

# Psychiatric Issues in Women

Susan Kornstein, MD, and Uriel Halbreich, MD

In March 2004, the 2nd World Congress on Women's Mental Health will take place in Washington, DC. Psychiatrists, primary care physicians, gynecologists, and other healthcare professionals will come together to share knowledge on clinical, research, and health policy issues that affect the mental health and well-being of women across the globe. In anticipation of this upcoming Congress, this issue of *Primary Psychiatry* is devoted to psychiatric issues in women. Future issues of this journal will also be dedicated to this important topic; they will be published up to twice annually under the aegis of the International Association For Women's Mental Health (IAWMH).

In this issue, two papers are dedicated to disorders related to women's life cycle. **Andrea J. Rapkin, MD**, and colleagues, provide an overview of

reproductive-related mood disorders, with an emphasis on periods of hormonal instability including premenstrual dysphoric disorder, postpartum depression, and perimenopausal mood disturbances. **Khursheed Khine, MD**, and colleagues, describe the prevalence, pathophysiology, evaluation, and management of mood disorders occurring during the perimenopause, or the climacteric transition from reproductive age to the menopause.

Another sphere of women's mental health is the interaction between the individual woman and her immediate family. **Gail Erlick Robinson, MD**, discusses the topic of domestic violence, a major public health problem with both physical and psychological consequences, and the importance of its detection and intervention by healthcare professionals.

Women's mental health is an interdisciplinary field incorporating many medical and other professional areas. A topic that is at the interface of psychiatry and gynecology is sexual functioning of the postmenopausal woman, which is reviewed by **Jeanne Leventhal Alexander, MD**, and colleagues.

Women's health should indeed be viewed in the context of gender differences. Gender differences in the presentation and course of depression and differences in antidepressant treatment response by gender and menopausal status are addressed by **Susan G. Kornstein, MD**.

I hope that this issue will provide you with a sample of insights into women's mental health that will be useful to you in your clinical practice, and I look forward to seeing you in Washington at the World Congress. *PP*

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## Dr. Halbreich—A Global Perspective

In women, mental health usually refers to disorders and conditions that are unique to women, while well-being may include any condition that influences women's quality of life. Combined, mental health and well-being encompass multidimensional aspects and interactions involving biological, psychosocial, and economic processes. From a multidimensional perspective, women's mental health may be classified along three intertwined developmental life cycles: biologic-reproductive, immediate-circle-social, and vocational-societal life.

The biologic-reproductive life-cycle commences in utero with gender differences in the influence of the pregnant woman's processes on her fetus. It continues with sex-specific pubertal processes and establishment of reproductive cyclicity in women. Pregnancies, deliveries, the climacteric transition (perimenopause), menopause, and aging close this cycle. Each of these situations may be subject to female-specific mental disorders, such as premenstrual dysphoric disorder and postpartum and perimenopause disorders. The biologic life cycle is also the main contributor to sex

differences in prevalence of mental disorders, their severity, course, treatment response, and adverse effects of relevant medications. Gender differences exemplify the notion that the domain of women's mental health includes not only issues that are unique to women but also those that distinguish women from men, in situations where both sexes are affected. Conceptually, fertility, infertility, amenorrhea, hormonal interactions, and aging processes are part of that category. Sexuality is also in this sphere, while sexual orientation is in a closed interface with the two following spheres.

The immediate-circle-social life cycle consists of issues that are pertinent to the family and other immediate social circle, beginning in utero. In some countries female fetuses are more frequently aborted and infanticide of female babies is quite prevalent. Beginning in childhood, girls may experience disordered bonding with the mother; sexual and physical abuse, and impact of discrimination and hardships of girls compared to boys. Once a young woman is married, domestic violence is an important issue in which women are usually the victims.

Along with physical injury, such violence may result in emotional suffering, post-traumatic stress disorder, depression, and anxiety disorders. Relational situations and disorders, such as marital discord, divorce, single parenthood, mother-offspring relations, and caregiver stress, are also part of this life-cycle category.

The vocational-societal life cycle deals with discrimination and bias against women, which is widely spread world wide. Girls have less access to education, are more prone to poverty, and often earn less money than men in comparable positions. During reproductive years, many women have a double duty as members of the work force and as home makers. Professional women still have to struggle for equality, though in many countries the gender gap is narrowing. In addition, because women tend to live longer, they suffer from more social, economical, and health-related problems of the elderly.

The classifications presented here provides an operational framework for creating solutions in women's mental health. Possible solutions should be proposed in the general context of human rights, social justice, and a change of attitudes. *PP*