

# Depression during menopause: How to spot it and treat it

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(HealthDay)—Emotional changes in the run-up to menopause can

sometimes lead to depression.

It can be important to see a doctor to help determine whether you're just feeling stressed or "blue"—or whether you might have clinical or [major depression](#), a condition associated with a chemical imbalance in the brain.

Changing hormones during perimenopause—the time when a woman's body is preparing for the end of monthly periods—may be associated with that imbalance, according to the North American Menopause Society (NAMS).

Many women will experience symptoms from time to time that can also be the hallmarks of major depression. They include prolonged tiredness, [low energy](#), loss of interest in normal activities, sadness, irritability, sleep disturbances, agitation, weight changes and decreased sex drive.

If these symptoms last longer than two weeks, it would suggest major depression, according to NAMS.

A more detailed list of [symptoms](#) include a persistently sad, anxious or "empty" mood; feeling hopeless or pessimistic; being irritable or feeling guilty, worthless or helpless.

People with major depression may lose interest in hobbies and activities, have appetite or weight changes or feel fatigued. They can move or talk more slowly; have trouble concentrating, remembering or making decisions; or find it hard to sleep, waking too early or sleeping too much.

Aches, pains, headaches, cramps or digestive problems with no clear physical cause also can be a sign. Thoughts of death or suicide or attempts at suicide are warnings for major depression.

Antidepressants and/or cognitive behavior psychotherapy can help correct a chemical imbalance. While it may take a few weeks to feel the full effects of antidepressants, most women will have few [adverse side effects](#) and will show noticeable improvement, NAMS said.

Side effects for the medications can include [weight gain](#) and problems in sexual arousal. Medication is most effective in combination with psychotherapy.

Another solution may be estrogen, which can improve mood during perimenopause in some women. Doctors may want to consider this in women who are not helped by antidepressants.

**More information:** The U.S. National Library of Medicine has more about [menopause and the years leading up to it](#).

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