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# The Savvy Woman's Health Guide



## Our Panel

 Donna E. Shalala, Secretary of the U.S. Department of Health and Human Services	 Perry Robins, M.D., president of The Skin Cancer Foundation
 Alfred Sommer, M.D., dean at Johns Hopkins University	 Susan J. Blumenthal, M.D., Assistant Surgeon General

**R**ecent advances in women's health care have cut fatality rates for such major killers as stroke, heart disease and colon cancer. But other diseases, such as skin cancer and depression, are on the rise. Never has it been more important for us to keep abreast of the latest medical findings and take charge of our own health—to make sure we're receiving the best treatment, to diagnose disease before it turns deadly or ward it off before it strikes.

In this special section, *Ladies' Home Journal* has assembled a distinguished panel of medical experts to give us the latest advice on the most pressing women's health issues of the day.



# 10 Things Every Woman Should Know About Depression

Those feelings of despair and worthlessness are *not* all in your head: Depression is a disease that leads thousands of women to take their own lives each year. Fortunately, treatment is usually quick and effective. Here, all you need to know about the condition that strikes one in seven women

By Susan J. Blumenthal, M.D., and Deborah Pike

**1** Depression is a disabling medical illness. People with depression may experience more physical pain than those with diabetes, arthritis and heart disease, according to a study published last November in *The Journal of the American Medical Association*. And depression ranks second only to heart disease in workdays lost due to time spent in the hospital or at home, reported researchers in a recent Rand Corporation study.

Even worse, depression can be life-threatening: Fifteen percent of those diagnosed will end their lives by suicide.

**2** Many doctors don't recognize the signs of depression. In a recent study published in *General Hospital Psychiatry*, family doctors detected depression only 35 percent of the time. Not surprisingly, they had the toughest time recognizing the mildest cases.

Unfortunately, because mental illness has carried a stigma for years, some doctors view the condition as a personal weakness instead of a real illness. And there can be racial and ethnic differences in how people express their depressive symptoms. (In fact, doctors recently have been given guidelines emphasizing the importance of a patient's background in diagnosing mental illness.)

For a woman to be diagnosed with depression, she must feel sad every day or lose interest in her

usual activities for at least two weeks. She must also experience at least four of the following symptoms: changes in appetite and weight; disturbed sleep; fatigue; feelings of worthlessness and excessive guilt; and suicidal thinking or attempts.

**3** Depression strikes twice as many women as men. Interestingly, this is true across cultures, according to new research conducted by Myrna Weissman, Ph.D., a professor of epidemiology and psychiatry at Columbia University, in New York City. In her study of ten countries, including the U.S., Canada and Germany, more women than men experienced depression.

Why are so many women depressed? The answer isn't simple, but hormonal differences probably play a large part. Among male and female children, for example, rates of depression are similar; it's only when puberty hits that girls start to become more depressed.

Some researchers believe that psychosocial factors may figure largely in women's higher rates of depression. For example, women tend to experience numerous stressors in life, including multiple roles at home and at work, single parenthood, poverty, workplace discrimination, and insufficient social support. But today, as young men increasingly become exposed to some of the same stressors, their depression rates are rising.

Low self-esteem (continued)

**DEPRESSION**  
Continued

contributes, too. Many girls begin to experience self-esteem problems at puberty (after age ten), when they may suffer gender stereotyping and changes in social roles and expectations.

(Interestingly, in the Amish population, where men's and women's work counts equally, studies show rates of depression are similar.)

Incidences of sexual abuse and domestic violence are also a factor. Studies have found that twice as many women as men have been sexually abused, and a recent study revealed that one in four had experienced domestic violence.

The good news is that the gender gap appears to be narrowing. Women born since World War II are experiencing less depression than those born before, perhaps because of changing work and societal roles.

**4** Depression affects women of all ages, but it is most common during the childbearing years. The condition is especially prevalent during and after pregnancy.



About 10 percent of women will become depressed while pregnant, perhaps because they have higher hormone levels. Those most likely to fall victim to depression during pregnancy tend to

have unhappy marriages, are unemployed, have been depressed in the past and/or have a family member with a history of depression.

As many as 20 percent of women experience short-term mood changes following childbirth. And 10 to 15 percent of women will undergo a postpartum depression that can last from two weeks to several months. Although the cause is unclear, experts theorize that the sudden drop in hormone levels after delivery may play a role. Additionally, new mothers are typically sleep deprived and often experience stress from juggling both family responsibilities and work. Those most at risk for postpartum depression tend to have had it once already; have been diagnosed with a mood disorder; have a relative who has had postpartum depression; have marital problems and/or have experienced stressful life events (like a job loss or a divorce).

