



Antidepressants and Menopause

Changes to women's moods, emotions and state of mind during the perimenopause and menopause are extremely common; it is often the primary reason menopausal women first go to see their doctor or nurse.

Is low mood during the perimenopause and menopause the same as depression? Can taking antidepressants help this type of low mood and/or treat other menopausal symptoms as well?

This factsheet explains the relationship between your hormones and your mood, and outlines what role antidepressants should and should not have in treating mood changes in perimenopausal and menopausal women.

Mood changes during the perimenopause and menopause

Feeling down, sad, and upset can be very common symptoms of the menopause and perimenopause. Other psychological symptoms include feelings of low self-esteem, having reduced motivation or interest in things, anxiety and panic attacks, irritability, and mood swings. It is clear to see why these feelings could be mistaken for depression and perhaps, therefore, understandable why a doctor might prescribe antidepressants.

In the same way that women experience premenstrual syndrome or postnatal depression, significant shifts in your hormone levels, particularly estrogen, can cause marked changes to how you feel. Some studies have shown it is the reduction in estrogen that leads to a lowering of mood, other studies have shown it is the fluctuations in hormone levels that cause the problem.

Estrogen helps regulate several hormones, which may have mood-boosting properties for example serotonin, norepinephrine and dopamine. Estrogen also helps to support the sharpness of your thinking skills and when levels reduce, it can lead to forgetfulness or brain fog – which can in turn lower your mood.

Testosterone is another important hormone produced by the ovaries and it can also have important effects on the brain.

Some pre-existing conditions may put women at greater risk of developing mood changes during the menopause, these include a history of premenstrual syndrome or postnatal depression, high levels of stress, and poor physical health.

Using antidepressants to help mood changes during the menopause

Research suggests that more than half of all perimenopausal women report an increase in depressive symptoms. It is therefore important that GPs have an awareness of these symptoms in women from this age group and the possible underlying causes - in particular, hormonal causes. Healthcare professionals may not think of hormones as the primary cause of symptoms for women in their late 30's or early 40's for example, but it is not unusual for menopausal symptoms to start as early as this, for some women.

Menopause guidelines are clear that antidepressants should not be used as first-line treatment for the low

mood associated with the perimenopause and menopause. This is because there is no evidence that they actually help psychological symptoms of the menopause.

Despite this clear recommendation, many women are inappropriately offered antidepressants when they first seek help from a healthcare professional about their menopausal symptoms.

Using antidepressants to help hot flushes and night sweats

Antidepressants, such as citalopram or venlafaxine in low doses, are sometimes prescribed to help with hot flushes and night sweats for women who cannot take HRT as a first-line treatment. For some women, these medications can help to reduce these symptoms, but they are not usually effective in helping their mood related changes or other menopausal symptoms such as vaginal dryness, headaches and joint pains - as these are due to fluctuating or lowered levels of estrogen and testosterone.

Using HRT to help with menopausal mood changes

Because mood changes during the perimenopause and menopause are caused by altered hormones, the most effective treatment is to stabilise hormone levels by taking replacement estrogen (and for some women, testosterone as well). The right dose and type of estrogen can really help improve low mood and other psychological symptoms related to the menopause. Many women find that they feel calmer, their motivation and interest in things returns, along with a greater sense of energy, and they are generally much happier after a few months of being on HRT. There will usually be an improvement in other menopausal symptoms as well, such as hot flushes and night sweats, insomnia, vaginal dryness and many other symptoms.

Research has shown that if women are given HRT when they are perimenopausal, this can reduce the incidence of clinical depression developing. Many women who start HRT and have been incorrectly given antidepressants in the past, find that their depressive symptoms improve on the right dose and type of HRT, to the extent that they can reduce and often stop taking their antidepressants.

Alternative treatments for menopausal mood changes

For most women experiencing low mood, anxiety, irritability, or mood swings, it is a combination of approaches that works best. There are lifestyle factors that can really help you feel better and on a more even keel.

Eating healthily with lots of fruits and vegetables and limiting overly processed foods, excess salt and sugar and white refined carbohydrates, can be beneficial. Foods high in essential fats such as Omega 3 oils, and those rich in B vitamins, calcium and vitamin D can also help improve your mood.

Taking exercise regularly, such as swimming, brisk walking, jogging or an exercise class, boosts endorphins – hormones that relieve pain and reduce stress – as can activities such as yoga and tai chi. Talking therapy such as cognitive behavioural therapy (CBT) has been shown to help with menopausal low mood and anxiety, and interestingly, even physical symptoms such as hot flushes. These alternative treatments are even more important for women who do not wish to, or cannot take, HRT.

Getting the right treatment for you

If you have not had episodes of depression in the past and have now been prescribed antidepressants for your low mood or anxiety associated with your menopause or perimenopause, consider whether this is the right treatment for you. It is worth seeing a doctor who specialises in the menopause for individualised advice.