

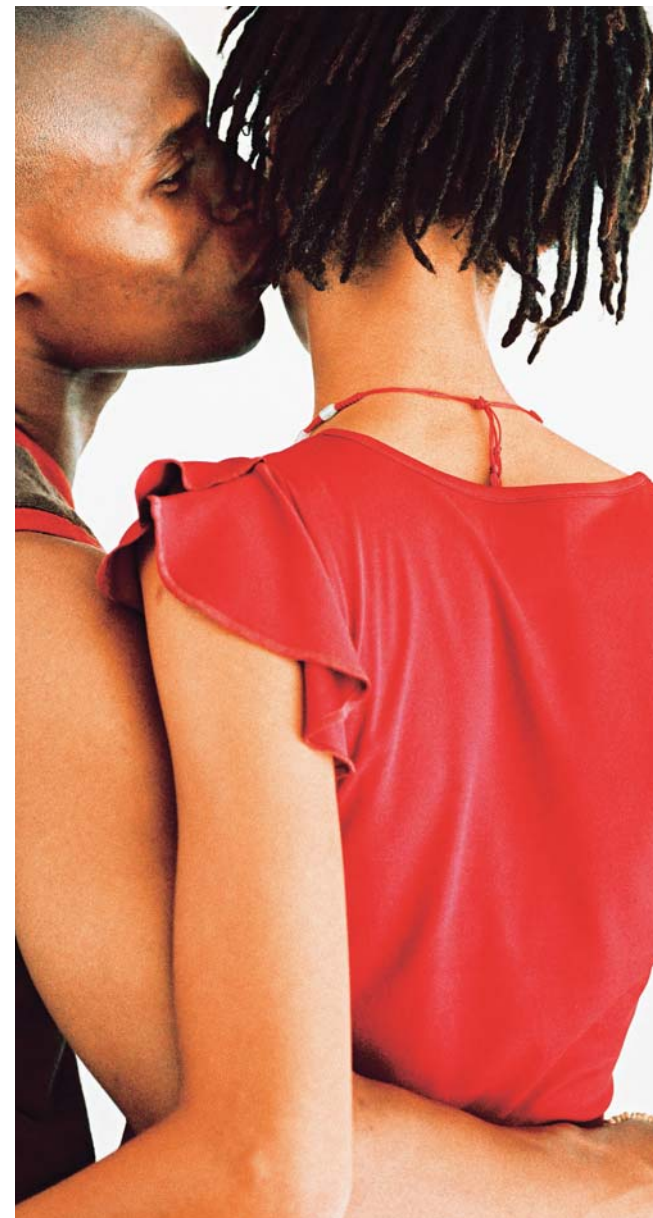
INTERPERSONAL PSYCHOTHERAPY FOR DEPRESSION

COULD YOU BE DEPRESSED?

To find out more about IPT, please visit the International Society for Interpersonal Psychotherapy website at www.interpersonalpsychotherapy.org. If you are interested in making an IPT appointment, please consult with your healthcare provider. You may also visit the Depression Center website at www.depressioncenter.org and click on "Contact Us."

Dr. Heather Flynn comments, "Depression usually has an interpersonal component, that is, it affects relationships and roles in those relationships." Interpersonal Psychotherapy (IPT) was developed to address issues such as adapting to changes in life, responding to grief or working through disputes in your marriage, family, social and work environments. IPT is often a helpful choice of treatment for women, especially during life transitions such as childbirth, relationship changes, and hormonal transitions. Women who prefer not to take antidepressant medications may also prefer IPT. Extensive data support the effectiveness of IPT for mild to moderate depression.

An IPT plan usually involves up to 20 sessions (usually weekly meetings, one hour per session) and maintains a focus on one or two key issues that seem to be most closely related to the depression. During the assessment phase, the IPT clinician (such as a psychologist, psychiatrist, social worker or nurse) offers treatment options and discusses the reasons for using this approach. Because depression is a recurrent illness, it is recommended that successful short-term treatment be combined with ongoing maintenance therapy.



DEPRESSION AND WEIGHT GAIN

Did you know...



