Major mental disorders can affect both men and women. However, prevalence, risk factors, and treatment differ greatly between men and women. Understanding these differences allows us to cater treatment specifically to women in order to create positive outcomes for you and your family. This material takes a closer look at the gender gap in many common mental health disorders and explains the unique challenges women face.

We all understand that men and women are different in more ways than one. Mental illness is no exception. A man and woman who deal with the same illness may experience completely different symptoms, prevalence, and may respond differently to treatment. A few disorders with notable gender gaps include the following:

**Anxiety disorders:** The anxiety disorders are the most common mental health issues, affecting about 40 million Americans in a given year. However, women are 60 percent more likely to suffer from an anxiety disorder at some point in their lives. Anxiety disorders include generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), and social phobia (or social anxiety disorder).

**Depression:** Depression is one of the most prevalent medical illnesses, affecting 1 in 10 adults in the U.S. Women experience depression at roughly twice the rate of men. One in eight women can expect to develop clinical depression during her lifetime. There are also specific types of depression unique to women, including depression associated with pregnancy or childbirth. Women also attempt suicide twice as often as men, but men have a higher rate of death from suicide.

**Attention deficit hyperactivity disorder (ADHD, ADD):** This well-known disorder affects children and adults of both sexes. However, boys are 4 times as likely to be diagnosed with ADHD as girls are. The reason for this large gap is unknown, although current research is focusing on what makes men and boys more susceptible. The disorder comes in a few different forms, and leads to some combination of difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity.

**Bipolar disorder:** Bipolar disorder, or manic-depressive illness, is characterized by extreme mood swings that interfere with normal life. Bipolar disorder tends to affect men and women equally, however there is one severe form of the illness, called rapid-cycling bipolar disorder, which is more common in women. Rapid-cycling bipolar is diagnosed when a patient experiences more than 4 major episodes (such as a major depression or its opposite, mania) in a single year.

Treatment decisions for bipolar disorder may be different for women. Valproic acid is the medication most often used to treat bipolar symptoms, but it carries increased health risks for women (especially young women). Because Valporic acid can raise testosterone levels in female patients, it may lead to unwanted and potentially harmful side effects. Girls and women taking Valproic acid for bipolar symptoms will be closely monitored by doctors. During pregnancy, the effect of Valproic acid on testosterone levels is a big enough concern that the medication is almost never used in pregnant women. Lithium is normally used as a mood stabilizer during pregnancy, with close monitoring by doctors.
Borderline personality disorder: Borderline personality disorder, or BPD, is a serious illness characterized by the inability to control emotions and thoughts, impulsive or reckless behavior, and unstable personal relationships. While this disorder affects both men and women, there are significant differences in the symptoms and circumstances between men and women. Specifically, men with BPD are more likely to suffer from substance abuse or antisocial personality disorder, while women with BPD are more likely to suffer from depression, anxiety disorders, or eating disorders.

Eating disorders: Mental health professionals recognize two main types of eating disorder: anorexia nervosa (thinness, undereating) and bulimia nervosa (binge eating followed by compensatory purging behavior such as vomiting or laxative use). These eating disorders are three times more common in women than in men. For eating disorders not otherwise specified, doctors use the term EDNOS to diagnose eating disorders that do not fit in the two main types such as binge-eating disorder (binge-eating without the purging). It is important to note that the disease is very similar in men and women; for example, anorexia in men is usually associated with distorted body image perception.

Schizophrenia: This disease affects a little more than 1 percent of the adult population and almost always begins in late teens and early twenties. The main difference between men and women is the age of onset. In women, schizophrenia symptoms typically begin in the 20s or early 30s. By contrast, in men, schizophrenia symptoms typically start earlier, in the teens or 20s. Schizophrenia is a brain disease that can affect thinking (cognition), emotions, perceptions, and other aspects of behavior. Patients who suffer from this serious illness often experience delusions and hallucinations.

Women Specific Mental Health Disorders:

Because of the unique characteristics and hormone changes women experience during their reproductive years, some women may be susceptible to specific mental health disorders triggered by hormonal changes. These disorders can significantly disrupt your quality of life, your children and your families. Through understanding and improving mental health issues related specifically to women, we are able to diagnose and treat psychiatric disorders to keep you feeling your best.

Postpartum Depression: This is a form of depression specifically associated with childbirth and the early weeks and months of motherhood. Postpartum depression is essentially the same as general depression, but is common among women who are especially vulnerable to significant risk factors after childbirth.

Risk Factors: New mothers are particularly susceptible to Postpartum Depression because of the internal hormonal changes that accompany pregnancy, birth, and lactation. The addition of physical and emotional stress and exhaustion that accompany the early stages of child rearing only add to the probability. Women who have previously dealt with depression are more likely to experience postpartum depression.

Prevalence: According to the Center for Disease Control, Postpartum affects between 10 and 15 percent of all new mothers.

Importance of Treatment: Postpartum Depression can be a potentially serious illness, and can be harmful and disruptive if left untreated. While it is normal to have ups and downs, or to occasionally experience “baby blues,” persistent hopelessness or debilitating sadness is not normal. When these effects interfere with your normal life it is a sign of Postpartum Depression and you should seek professional care immediately.
Treatment: Treatment of Postpartum Depression will use a combination of therapy (group and/or individual) and/or medication. These strategies are similar to those used to treat other forms of depression but specific medications are selected that do not pose harm to breastfeeding mothers.

This disease is similar to “typical” disease depression, except that it occurs specifically in pregnant women.

Prevalence: According to The American Congress of Obstetricians and Gynaecologists (ACOG), between 14-23 percent of women will struggle with some symptoms of depression in pregnancy.

Importance of Treatment: The mental health of expectant mothers is crucially important to the overall health of mother and baby. Feelings of stress, exhaustion, and occasional sadness may be normal, but when these thoughts and feelings interfere with regular activities, it is important to seek the help of a professional.

Treatment: The key issue in the treatment of depression in pregnancy is the careful choice of medication (if necessary). Some medications are thought to be safer than others for use during pregnancy, based on known effects on fetal development and the potential for withdrawal symptoms in the baby after birth.

Risk Factors: The unique risk factors associated with antepartum depression are specifically to pregnancy such as hormonal changes, emotional and physical stress, and exhaustion.

This illness combines depression, anxiety, irritability, and significant mood swings specifically during the week before menstruation. These symptoms are not typical PMS symptoms. Women who suffer from PMDD experience severe episodes which interfere with normal daily functioning. These women do not usually exhibit different or abnormally high hormonal changes; instead, they have an exaggerated response to normal hormonal changes which occur during a menstrual cycle.

Prevalence: The criteria for being diagnosed with PMDD are fairly strict. According to the U.S. National Library of Medicine, between three to eight percent of women of reproductive age are diagnosed with PMDD.

Importance of Treatment: PMDD is much more serious than being slightly more irritable or grouchy during your period. The combination of depression, anxiety, irritability, and significant mood swings can affect your daily function every month. This is much more severe than typical PMS and should be treated by a professional.

Treatment: Treatment of PMDD is similar to treatment of other mental illness and generally includes a combination of therapy and/or medication.

Risk Factors: The relationship between the reaction to hormonal changes and the brain chemistry changes that lead to PMDD are under investigation, but it does appear that women with a history of depression or mood disorders are often more sensitive to hormonal changes accompanying menstruation.
Menopause is an interesting life transition that involves hormonal changes which can alter a woman's susceptibility to brain disorders. Most notably, some women become susceptible to depression during menopause, including women who have not previously been affected by the disease. Fortunately, many mental illnesses, including depression, become less common after menopause.

REFERENCES:


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