

# Mood & Anxiety Disorders

## in Women



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**G**ynaecologists care for women throughout their life cycle: from menarche through adolescence, young adulthood, pregnancy, menopause and old age. To perform this function, gynaecologists need to know about the psychosexual and physical development of women. The gynaecologist needs to be prepared to be a pelvic surgeon, a reproductive endocrinologist, a sex counsellor, an educator and a confidante. A woman's psychology cannot be understood without considering the stage she is at in the course of her reproductive life and how her values and identity relate to the issues that arise at each stage. In recent decades there have been many changes in lifestyles and attitudes of our women that have an effect on the psychological aspects of gynaecological conditions and pregnancy. Family structure is changing. Many women now work outside the home, are single or divorced, are having their first babies in their teenage years or after 35 years of age. Sexual values and practices have changed and they will continue to change. Good obstetrics and gynaecological care requires that each woman is considered as an individual. With a bio-psychosocial approach, the clinician needs to see the person and not the disease. Objectivity, compassion and a non-biased approach are essential principles that will foster appropriate care. Often a multidisciplinary approach is needed in evaluating and managing women, particularly when psychological issues are intertwined with their medical problems. This may involve physicians, nurses, social workers, psychiatrists or psychologists. With this background I wish to provide a brief overview of mood and anxiety disorders that occur in women which may occur during pregnancy, puerperium, premenstrual syndrome, menopause or as part of the somatisation disorder and very briefly allude to their management.

### Pregnancy

In the lives of most women, pregnancy, childbirth and the puerperium are a joyous, happy and long awaited adventure and often the fulfillment of a dream. However for many reasons, pregnancy is a major stressful life event for the mother and her family, who have to adapt to a host of new circumstances. Patients with a personal or family history of a mental disorder will be more vulnerable to develop a disorder under stressful circumstances.

Pregnancy may precipitate the relapse or deterioration of a previous disorder, or it may occur for the first time. During pregnancy and puerperium women are particularly vulnerable to the effects of biological, physical, medical, psychological and social stressful events. Important variables that will improve coping skills are constant emotional support and education of the mother and her partner pertaining to all aspects of pregnancy, childbirth, the postnatal period and baby care. Any one of the disorders of the spectrum of mental illness may be encountered in women during pregnancy.

Depressive disorders that may occur during preg-

nancy include a major depression, atypical major depression, dysthymia or minor depression.

### Symptoms and types of depression

- Low mood nearly every day for most of the day
- Marked decrease or total loss in pleasurable activities
- Significant change in appetite
- Change in sleep
- Psychomotor agitation or retardation
- Loss of energy
- Feelings of guilt and worthlessness
- Decreased concentration
- Thoughts of death or suicide

### Types of depression

**Major:** at least 5 of the above symptoms for 2 weeks, 1 of which must be low mood or loss of interest.

**Dysthymia:** low mood for at least 2 years, at least 2, but minimum of 2 of above symptoms.

**Minor:** depressed mood and interest with less than 5 other symptoms above for 2 weeks.

**Atypical:** characterised by oversleeping, overeating and associated features such as sensitivity to rejection and physical sensation of being weighed down.

Anxiety disorders in pregnancy are frequent and more common than mood disorders. Disorders that may occur include:- panic disorders and agoraphobia, obsessive compulsive disorder, specific phobia and social phobia, post traumatic stress disorder, generalised anxiety disorders.

A generalised anxiety disorder would include the following characteristics

- Excessive anxiety and worry (on more days than not for ( 6 months)
- Difficulty in controlling worry
- Associated with 3 or more of restlessness, fatigue, difficulty in concentrating, irritability, muscle tension, sleep disturbances
- Cause physical distress or impairment in social, occupational or other important areas of functioning
- Not due to substance or medical condition and does not occur exclusively during mood disorder or psychotic disorder.

The general principles in the treatment of the mood and anxiety disorders would be summarised as follows.

- Bio-psychosocial
- Psychosocial education for the patient and her family
- Support for the patient and her family
- Stress management and relaxation therapy in individual or group sessions.
- Cognitive behaviour therapy to improve coping skills
- Bereavement therapy
- Anti depressants

Use of selective serotonin reuptake inhibitors SSRI's in pregnancy is still controversial but there is little to support or suggest that they are teratogenic, and there is more and more literature accumulating of their use in pregnancy. Although not teratogenic, neonates exposed