Recent research suggests an association between stress and weight gain in women. Stressful situations and depression can cause the brain to produce increased levels of cortisol, a hormone that helps to break down carbohydrates and proteins in the body. When it is produced over time, this increased cortisol contributes to many problems, including poor quality sleep and increased insulin resistance. This insulin resistance, in turn, changes the way the body handles carbohydrates leading to weight gain. Depression can also change other brain chemical messengers, such as leptin, that influence appetite.

The weight gain associated with depression is something that many women find troubling. Regular exercise may help improve sleep, and also combat weight gain. In addition, women should speak with their physicians about those antidepressants that are least likely to cause weight gain.

For all women, a combination of appropriate antidepressants and interpersonal therapy, aerobic exercise at least four days per week, and maintaining regular sleep may help combat both depression and related weight gain.

DEPRESSION CENTER EVENTS

BUILDING UPDATE

Construction is proceeding on schedule for the Rachel Upjohn Building on the East Ann Arbor Medical Campus, the new home for the U-M Depression Center. Please watch for an announcement in the Fall '06 Update newsletter about a grand-opening event for the community, including building tours and other activities.



SAVE THE DATE:

May 24: Bright Nights – Suicide Prevention

On May 24, the Depression Center continues its popular new educational series, *Bright Nights*, with a program focusing on suicide prevention. This will be led by Cheryl King, M.D., an expert in suicide prevention and youth suicide from the U-M Depression Center. Co-sponsored by the Depression Center and the Ann Arbor District Library, the *Bright Nights* public forums provide an opportunity for community members to obtain up-to-date information on a variety of topics related to depression. The quarterly series allows for discussion and Q & A between audience members and expert panelists.

Bright Nights is held from 7:00 p.m.–8:30 p.m. in the Multi-Purpose Room of the Ann Arbor District Library Downtown Branch. For the complete listing of *Bright Nights* programming, visit the Depression Center website: www.depressioncenter.org.

New Suicide Survivor Support Group

The Depression Center announces a new support group for suicide survivors. This free, drop-in group offers a safe and supportive environment to speak openly about your experiences, discuss stages of grieving, share unique aspects of surviving a loss from suicide, develop coping strategies, and gain support from others experiencing a similar loss. Two groups—one for adults and one for adolescents and college-aged persons—will each meet from 7:00 p.m.–8:30 p.m. on the second Wednesday of every month at 2010 Commonwealth Blvd., Ann Arbor. For information about all of the Depression Center support groups, please contact Susan Bryant at (734) 764-0267.

SUBSCRIBE TO DEPRESSION CENTER UPDATE

You've received this newsletter because you elected to be added to our mailing list, or because you have been identified as someone interested in advances in the treatment and prevention of illnesses. If you want to be deleted from the mailing list, please contact Trish Meyer at meyerpa@umich.edu or call (734) 763-7495.

For More Information: Information about depression and bipolar disorder is available online. Please visit the University of Michigan Depression Center Web site at www.depressioncenter.org.

To Receive Future Issues: To be placed on the Depression Center's mailing list, call Trish Meyer at (734) 763-7495 or e-mail meyerpa@umich.edu.

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DEPRESSION CENTER

update

From the nation's first comprehensive depression center

SPRING 06

women & depression

"Most major research studies have found that more women than men have depression, with about 23 percent of women experiencing depression at some point in their lives," says Sheila Marcus, M.D., director, Child and Adolescent Psychiatry and the Women's Depression Program at the University of Michigan. Dr. Marcus is part of a Depression Center research team that is seeking to better understand how depression affects women throughout their lives. Their goal is to help ensure that women who are experiencing depression receive the proper treatment and care.

The U-M Depression Center is participating in an important national study called "STAR*D"—Sequenced Treatment Alternatives to Relieve Depression—sponsored by the National Institute of Mental Health. This study, which includes other major medical centers, supports the finding that women are more likely to suffer depression than men.

