

## Newson Clinic Knowledge Factsheet

### Can menopause cause anxiety and depression?

#### **Menopause and mental health: a guide to mood changes during perimenopause and menopause**

If you have noticed a change in your mood during perimenopause or menopause, then you are not alone.

Mood changes in perimenopause and menopause can be very common: a Newson Clinic survey of almost 6,000 women found an overwhelming 95% of respondents had experienced a negative change in their mood and emotions since the start of perimenopause and menopause [1]. Mood-related symptoms mentioned by women included stress and anxiety, feeling more easily overwhelmed, feeling low or tearful and feeling angry or irritable<sup>1</sup>.

#### **What is the link between perimenopause, menopause and mental health?**

During perimenopause, hormone levels fluctuate, and it is often during this time, which can last for several years, symptoms are worse than during menopause.

Perimenopausal and menopausal symptoms, both physical and mental, can be challenging – if you're struggling with genitourinary symptoms, hot flushes, aching joints or lack of sleep, your mood will likely be affected. Menopause can also come at a tricky stage of life – you might have elderly parents to care for or children still at home, as well as a career to balance.

There is also a significant increase – approximately three times higher – in the likelihood of depressed mood during the perimenopause and menopause than in other life stages<sup>2</sup>. In addition, women with a history of depression are nearly five times more likely to receive a major depression diagnosis during menopause<sup>2</sup>.

#### **Similarities of clinical depression and menopausal low mood**

With so much going on, you might wonder if your feelings are due to your hormones or if you are clinically depressed.

Dr Louisa James is a psychiatrist. She says there is an overlap between menopausal low mood and clinical depression.

'While many people think depression is feeling sad, it can be a whole-body experience, just as menopause can be,' she says. 'One example is a change in appetite. Some people who are depressed lose their appetite, but others may binge eat, or comfort eat in the evenings. This can reflect diurnal variation in mood – traditionally low mood is worse in the morning and eases as the day goes on. As mood improves, hunger increases. 'Poor sleep is common with both clinical depression and menopause. Often with clinical depression people wake early and those with anxiety find it more difficult to get off to sleep. With perimenopause and menopause people often describe waking in the early hours, often associated with irrational thoughts. 'And then there's symptoms like a general loss of confidence, self-doubt or being indecisive. Anxiety is a big problem that goes hand in hand with both menopause and depression.'

#### **Differences between clinical depression and hormone-related low mood**

The differences between clinical depression and low mood associated with changing hormones can be subtle, as Dr Louisa explains. 'With perimenopause and menopause, women recognise that something's wrong, and they have a hunch that it's related to their hormones or that it's associated with other symptoms.' You might not experience hot flushes but there are numerous other menopause symptoms – this can help you identify that the way you are feeling might be related to your hormones.

Dr Louisa adds: 'With hormonal low mood, women come in with what we classically call a "smiling depression" – despite feeling awful inside they are well presented, wearing make-up, they're smiling and trying really hard. The washing's done, the shopping lists are made. All that sort of general functioning is done, whereas it tends to slip away with a clinical depression. For perimenopausal and menopausal women, that loss is more one of sense of self and identity.'

'The rage is different as well. You can get irritability with a clinical depression or feel more short tempered, but that irrational thinking and the feeling that everything's out of perspective and the rage, that tends to be worse with the hormonal type depression.'

Also consider your history – if you've had episodes of depression in the past, consider how you have felt and what might have triggered this. Similarly, have you experienced any previous hormone-related issues or illnesses such as premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD), postnatal depression or postpartum psychosis?

It's also important to note that you can have more than one diagnosis: you can have a diagnosis of both menopause and clinical depression.

## Menopause mental health support

Treatment for perimenopause and menopause-related low mood can include a combination of medications, talking therapies and lifestyle adjustments.

### HRT:

If your low mood is predominantly being caused by low oestrogen, progesterone and testosterone levels in your brain, which occurs during perimenopause and menopause, the NICE menopause guidelines state that HRT is usually the first-line treatment<sup>3</sup>.

### Lifestyle and talking therapies:

There is evidence that physical activity can have a positive impact on health around menopause<sup>4</sup>. According to the Mental Health Foundation, regular movement is one of the most important things you can do to help protect your mental health – it can increase your energy, reduce stress and anxiety, and boost your self-esteem.

Similarly, diet can influence the gut-brain axis, which can affect your mood. Eating a healthy, balanced diet such as the Mediterranean diet can reduce the severity of menopausal symptoms<sup>5</sup>.

There is also evidence that good quality sleep and spending time in nature can help your mood, as can talking therapies such as cognitive behavioural therapy (CBT).

## What about antidepressants?

There is no evidence that antidepressants will help with low mood associated with menopause, and when given inappropriately they can cause side effects such as blunting of mood and loss of libido. If you are currently taking antidepressants and suspect your low mood is hormone related, it's important to talk this through with a healthcare professional: any changes to your antidepressant medication need to be made under medical supervision, and any adjustments should be very gradual to avoid any physical withdrawal symptoms.

Dr Louisa adds: 'If you think your symptoms are hormonally driven, it is better to get them stabilised on a hormone replacement before you start reducing your antidepressants. What we often see in clinic is that women feel like the antidepressants aren't doing anything, but they are, and if they're taken away too quickly, you can end up in difficulty.'

'This applies to all sorts of medications as it's not just antidepressants that women can end up on, for instance atypical antipsychotic medications are often added to manage anxiety, poor sleep or to boost the effect of antidepressants that aren't working very well. Sleeping tablets are commonly prescribed for insomnia.'

You can book an appointment to discuss your symptoms, including mental health symptoms of menopause, with a Newson Clinic healthcare professional.

## References

1. Newson Clinic (2024) 'Women's experiences of the perimenopause and menopause'
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5. Vetrani C., Barrea L., Rispoli R., Verde L., De Alteriis G., Docimo A., Auriemma R.S., Colao A., Savastano S., Muscogiuri G. (2022), Mediterranean Diet: What Are the Consequences for Menopause?, *Front Endocrinol.* 25;13:886824. doi: 10.3389/fendo.2022.886824