



# Depression

WomensHealth.gov

1-800-994-9662

TDD: 1-888-220-5446

**Q: Are you suffering from depression?**

**A:** Life is full of ups and downs. But when the down times last for weeks or months at a time or keep you from living “normal,” you may be suffering from depression. Depression is a medical illness that involves the body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things.

It is different from feeling “blue” or down for a few hours or a couple of days. It is not a condition that can be willed or wished away.

**Q: What causes depression?**

**A:** There is no single cause of depression. There are many reasons why a woman may become depressed:

- Hormonal factors – menstrual cycle changes, pregnancy, miscarriage, postpartum period, perimenopause, and menopause
- Stress – at work and home, single parenthood, caring for children and for aging parents
- Family history – inherited (it's in your genes); it can also occur in people with no family history
- Medical illness – stroke, heart attack, cancer
- Chemical imbalance – changes in the brain chemistry

**Depression has many different faces**



After 10 years of working for a company she loved, Kim was laid off. She never saw it coming. Kim is a single mother raising two kids. She has been looking for work for about

eight months now. Since losing her job, she's felt like a failure—worthless. Kim is up all night, and she never feels like eating much. She yells at her kids often.



Rose used to be an active senior citizen. Since retiring, Rose and her husband have traveled a lot—Europe, Australia, South Africa—they have been everywhere. Rose's husband died

last year of a heart attack. She has been in mourning for a year. She rarely gets out, and she doesn't accept visitors into her home.



Many of Julie's family members have suffered with depression. But nobody ever talks about it. Julie has been dealing with depression since she was a teen. She is now

46. She has tried to kill herself twice. Julie has never been in counseling. “What is wrong with me?” She always asks herself. She just can't seem to “shake it off.”

You probably know women with stories like these. Women are more likely to get depressed than men. They suffer at nearly twice the rate of men. Girls 14 to 18 years of age have higher rates of depression than boys in this age group. That being said, depression is not a “normal part of being a woman” nor is it a “female weakness.”



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**Q: What are the signs of depression?**

**A:** Not all people with depression have the same symptoms. Some people might only have a few, and others a lot. If you have one or more of these symptoms for more than 2 weeks or months at a time, see your doctor.

- Feeling sad, anxious, or “empty”
- Feeling hopeless
- Loss of interest in hobbies and activities that you once enjoyed
- Decreased energy
- Difficulty staying focused, remembering, making decisions
- Sleeplessness, early morning awakening, or oversleeping and not wanting to get up
- No desire to eat and weight loss or eating to “feel better” and weight gain
- Thoughts of hurting yourself
- Thoughts of death or suicide
- Easily annoyed, bothered or angered
- Constant physical symptoms that do not get better with treatment, such as headaches, upset stomach, and pain that doesn’t go away

**Q: What if I have thoughts of hurting myself?**

**A:** Depression can make you think about hurting yourself or suicide. You may hurt yourself to:

- Take away emotional pain and distress
- Avoid, distract from, or hold back strong feelings
- Try to feel better

- Stop a painful memory or thought
- Punish yourself
- Release or express anger that you’re afraid to express to others

Yet, hurting yourself does just that—it hurts you. At first, it may make you feel better, but it ends up making things worse. If you are thinking about hurting or even killing yourself, **PLEASE ASK FOR HELP!** Call 911, 1-800-273-TALK (8255) or 1-800-SUICIDE, or check in your phone book for the number of a suicide crisis center. The centers offer experts who can help callers talk through their problems and develop a plan of action. These hotlines can also tell you where to go for more help in person. You also can talk with a family member you trust, a clergy person or a doctor. There is nothing wrong with asking for help—everyone needs help sometimes.

You might feel like your pain is too overwhelming to cope with, but those times don’t last forever. People do make it through suicidal thoughts. If you can’t find someone to talk with, write down your thoughts. Try to remember and write down the things you are grateful for. List the people who are your friends and family, and care for you. Write about your hopes for the future. Read what you have written when you need to remind yourself that your life is **IMPORTANT!**

**Q: How is depression treated?**

**A:** Most people with depression get better when they get treatment.

Once identified, depression almost always can be treated either by therapy, medicine called antidepressants, or



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both. Some people with milder forms of depression do well with therapy alone. Others with moderate to severe depression might benefit from antidepressants. It may take a few weeks or months before you begin to feel a change in your mood. Some people do best with combined treatment—therapy and antidepressants.

**Q: Should I stop taking my antidepressant while I am pregnant?**

**A:** The decision whether or not to stay on medications is a complicated one that should be discussed with your doctor. Medication taken during pregnancy does reach the fetus. In rare cases, some antidepressants have been associated with breathing and heart problems in newborns, as well as jitteriness after delivery. However, moms who stop medications can be at increased risk for a relapse of their depression. Talk to your doctor about the risks and benefits of taking antidepressants during pregnancy. Your doctor can help you decide what is best for you and your baby.

**Q: Should I stop taking my antidepressant while breastfeeding?**

**A:** If you stopped taking your medication during pregnancy, after delivery you may need to begin taking it again. Be aware that because your medication can be passed into your breast milk, breastfeeding may pose some risk for a nursing infant.

However, a number of research studies indicate that certain antidepressants, such as some of the SSRIs (a class of antidepressants for treating depression and anxiety disorders that includes medications like Zoloft), have been used relatively safely during breastfeeding. You should discuss with your doctor whether breastfeeding is an option or whether you should plan to feed your baby formula. Although breastfeeding has some advantages for your baby, most importantly, as a mother, you need to stay healthy so you can take care of your baby.

**Q: How can I get help for my depression?**

**A:** Below are some people and places that can help you get treatment.

- Family doctor
- Counselors or social workers
- Family service, social service agencies, or clergy person
- Employee assistance programs (EAP)
- Psychologists and psychiatrists

If you are unsure where to go for help, check the Yellow Pages under “mental health,” “health,” “social services,” “suicide prevention,” “crisis intervention services,” “hotlines,” “hospitals,” or “physicians” for phone numbers and addresses. ■



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### *For More Information...*

You can find out more about depression by contacting the National Women's Health Information Center at 1-800-994-9662 or the following organizations:

**National Institute of Mental Health**

Phone Number: (800) 421-4211

Internet Address:

<http://www.nimh.nih.gov>

**Kristin Brooks Hope Center**

Phone Number: (800) SUICIDE  
(784-2433)

Internet Address:

<http://www.hopeline.com/>

**National Suicide Prevention Lifeline**

Phone Number: (800) 273-TALK (8255)

Internet Address:

<http://www.suicidepreventionlifeline.org>

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