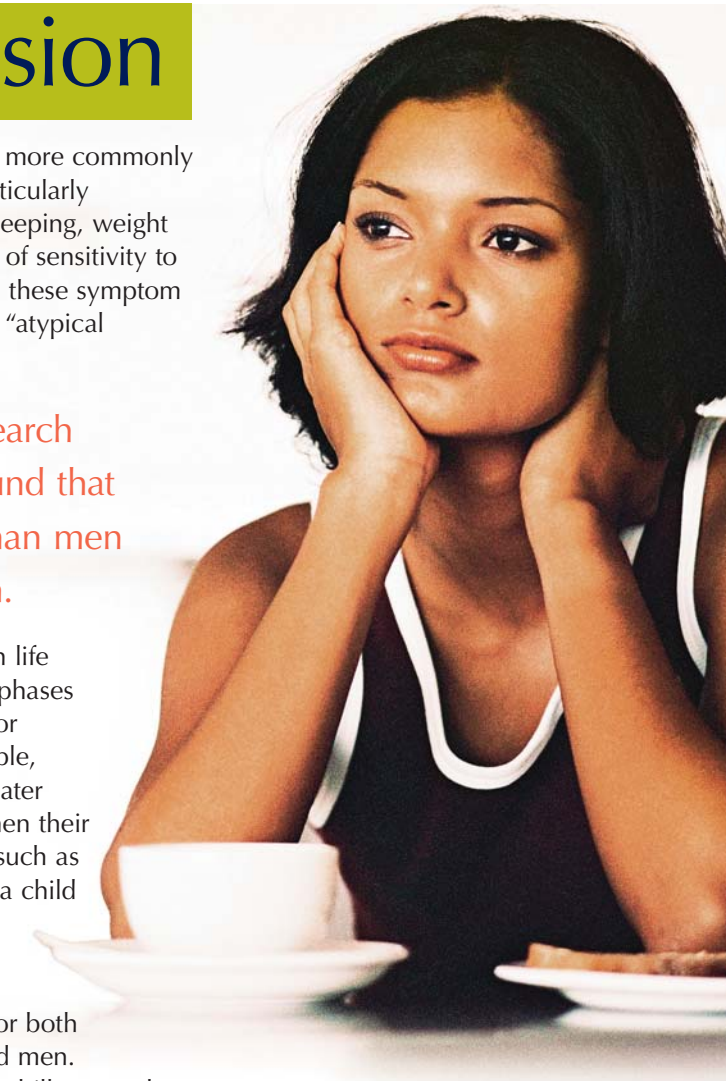
The study also shows that women tend to get depression earlier than men, with their first full-fledged episode occurring at 24.3 years versus 26.5 years for men. "In addition to their depression, women often have other problems such as anxiety or eating disorders, whereas in men substance abuse more often complicates the depression," said Dr. Marcus. "In terms

of symptoms, women more commonly report overeating (particularly carbohydrates), oversleeping, weight gain, and a great deal of sensitivity to rejection." Sometimes these symptom clusters are known as "atypical depression."

Most major research studies have found that more women than men have depression.

For women, certain life stages and biological phases can put them at risk for depression. For example, women may be at greater risk for depression when their estrogen levels drop, such as following the birth of a child and at the end of the menstrual cycle.

But there is hope for both depressed women and men. Depression is a medical illness and can be treated with antidepressant medication, specific types of "talk" therapy, or a combination of these treatments. U-M Depression Center researchers are committed to learning more about how depression affects women so that clinicians can best treat depression and prevent recurrences throughout women's lives.



For more information about women and depression, visit www.depressioncenter.org.



WEIGHING THE RISKS: depression and antidepressant treatment during pregnancy

HOW ARE YOU FEELING ?

THE FOLLOWING PRINCIPLES SHOULD GUIDE TREATMENT DECISIONS WHEN MEDICATIONS ARE CHOSEN:

1. Available safety data on the medicine
2. Mother's prior response to medication
3. Severity of mother's symptoms and illness history
4. Personal preference.

Women who are making decisions about treatment during pregnancy should always discuss their options with their clinician.



ANTIDEPRESSANTS DURING PREGNANCY: RISKS?



Most recent studies suggest that the tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) are unlikely to contribute to major birth problems in babies when used by pregnant women. Although some babies born to mothers who use SSRIs during pregnancy may have withdrawal symptoms (jitteriness, poor temperature control, irritability) after they are born, most of these problems last only a day or two.

In very rare cases, severe problems such as seizures can occur. The FDA also recently warned that infants born to women who took Paxil during pregnancy face an increased cardiovascular risk.

