Introduction: Why Focus on Women and Depression?

Gwendolyn Puryear Keita, PhD

These discussions highlight the importance of focusing on the prevalence, impact, and consequences of depression in women. Unipolar depression is the leading cause of disability for women worldwide. Depression negatively affects other health conditions, such as diabetes and cardiovascular disease, although the direction of causality is not known. High costs are associated with this chronic, recurring, debilitating illness. Depression can steal creativity, energy, and motivation, thereby contributing heavily to reduced work performance and productivity. Yet the cost of women’s depression is measured not only by financial figures, but in terms of how it affects family and child relationships and permeates to subsequent generations.

It has been shown that depression affects females more than it affects males. This greater prevalence in women begins as early as the teen years, and the disparity between women and men is approximately doubled by the time people reach their early 20s. However, certain events in a woman’s life also pose increased times of risk for developing depression, such as the times of varied hormone levels—pregnancy, the postpartum period, and the perimenopausal transition. Certain life stressors, such as poverty, sexual abuse, and poor social support, also put women more at risk for a depressive episode.

Why focus on women and depression? Because effective pharmacological and behavioral treatments are available, many of which are generic and therefore offer very cost-effective options. Depression is often marked by relapses over time. A consistent finding in depression research is that a previous depressive episode is the single largest predictor of a future depressive episode. Early detection and adequate treatment is paramount to interrupting this miserable cycle.

Many times, patients are seen and treated for depression in the primary care setting. Yet it has been noted that primary care providers more often than specialists face challenges when treating depressed patients. These challenges range from not being allowed to bill for adequate time spent with the patient, managing patient’s expectations of side effects and thus their persistence with medication, and gaining intimate knowledge of depression treatment guidelines.

The articles in this supplement review the efforts of 2 organizations that have offered support to primary care providers in treating their depressed patients. The support activity has ranged from providing expert consultation to allowing adequate billing for mental health services to providing the patient a “care coach” by telephone. Initial results are very promising, indicating reductions in depression rating scale scores, hospital admissions, and total patient care costs.

TARGET AUDIENCE

Physicians and pharmacists practicing in the managed care environment.

LEARNING OBJECTIVES

By engaging in this activity, participants will be able to

1. recognize the symptoms of a woman with depression and develop an appropriate treatment plan while considering unique gender barriers and issues;
2. recognize the need for timely diagnosis by primary care providers for appropriate treatment and entrance into the managed care system to increase optimal outcomes for depression;
3. explain why women are at greater risk for depression than men and describe factors that play a role in developing depressive disorders;
4. acknowledge the complexity of comorbid conditions associated with mental illness and evaluate the importance of adequately diagnosing and treating comorbidities to improve outcomes and manage costs; and
5. integrate best practices into the work environment to ultimately improve patient health and productivity outcomes.

J Manag Care Pharm. 2007;13(9)(suppl S-a):S2

Copyright© 2007, Academy of Managed Care Pharmacy. All rights reserved.

Author

GWENDOLYN PURYEAR KEITA, PhD, is executive director, Public Interest Directorate, American Psychological Association, Washington, D.C.

AUTHOR CORRESPONDENCE: Gwendolyn Puryear Keita, PhD, Executive Director, Public Interest Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. Tel.: 202.336.6050; Fax: 202.336.5723; E-mail (assistant): shouston@apa.org