



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ106
WOMEN'S HEALTH

Depression

- **What is depression?**
- **What are the symptoms of depression?**
- **Are there different levels of depression?**
- **What causes depression?**
- **What factors increase the risk of depression?**
- **How is depression diagnosed?**
- **How is depression treated?**
- **What is psychotherapy?**
- **What are antidepressants?**
- **Can antidepressants cause side effects?**
- **Can herbal supplements be used to treat depression?**
- **Can depression affect pregnancy?**
- **Can antidepressants be used to treat depression during pregnancy?**
- **Glossary**

What is depression?

Depression is a common but serious illness. It is more than just feeling sad or upset for a short time or feeling grief after a loss. Depression changes your thoughts, feelings, behavior, and physical health. It can affect how you relate to your family, friends, and coworkers. It can occur at different times of life or in different situations. It also can occur as part of other disorders.

What are the symptoms of depression?

Depression causes a mix of emotional and physical symptoms. You have depression if you have five of the following symptoms most of the day, every day, during the same 2-week period. One of the symptoms must be either sad or depressed mood or loss of interest or pleasure in previously enjoyed activities:

- Sad or depressed mood
- Loss of interest or pleasure in activities you used to enjoy
- Weight loss when not dieting or weight gain; decrease or increase in appetite
- Trouble sleeping or sleeping too much
- Moving more slowly or moving more quickly than usual
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Having trouble thinking, concentrating, or making decisions
- Thoughts of death or suicide

Are there different levels of depression?

Depression can be mild, moderate, or severe. If you have mild depression, it may take extra effort to do what you have to do, but often you can still do those things. With moderate depression, you may not be able to do some of the things you need to do. If you have severe depression, you may not be able to do any of the daily tasks you need to do.

What causes depression?

Researchers do not know for certain what causes depression. They do know that depression is a brain disorder in which the parts of the brain that control mood, sleep, and thinking are not functioning properly. Depression may be caused by an imbalance in certain chemicals in the brain.

What factors increase the risk of depression?

Factors that increase the risk of depression include the following:

- Genetics—A family history (someone in your immediate family has depression) can put you at high risk.
- Hormonal changes—Depression in women may be related to hormonal changes that happen during the menstrual cycle, during pregnancy, after childbirth, and at **menopause**. When depression occurs after childbirth, it is called **postpartum depression** (see the FAQ [Postpartum Depression](#)).
- Stress—Stressful circumstances such as trauma, loss of a loved one, a difficult relationship, unemployment, or abuse may trigger the onset of depression.
- Other illnesses—Some disorders can lead to or occur with depression. Anxiety disorders often occur with depression. Alcohol and drug problems and chronic (long-lasting) pelvic pain also can occur with depression.

How is depression diagnosed?

To diagnose your depression, your health care provider will discuss your symptoms, how often they occur, and how severe they are. You also will be asked about your medical history, any medications you are taking, and whether you use drugs or drink alcohol. Certain medications and health conditions, such as an infection or a thyroid disorder, can cause symptoms similar to depression.

How is depression treated?

Depression is treated with **psychotherapy**, medications called **antidepressants**, or both.

What is psychotherapy?

In psychotherapy or “talk therapy,” a therapist will work with you to identify problems and suggest ways you might change your behavior to help relieve your symptoms.

You may have one-on-one therapy (with just you and the therapist) or group therapy where you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and family members or your partner may work with a therapist.

What are antidepressants?

Antidepressants are medications that work to balance the chemicals in the brain that control your moods. There are many types of antidepressants. If one type does not work for you, your health care provider can prescribe another. Drugs often can be combined. It may take some time to find the drug or combination of drugs that works best for you. It often takes at least 3–4 weeks of taking the medication before you start to feel better.

Can antidepressants cause side effects?

Antidepressants can cause side effects; however, most are temporary and go away after a short time. Listed are some of the most common side effects:

- Headache
- Nausea
- Trouble falling asleep or waking often during the night
- Feeling jittery
- Loss of sex drive
- Difficulty having an orgasm

In teenagers and young adults taking certain kinds of antidepressants, the risk of suicidal thoughts and actions is increased. Close monitoring by a health care provider is necessary while taking these medications.

Can herbal supplements be used to treat depression?

Some people believe that certain herbal supplements, such as the plant St. John’s wort, are effective in treating depression. Research has shown that St. John’s wort does not work for treating major depression. It even can be harmful because it can make some medications, including those taken to treat heart disease, seizures, and certain types of cancer, not work as they should. St. John’s wort also can make birth control pills not work as well.

Can depression affect pregnancy?

Depression during pregnancy can have an effect on the health of both the pregnant woman and her baby. Women who have severe depression during pregnancy may have trouble taking care of themselves. They may not eat healthfully or get enough rest. Depression during pregnancy has been linked to several problems, including premature birth, problems with growth of the **fetus**, having a low birth weight baby, and complications after birth.

Can antidepressants be used to treat depression during pregnancy?

Antidepressants appear to have a low risk of causing birth defects when taken during pregnancy. In general, the fetus is most at risk of any drug-related birth defects between the third week and eighth week of pregnancy. If you were taking antidepressants before pregnancy, your health care provider can assess your individual situation and decide whether you should continue taking the medication during your pregnancy. If you were taking multiple medications for your depression, you may be switched to a single medication.

Glossary

Antidepressants: Medications that are used to treat depression.

Depression: Feelings of sadness for periods of at least 2 weeks.

Fetus: The developing offspring in the uterus from the ninth week of pregnancy until the end of pregnancy.

Menopause: The time in a woman's life when the ovaries have stopped functioning; defined as the absence of menstrual periods for 1 year.

Postpartum Depression: Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

Psychotherapy: Working with a therapist to identify problems and find ways to change behavior to help relieve symptoms.

If you have further questions, contact your obstetrician–gynecologist.

FAQ106: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

Copyright June 2012 by the American College of Obstetricians and Gynecologists. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.