Talk with your health care provider about the risks of taking any medications while you are pregnant.

Pregnant women seen at the University of Michigan Health System are routinely screened for depression during pregnancy. A recent comprehensive screening study by Dr. Sheila Marcus and colleagues at the U-M Depression Center revealed that 20 percent of women screened for depression in U-M obstetrics settings had elevated depressive symptoms, yet only 12 percent of these women reported receiving any form of treatment for depression.

This gap is potentially troubling because in addition to the harmful

effects of depression on pregnant women, several studies have suggested that women who have untreated symptoms of depression during pregnancy may also put their infants at risk. These risks include early delivery, low birth weight, and a greater risk of pre-eclampsia (a condition of hypertension occurring in pregnancy). It is clear that depression during pregnancy needs to be detected and treated as early as possible, and that we need to focus on finding the best course of treatment during pregnancy that will be safe for both mother and developing infant.

Because depression often presents during childbearing years, some women may be taking antidepressant medications at the time of conception. Concerns can arise about taking antidepressant medications during pregnancy. Recent studies suggest, however, that women who have depression may put themselves at risk by discontinuing their medication after conception. These studies show that approximately 70 percent of women who stopped their medication had recurring symptoms of depression during their

pregnancy, whereas only 26 percent of women who continued appropriate doses of medication had symptoms during their pregnancy.

Clinicians can assess individual needs and risk factors to help women balance the potential risks of using an antidepressant medication during pregnancy against the potential risks of under-treating the depression. Interpersonal therapy is another useful strategy for treatment of depression in pregnancy for women with mild to moderate symptoms.

MAKING NEWS

WHAT IS THE DEPRESSION CENTER doing to help?

Ongoing Studies of Mothers and Infants

Heather Flynn, M.D., and colleagues at the U-M Depression Center are investigating the impact of depression around the time of pregnancy on infants and children. The goal in examining the relationship between maternal distress and the stress hormones in babies at the time of birth and in the months thereafter is to prevent the risk to children.

Another study, funded with generous support from the Jack L. Berman, M.D. and Barbara A. Berman, Ph.D. Depression

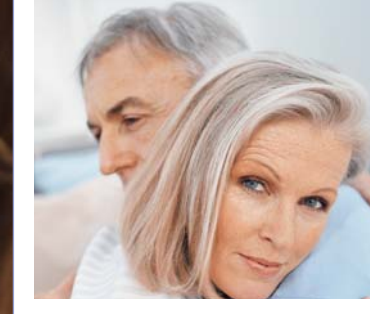
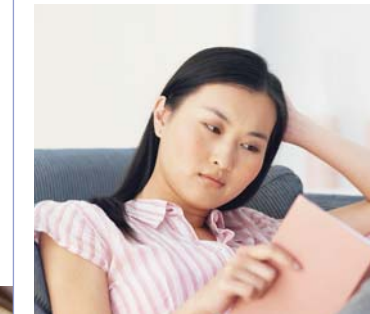
Research Fund at the U-M Depression Center, examines the relationship between sleep and depression in mothers and infants. Researchers hope to ultimately incorporate interventions that improve sleep into treatments for perinatal depression, and to prevent the onset of depression in high-risk children.

For more information on these and other research studies, or if you would like to participate in a study, go to www.umengage.org.



HORMONES AND DEPRESSION – WHAT IS THE CONNECTION?

Did you know...



Rates of depression in girls typically begin to rise following puberty. In addition, during those time periods when women's estrogen levels drop—such as following birth and at the end of the menstrual cycle—mood symptoms clearly increase. These observations suggest that estrogen might play a role in depression. This raises the question: can estrogen therapy be an effective treatment for depression?

Elizabeth Young, M.D., associate chair for research, U-M Depression Center Psychiatry Division, cites a number of studies that have examined estrogen treatment for mood symptoms. The results are not conclusive, and vary depending on the woman's phase of life. Estrogen therapy may help women who are suffering from postpartum depression, or depression during the time preceding menopause, but at other times during the lifespan there are few data to suggest that estrogen is helpful for treating women's depression. As with any medication, women need to consult with a healthcare provider before beginning hormone treatments.

For a more information on studies of estrogen treatments for mood symptoms, please visit www.depressioncenter.org.