



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ106
WOMEN'S HEALTH

Depression

- **What is depression?**
- **What causes depression?**
- **What are symptoms of depression?**
- **How is depression diagnosed?**
- **How is depression treated?**
- **When are anti-depressants used for treatment of depression?**
- **What are the side effects associated with anti-depressants?**
- **What is psychotherapy?**
- **What factors increase the risk of depression during pregnancy?**
- **What are the “baby blues”?**
- **What is postpartum depression?**
- **If I am depressed, what things can I do to cope?**
- **Glossary**

What is depression?

Depression is a medical disorder. It can last for years if it is not treated. Depression disrupts your daily life and affects your thoughts, feelings, behavior, and physical health. It also can affect how you relate to your family, friends, and people at work.

What causes depression?

Depression has many causes. A family history of depression or a history of physical, emotional, or sexual trauma early in life increases the risk of depression. It often occurs along with other emotional problems, such as anxiety and panic attacks. Other illnesses may trigger depression. In some cases, medications can increase the risk of depression or cause symptoms to worsen. In some people, depression may occur when the chemicals in the brain are not balanced. The use of drugs or alcohol or a history of abuse also can be linked to depression. Conditions such as extreme stress or grief may bring on the disorder.

Depression also can get worse during certain times in a woman's life, such as **menstruation**, pregnancy, loss of a baby, birth of a baby (**postpartum depression**), **infertility**, and **menopause**.

What are symptoms of depression?

People who are depressed have some or all of the following symptoms of depression nearly every day all day for at least 2 weeks:

- Lack interest in things they used to enjoy
- Feel sad, blue, or “down in the dumps”
- Slow down or act restless and not able to sit still
- Feel worthless or guilty
- Have a change in appetite or lose or gain weight

- Have thoughts of death or suicide or try to commit suicide
- Have problems concentrating, thinking, remembering, or making decisions
- Sleep too much or are not able to fall asleep or to stay asleep
- Lack energy and feel tired all the time
- Headaches or other aches and pains
- Digestive problems
- Sexual problems
- Hopeless and negative feelings
- Worry or fear

The time when the symptoms of depression occur is called an episode. People often have more than one episode.

How is depression diagnosed?

The diagnosis of depression is based on the types of symptoms, how often they occur, and how severe they are. In looking for the cause of your depression, your health care provider will ask questions about your other medical problems, use of certain medications, and use of drugs or alcohol. If one of these things may be causing your depression, treating that problem may relieve the depression. Your health care provider will ask you if you have ever thought about suicide.

How is depression treated?

Treatment may include anti-depressant medication, psychotherapy, or both. It may include a hospital stay. Some types of treatment work better for some types of depression than for others.

When are anti-depressants used for treatment of depression?

Medications (anti-depressants) often are used to treat severe depression. These medications also may be useful for moderate depression. Anti-depressants relieve symptoms in more than one half of the people who take them. They work by changing the balance of chemicals in the brain. Most people who take them start to feel better after a few weeks.

What are the side effects associated with anti-depressants?

All anti-depressant medications can have some side effects. About one half of the people who take them have some side effects early in their treatment (the first 2–3 weeks). Most side effects go away after this time. Common ones include the following:

- Nausea
- Dizziness
- Constipation
- A skin rash
- Feeling sleepy or having trouble sleeping
- Gaining or losing weight
- Feeling restless
- Sexual problems, including loss of *libido*

What is psychotherapy?

In psychotherapy, a therapist works with you to help you overcome your depression. You learn to identify problems and changes in behavior that can help relieve symptoms. Psychotherapy alone helps about one half of the people with mild to moderate depression. You can work with your doctor to find a therapist.

You may have one-on-one therapy (with just the therapist and you) or group therapy (with a therapist and other people with problems like yours). If you have family or marriage therapy, you and family members or your spouse may work with a therapist.

If psychotherapy does not work, another kind of treatment may be needed. Psychotherapy often is coupled with anti-depressant medication to treat severe depression.

What factors increase the risk of depression during pregnancy?

Women with any of the following risk factors may be at increased risk of depression during pregnancy:

- Family or personal history of depression
- Previous pregnancy loss
- Stressful life events, such as financial or relationship problems
- Complications during pregnancy

What are the “baby blues”?

Some women may feel fine during pregnancy, but feel sadness, anger, or anxiety after having a baby. These feelings sometimes are called the baby blues. About 70–80% of women have baby blues after childbirth. These feelings are a normal part of adjusting to the many changes that follow the birth of a child. The baby blues usually go away in a few hours or a week or so without treatment.

What is postpartum depression?

If the baby blues do not go away after a week or two, you may have postpartum depression (see the FAQ [Postpartum Depression](#)). Women with postpartum depression have such strong feelings of sadness, anxiety, or despair that they have trouble coping with their daily tasks. Without treatment, postpartum depression may become worse or may last longer.

If I am depressed, what things can I do to cope?

- Do not demand too much of yourself.
- Set a routine that is realistic. Do not expect to be able to do all the things you are used to doing.
- Avoid making any major life decisions. If you must make such a decision, ask someone you trust to help you.
- Avoid drinking alcohol or using drugs that your doctor has not prescribed.
- Seek out people you trust and support groups for help. Emotional support is key to help you get better.
- Follow your doctor's advice. Take medication correctly and keep all your appointments.
- Follow a regular schedule for going to bed and waking up.
- Eat healthy foods and drink plenty of water.

Glossary

Infertility: A condition in which a couple has been unable to get pregnant after 12 months without the use of any form of birth control.

Libido: The desire for or interest in sex; sex drive.

Menopause: The time in a woman's life when ovaries stop functioning and menstruation stops.

Menstruation: The discharge of blood and tissue from the uterus that occurs when an egg is not fertilized.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

If you have further questions, contact your obstetrician–gynecologist.

FAQ106: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

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