SKIN CANCER
Early Signs Even Doctors Miss

EXCLUSIVE
MARIA CLARK TODAY
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Second-Guess
Myself”

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Thinner
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Wearing The
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Pfeiffer’s
Private Life
After Years
Of Heartache,
She’s Finally
Found True Love

How To Beat
Self-Defeat
Best Recipes
Secret Recipes
Recent 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

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.

3 Depression strikes twice as many women as men. Interestingly, this is true across cultures, according to new research conducted by Myma 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 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).

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.

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)

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### Is It Really Depression?

<table>
<thead>
<tr>
<th>Overall Symptom</th>
<th>Disorder</th>
<th>Lifetime Prevalence</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Major depression</td>
<td>7 percent</td>
<td>Antidepressant drugs, psychotherapy or both</td>
</tr>
<tr>
<td>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</td>
<td>Dysthymia (a form of chronic depression)</td>
<td>4 percent</td>
<td>Psychotherapy, possibly antidepressant medications</td>
</tr>
<tr>
<td>Overeating, weight gain, carbohydrate cravings and lack of energy; depression is fall or winter that disappears in the spring</td>
<td>Seasonal affective disorder (SAD)</td>
<td>4 percent</td>
<td>Light therapy</td>
</tr>
<tr>
<td>Mood swings from cycles of mania (elation, extreme irritability, grandiosity, impulsive behavior and hypersexuality) to cycles of depression</td>
<td>Bipolar affective disorder</td>
<td>2.4 percent</td>
<td>Drugs (usually lithium, carbamazepine or moodstabilizers) and psychotherapy</td>
</tr>
</tbody>
</table>

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RELAFEN®
brand of nabumetone

CLINICAL PHARMACOLOGY: Relafen is a nonsteroidal anti-inflammatory drug (NSAID) that exerts its anti-inflammatory, analgesic and antipyretic effects by inhibiting prostaglandin synthesis. It acts by inhibiting the synthesis of prostaglandins in both experimental and clinical pain and inflammation.

INDICATIONS AND USAGE: Analgesic and antipyretic treatment of pain and symptoms associated with osteoarthritis and rheumatoid arthritis.

CONTRAINDICATIONS: Pregnancy: Relafen is not recommended for use in pregnancy. It is not known if Relafen will cause fetal harm when administered to pregnant women. There is no information on the use of Relafen during lactation. Pediatric Use: Safety and efficacy in children have not been established. Use in female patients who are or may become pregnant: Relafen is not recommended for use in female patients who are or may become pregnant.

ADVERSE REACTIONS: Overdosage: Overdosage of Relafen may be manifested by drowsiness, vomiting, diarrhea, nausea, headaches, and dizziness.

OVERDOSAGE: Acute overdosage is unusual. However, accidental overdosage may result in nausea and vomiting, diarrhea, nausea, and dizziness. Overdosage may be treated with supportive measures, including fluid replacement, and symptomatic treatment of symptoms such as nausea and vomiting.

DEPRESSION

In addition, depressed people may have other mental illnesses: anxiety disorders, such as panic attacks or obsessive-compulsive disorder, eating disorders, addictive disorders, like drug or alcohol dependence; and psychotic disorders, like schizophrenia. Having one of these illnesses can make depression harder to diagnose and treat.

7 Depression is often transmitted across generations. The risk of depression traits for children of depressed parents can be as high as 25%. Even more devastating, depression tends to recur in children with a depressed parent. Women with a family history of depression should consult a doctor if any symptoms emerge.

Depression is usually recurrent. One in five of those with a depressive disorder will experience one episode during her lifetime; the other 80% will have several. In a recent study published in the Journal of the American Psychiatric Association, adult abuse (physical or sexual) nearly quadrupled the likelihood of recurrent depression.

If a woman experiences more than one or two episodes of depression, doctors may prescribe long-term antidepressant medication. (Doctors used to administer only a small amount to prevent recurrences, now they believe that continuing medication at the dose effective for the severe phase of the illness works better.) Additionally, lithium is used to treat recurrent depression. But the only rule is that medication is shown to help decrease recurrences.

Depression may contribute to serious health problems, like heart disease and osteoporosis. Surprisingly, in a 1994 study published in the American Journal of Psychiatry, bone density was 15 percent lower in sufferers of depression than in non-sufferers. Why? A depressed woman produces excess levels of the stress hormone cortisol, which may contribute to osteoporosis (and possibly heart disease, too).

10 Treatment is effective and quick for 80 to 90 percent of women. Drugs, psychotherapy and often a combination of both have proved successful in treating depression. About half of those diagnosed with depression will recover during the first six months of treatment.

Medication options include tricyclic antidepressants, such as amitriptyline (Elavil); selective serotonin reuptake inhibitors (SSRIs) like Prozac, Zoloft and Paxil; monoamine oxidase inhibitors (continued on page 208).
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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 HCI (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:


National Institute of Mental Health, Office of Scientific Information, 1500 Fisher Lane, Room 7C-02, Rockville, MD 20857; 301-443-4513.

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


Depression After Delivery, 5800-944-4773.