



Women & Depression

With Dr. Michael Lyles

*(*Please note: This study DVD is informative. Please see your trusted Doctor for diagnosis, questions or any medication. We are not responsible for your treatment. Thank you and God bless you!) Five Keys to Starting Over:*

1. What do we mean when we talk about depression?

- Depression affects about 17% of Americans
- 50% is being misdiagnosed
- Treatments are 75-80% affective.

Major Depression in Women: (*please see diagram)

- Depression can be a signal to make a change in your life
- God used it in the Bible to get the attention of many people in the Bible: Nehemiah and many others
- Major Depression affects people psychologically, spiritually and physically

2. Symptoms of Major Depression:

- Depressed mood or loss of interest or pleasure in usual activities
- Feelings of worthlessness; excessive or inappropriate guilt
- Inability to concentrate
- Fatigue or loss of energy
- Problems with sleep: wake up in the night
- Psychomotor agitation or retardation
- Significant weight loss or weight gain
- Recurrent thoughts of death or suicide
- Feelings of Hopelessness

A. Percentage of Women and Men with Depressive Symptoms:

(*please see diagram)

Why do women have more trouble with Depression than Men?

B. Risk Factors in Women:

- Absence of a Confidant
- Less than a high school diploma
- Presence of young children at home
- Lack of work outside of the home
- Unstable marital history
- Personal feelings of helplessness
- Co-morbid anxiety
- History of Abuse
- Plus many others...

C. Lifetime Rates of Major Depressive Disorder:

(*please see diagram)

All over the world, Depression occurs much more in women than men.

3. The Estrogen/Serotonin Dance

A. How do women interpret messages? (Neurotransmitters)

- One of the major transmitters in the brain is Serotonin
- Women make serotonin at about half the rate of men
- Estrogen multiplies serotonin; increases the volume of the signal.
Psalms 139:14: ..."We are fearfully and wonderfully made"
- Estrogen varies during the life and monthly cycles; they go up and down throughout life...

B. Estrogen is the hearing aid, the multiplier, and the amplifier that allows the Serotonin System to function the way it's supposed to: If you take away Estrogen, than the Serotonin system has to speed up.

-The ability to speed up Serotonin Production during any cycle in a woman's life is genetically controlled by genes and chromosomes.

C. Serotonin Spectrum Disorders:

(*please see diagram):

4. PMDD: Premenstrual Dysphoric Disorder

The development of major Depressive symptoms during the 'Luteal Phase' of a woman's cycle; (the second two weeks of her cycle).

-Premenstrual Dysphoric Disorder affects about 2-9% of women; some women are severely affected about 2 weeks of the month.

-PMS: Premenstrual Syndrome is usually a normal variation of your moods

A. Differentiating PMS AND PMDD:

(*please see diagram)

-Both have:

-Substantial symptoms 3-7 days before menses

-Acute offset of symptoms with the onset of menses

B. Premenstrual Syndrome (PMS):

-Symptoms experienced by 97% of healthy menstruating females

-Moderate premenstrual mood changes in 20-40% of women

C. Premenstrual Dysphoric Disorder (PMDD):

-Interferes substantially with social and occupational functioning

- Has prominent psychological and mood symptoms
- Categorized as a depressive disorder
- Prevalence in approximately 2-9% of women

*People with Depression never fully recover during the cycles

D. How do I diagnose PMDD?

(Follow your mood for a minimum of two consecutive menstrual cycles to see if there is a pattern of worsening of mood during the second half of the cycle that gets better once the period starts; Two weeks of feeling normal)

E. Premenstrual Dysphoric Disorder:

(*please see diagram):

Ideas for Treatment:

- Avoid caffeine and salt
- Avoid alcohol and nicotine
- Avoid junk food

Add: Calcium/magnesium, vitamin supplements, B6 Vitamin, Exercise, improve your sleep hygiene: (You make Serotonin when you SLEEP!)

- If this is not enough, please speak with your Doctor about possible getting support through medication: anti-depressants
Prozac, Zoloft, Paxil...)
- Anti-depressants are actually Serotonin Supporters!)

F. Treatment with Selective Serotonin Re-uptake Inhibitors:

(*please see diagram):

(*IMPORTANT NOTE: These are suggestions for you to DISCUSS with your doctor and in NO way is it a prescription for medical drugs. Please see your personal Doctor

for a diagnosis and any assistance with questions you may have. We are in no way responsible for your diagnosis or treatment.)

5. Pregnancy:

- A women who is depressed going into a pregnancy, is not necessarily going to get better because she is pregnant. Sometimes there is an increase in Estrogen. However, untreated depression could cause premature labor and has been associated with small birth weight in babies.

-Weight gain during a woman's pregnancy needs to be monitored closely

*Will Medication affect my baby?

A. 5 Issues of Depression in Pregnancy:

(*please see diagram)

-Conception:

-Birth Defects: In very small numbers, an infant may be affected.

*(*Important Note: Please do not take antidepressants or any other medication in the first trimester or throughout your pregnancy, unless directed by your trusted Doctor).*

-Carrying to Term/Pre-mature:

-Delivery:

-Can exposure to medication cause problems for Baby after delivery?

-Can exposure to medication cause changes in Child Development?

So far, children are perfectly normal

1. Breastfeeding: The baby will get a little bit of your medication; Possible side affects: "colicky", fussy....
2. Sometimes, Depression doesn't start until the first month AFTER delivery.

-85% of women will have some degree of 'baby blues' a few weeks after delivering a baby: Hormonal changes due to major body changes

B. Post Part-um Depression= Severe Major Depression, anxiety, obsessive worry, inability to take care of the baby, inability to sleep

- Affects about 8-15% of women, particularly women at risk for Depression, because of family history or women who have had previous episodes of depression.
- Without treatment, 50% of these women will develop recurrent episodes Bipolar or Manic Depression)
- People can get better: Post Part-um Depression is treatable.

6. Peri-menopause:

(*please see diagram)

- 12 consecutive months without a period
- Hot flashes
- Cold sweats
- Sleep disturbances
- Sometimes hormone replacement is necessary to remedy

*(*Important Note: Hormone replacement is a complex issue that should be discussed with your trusted Doctor very carefully)*

7. General Principles of Treatment for Depression:

(*Please see diagram)

- Thorough evaluation by your Doctor
- Education
- Reassurance
- Diet
- Faith
- Support

- Counseling
- Sleep
- Medication (under a Doctor's supervision)
- If you are depressed, you are not crazy or weird; usually these are normal hormonal changes/cycles that occur throughout a normal life span.
- Educate yourself
- Ask for support, encouragement, prayer, a 'hug': Make sure your family and friends understand.
- Counseling with a professional
- Get rid of stress
- Improve your diet
- Improve your sleep quality
- Use your Christian faith: Use prayer and meditation on God's Word
- Medications: There are side affects; talk to your Doctor about possible help through medication
- Alternative Therapy: St. John's Wort, Sam-E, 5 HTP....

*(*Please note: Always be aware of scandals and fraudulent products)*

*In our Society we have many options for treatment of Depression

Luke 12:48: "To whom much is given, much is expected".

God made us with incredible attention to detail!