**5** Depression may be a symptom of other illnesses or a side effect of some medications. Oral contraceptives, high-blood-pressure medications, sleeping pills, tranquilizers and alcohol may cause depressive symptoms. So can vitamin deficiencies and illnesses such as hormone disorders (like an overactive or underactive thyroid gland), Lyme disease, lupus and cancer. If you are experiencing any symptoms, talk to your doctor.

**6** Symptoms can be mild, moderate or severe. Depression ranges from the "blues" (a state of sadness typically experienced for a few hours or several days after a minor loss) to what doctors call an "adjustment reaction with depressed mood" (a condition that lasts about three to six months and is triggered by an event, such as the breakup of a relationship, a job loss or a death) to mood disorders. These include dysthymia (a form of chronic depression), major depression (the kind discussed in this article) and manic-depressive disorder. (For more information, see box below.) *(continued on page 138)*

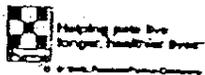
## Is It Really Depression?

Check your symptoms against this chart to find out whether you suffer from one of these mood disorders:

OVERALL SYMPTOMS	DISORDER	LIFETIME PREVALENCE	TREATMENT
Depressed mood daily or loss of interest and pleasure in usual activities for at least two weeks, plus at least four of the following: changes in appetite and weight, disturbed sleep, fatigue, agitation, feelings of worthlessness, diminished concentration, suicidal thinking	major depression	7 percent	antidepressant drugs, psychotherapy or both
At least two years of depressed mood on most days, plus two or more of the following: feelings of hopelessness, low self-esteem, low energy, poor concentration, insomnia, appetite changes	dysthymia (a form of chronic depression)	4 percent	psychotherapy, possibly antidepressant medications
Overleeping, overeating, weight gain, carbohydrate cravings and lack of energy; depression in fall or winter that disappears in the spring	seasonal affective disorder (SAD)	4 percent	light therapy
Mood swings from cycles of mania (elation, extreme irritability, grandiosity, impulsive behavior and hypersexuality) to cycles of depression	manic-depressive disorder (bipolar disorder)	1.4 percent	drugs (usually lithium, carbamazepine or antidepressants) and psychotherapy



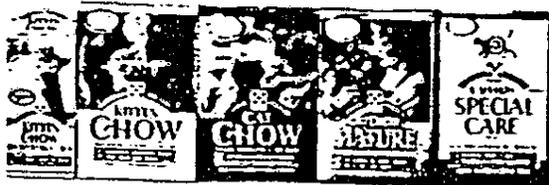
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### DEPRESSION

*Continued from page 138*

(MAOIs); and lithium. The SSRIs—the newest class of drugs—work by boosting levels of the brain chemical serotonin, which plays a role in regulating mood. They are often the first choice for women because they have fewer unpleasant side effects like weight gain, seizures, blurred vision and dry mouth. (However, their side effects can include nausea, vomiting, diarrhea, insomnia, agitation and the inability to reach orgasm.)

Some new antidepressants: Nefazodone HCl (Serzone), which doesn't interfere with sexual function; and Venlafaxine (Effexor), which improves severe symptoms.

Psychotherapy, which can last for as little as three to five months, has been found to be as effective as medication for treating mild to moderate depression. It is especially useful for women who may not want to take medication or are pregnant, trying to conceive or facing surgery. Support groups can also be helpful. •

*Susan J. Blumenthal, M.D., is Deputy Assistant Secretary for Health and Assistant Surgeon General in the U.S. Department of Health & Human Services.*

### RESOURCES

For more information, contact the following organizations:

U.S. Public Health Service's Office on Women's Health, 200

Independence Ave., SW, Room 7368, Washington, DC 20201;

202-690-7650.

National Institute of Mental Health, Office of Scientific Information, 5600 Fishers Lane, Room 7C-02, Rockville, MD 20857; 301-443-4513.

National Mental Health Association, 1021 Prince St., Alexandria, VA 22314; 800-969-6642.

National Alliance for the Mentally Ill, 200 N. Glebe Rd., Suite 1015, Arlington, VA 22203-3754; 703-524-7600.

Depression After Delivery, 800-944-4773.