terrific.

**Dr. Maki:** Right.

**Dr. Seibel:** And to do that, what do you say, that people should take a class once a week do and then practice a little at home? What should people do?

**Dr. Maki:** The beautiful thing about the mindfulness-based research is that after the intensive, I believe it’s a 9-week program, women only need to practice for a few minutes a day to continue reaping the benefits of mindfulness in terms of their mental health. This is really good news.

In terms of exercise, which we haven’t discussed, 30 to 40 minutes of brisk walking four times a week seems to be sufficient to improve the mental health and wellbeing of women which is very encouraging news. Then there’s research to suggest that perhaps this may not be have to be done in a 40-minute chunk. For the very busy woman who might get four... 10 minutes here and 10 minutes there, that might be sufficient to improve overall mental wellbeing.

**Dr. Seibel:** These are basic things like just walking up the steps at work or parking farther in the parking lot from the destination you’re going to, or just things that can keep you mov-
ing; or even having your office meetings as a walking meeting so that you aren’t sitting all the time; or talking on the phone standing with a headset. These kinds of things can be helpful, you’re saying?

**Dr. Maki:** That’s exactly right. The beautiful news after the Women’s Health Initiative was that the National Institutes of Health spent a great deal of money to really study these complementary and alternative approaches to women’s health. The bad news was that many didn’t help hot flashes. The good news was that they really did help women’s mental wellbeing. This is just, as you’re saying, another reason to try to incorporate these healthy behaviors into our daily lives by doing very simple things like parking farther away and taking the stairs.

**Dr. Seibel:** The mindfulness, to come back to that for one moment. One of the reasons, I think, that you can get away with doing it for short intervals of time is because once you learn how to do it, it’s like everything else, you can get into that mental state in a shorter window of time. It allows you to trigger the positive reactions your body does to slow your heart and dilate your blood vessels. Then you can achieve that very quickly; even in a matter of moments, you can just change your state.

**Dr. Maki:** That’s right. So, the automaticity of one’s ability to engage in a more relaxed yet intensely attentive state automaticity increases. I should have added that also there’s very good and quite beautiful data on cognitive behavioral therapy. This is a kind of therapy that one would get if one sees a psychologist or a social worker.

What they do is change the way that women automatically respond to emotional triggers in their environment. So instead of an automatic cascade of somebody saying something and it triggers a negative reaction that causes a woman to feel bad about herself, it stops that automatic sequence of events so the negative self-feelings don’t happen. And so, you’re right; these approaches retrain our mind so that we stop automatic negative reactions or engage in positive reactions when we can. It’s very helpful in managing the mental health issues for woman as they transition into menopause and in another situations in their lives. ●
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