



Women's Mental Health-Harnessing the Power
Katherine L. Wisner, MD, MS, Asher Professor of Psychiatry and OB/GYN, Director,
Asher Center for Research and Treatment of Depressive Disorders

Dr. Katherine Wisner opened her lecture by talking about the significant progress made in the last 30 years understanding women and depression. She shared with guests the importance of major depression. The World Health Organization, for example, found that major depression is the leading cause of disease-related disability among women worldwide. Further, females have twice the prevalence of major depression as males, which tends to peak around the reproductive years.

The key components of depression, include having five of the following criteria most of the day nearly every day, for two weeks:

- Depressed mood
- Diminished interest/pleasure
- Weight loss/ gain unrelated to dieting
- Insomnia/ hypersomnia
- Psychomotor agitation/ retardation
- Fatigue or loss of energy
- Feelings of worthlessness/guilt
- Diminished ability to concentrate
- Recurrent thoughts of death

For those that have these symptoms and are diagnosed with major depression, the lifetime prevalence continues to be larger for women. In women, this highly treatable, but rarely treated condition affects 21% over the lifetime. This is in stark contrast to men, who only have a 12% lifetime prevalence of major depression. Women are also approximately 1.7 times as likely as men to report a lifetime history of a major depressive episode. These sex differences begin in early adolescence (age 10) and persist through the mid-50s. However, the divergence in the 50's is based upon small sample size studies and not due to believed changes in depression.

Dr. Wisner then revisited the misguided and poorly researched teaching practices she learned in the 1980's that lead to her doing research on women's depression during pregnancy. She noted specifically how excluded from research women were due to "noise that menstrual cycling and childbearing create in interpretation of data." These kinds of misinformation, as she put it, were reasons her work and the work of the Women's Health Research institute are vital to providing quality care. She highlighted learning during her residency period that women who were pregnant were unable to become depressed due to their excitement about being a mother, and that only after they lost the ability to bear children (peri and post menopause) could they "mourn the loss of childbearing potential."

Following her anecdotes, Dr. Wisner gave detailed examples of how she parleyed this previous disadvantage into an advantage. In science, she said, "we seek to define variables on which populations are similar to and differ from one another. Two sexes provide a source of "variable partitioning" that creates a timely opportunity investigation." She used this mentality to

get research studies approved investigating postpartum depression as it relates to estradiol, progesterone and increased depression risk.

Dr. Wisner then presented her goals, ambitions and hopes for her newest investigation. She believes it will be very useful to research at Northwestern in the coming years to understand the relationship between youth, puberty, adolescents and depression. According to Dr. Wisner, if notable sex differences are seen as people age for major depression, then why shouldn't we begin investigating younger people for clarity and prevention. Clearly, there is a possibility major depression can be better understood and no populations should be ruled out.

In closing her presentation, Dr. Wisner reminded the audience how important it is for women to work together to improve quality of life.

Notes by volunteer Nicole Fisher