

MONTHLY MEMO:

UNDERSTANDING WOMEN'S MENTAL HEALTH CHALLENGES



Overview

This memo discusses mental health conditions that disproportionately – although not exclusively – impact women, including postpartum depression, premenstrual syndrome, menopausal-related mental illness, and eating disorders.

What is postpartum depression?

Postpartum depression (PPD) is a mental health condition that affects approximately 1 in 7 women after childbirth, yet it remains underdiagnosed and undertreated. PPD involves symptoms like persistent sadness, anxiety, irritability, and difficulty bonding with their new child, impacting the mother's ability to provide care for herself and her baby. Having a family history of depression, lack of social support, and hormonal changes after delivery can all predispose a mother to PPD. Despite its shockingly high prevalence, many women do not seek help due to stigmatization of mothers who do not immediately connect with their child.

Untreated PPD can lead to impaired infant development and maternal suicide, the latter being one of the leading causes of death for postpartum women. Increasing awareness, routine screening, and decreasing stigmatization of PPD are essential for ameliorating the consequences of untreated PPD.

What is premenstrual syndrome?

Premenstrual Syndrome (PMS) is a collection of emotional, behavioral, and physical symptoms that occur in the days or weeks leading up to menstruation. Common symptoms include mood swings, irritability, anxiety, bloating, breast tenderness, fatigue, and changes in appetite or sleep. While many people experience mild forms of PMS, around 20% report symptoms severe enough to interfere with daily life. The condition typically resolves shortly after menstruation begins.

The exact cause of PMS is still being studied, but it is believed to be linked to hormonal fluctuations during the menstrual cycle, particularly changes in estrogen and progesterone. Shifts in brain chemicals like serotonin may also contribute to emotional symptoms such as depression and irritability. Diagnosis is usually based on symptom tracking over several cycles, and more intense cases may be classified as Premenstrual Dysphoric Disorder (PMDD). PMDD is a more severe and disabling form of premenstrual syndrome characterized by intense emotional and physical symptoms. Treatment for PMS varies depending on severity and may include lifestyle adjustments such as regular exercise, a balanced diet, and stress management techniques. Medical options include over-the-counter pain relievers, hormonal birth control, and antidepressants for mood-related symptoms. Some individuals also benefit from supplements like calcium and magnesium.

Mental Health During Menopause

Menopause is a point in time when an individual has gone 12 consecutive months without a menstrual period. This is a natural biological process that marks the end of a woman's reproductive years, typically occurring between the ages of 45 and 55. Perimenopause is known as the menopause transition, in which symptoms like hot flashes and night sweats can be common. These symptoms can also occur after menopause, in the stage called postmenopause. Throughout this process, menopause can also significantly impact mental health.

The transition into menopause involves fluctuations in estrogen and progesterone levels, which can affect neurotransmitters in the brain such as serotonin and GABA. These changes can increase vulnerability to mood disorders, such as depression and anxiety. Research has indicated there is a window of vulnerability for women with a history of major depression or those experiencing severe vasomotor symptoms (such as hot flashes) are at higher risk of developing depressive or anxious symptoms during menopause.

Along with hormonal changes, menopause can also impact cognitive and emotional function. Many women report experiencing "brain fog", which may be difficulty concentrating, slowed thinking, and forgetfulness. Emotional symptoms can include mood swings, feelings of sadness or loss of control, or irritability. These changes can be distressing and may interfere with daily life.

It's vital for women experiencing mental health challenges or changes during the process of menopause to seek support. Some options to do that may include therapy, medication, and lifestyle changes (such as exercise and regulated drinking).

What eating disorders are particularly prominent in women?

Eating disorders typically stem, in the Western world, from the overemphasis on slimness. This especially impacts women, as society and social media set harsh standards for how a woman's body is supposed to look. While eating disorders in men tend to be underreported and undervalued, the phenomenon is much more commonly found in women than in men.

Anorexia is a method of weight loss that comes from behaviors intended to produce weight loss, such as maintaining a relentless drive for thinness or harboring an intense fear of being "fat." These feelings often lead to starvation and extremely restrictive eating habits. Individuals with anorexia may go to extreme measures to avoid gaining weight, even when it threatens their health.

Bulimia is characterized by consecutive episodes of excessive eating within short periods of time, driven by a strong impulse or desire to eat. Individuals with bulimia attempt to counteract this behavior through methods such as self-induced vomiting, self-induced purging, alternating periods of starvation, and the use of drugs like appetite suppressants. This cycle can be deeply damaging to both physical and mental health.

Binge eating disorder (BED) is characterized by recurring episodes of eating large quantities of food, often quickly and to the point of discomfort. Unlike bulimia, binge eating episodes are not regularly followed by purging behaviors, which can lead to significant weight gain and emotional distress over time.

Biological contributions to disordered eating in women include hormonal differences, genetic predispositions, and neurochemical factors that may influence how women experience appetite, body image, and emotional regulation. These biological vulnerabilities, combined with societal pressures, create a complex and often dangerous environment for the development of eating disorders.

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FACT!

About 9% of the U.S. population will have an eating disorder in their lifetime, and **nearly 85–90% of those affected are women** (according to the National Association of Anorexia Nervosa and Associated Disorders, ANAD).

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