



Mental Illness and Menopause: A Patient and Family Perspective

Martha Sajatovic, MD, Miriam B. Rosenthal, MD, Miriam Solomon Plax, MA,
Mindy L. Meyer, BA, and C. Raymond Bingham, PhD

This section of the Journal called "Brief Reports" contains short, preliminary investigations intended principally to establish ownership of ideas or hypotheses that have not yet been fully investigated or documented by data as valid. A "brief report" may also report pilot data that are particularly provocative or interesting.

BACKGROUND: Menopause is a significant biological event in the life of every woman, including women with mental disorders. This brief report describes the results of a survey of 39 patients with mental illness and their family members regarding perceived effects of menopause on mental illness.

METHODS: The survey was distributed to participants attending a National Alliance for the Mentally Ill educational presentation on menopause and mental health.

RESULTS: Most participants (15/39; 38.5%) had depression or had a family member with depression. Groups with other mental disorders were less represented, with 8/39 (20.5%) having schizophrenia, 6/39 (15.4%) having bipolar illness, and 10/39 (25.6%) having other disorders such as anxiety disorders or personality disorders. The mean age of the individuals/family members with mental illness was 51.2 years. Most participants (21/39; 53.8%) felt that menopause might be affecting their emotional symptoms or those of their family members, while 11/39 (28.2%) felt that their illness or their family member's illness was worse because of menopause or approaching menopause. There was a trend for perception of menopause affecting mental illness to be stronger among individuals with bipolar illness and depression, as compared to individuals with schizophrenia and other disorders ($P = .052$).

CONCLUSIONS: Menopause is a significant life event among women with mental illness. Nearly 30% of individuals affected by mental illness perceive menopause to worsen symptoms of mental illness.

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Dr. Sajatovic is Associate Professor of Psychiatry, Case Western Reserve University School of Medicine, and University Hospitals of Cleveland, OH. Dr. Rosenthal is Associate Professor of Psychiatry and Reproductive Biology, Case Western Reserve University School of Medicine, and Departments of Behavioral Medicine and Obstetrics/Gynecology, MacDonald Women's Hospital, Cleveland, OH. Ms. Solomon Plax is Executive Director, and Ms. Meyer is Education and Support Coordinator, NAMI-Metro Cleveland, OH. Dr. Bingham is Assistant Research Scientist, University of Michigan, Department of Psychiatry, and Serious Mental Illness Treatment Research and Evaluation Center, Department of Veterans Affairs, Ann Arbor, MI. Address for correspondence: Martha Sajatovic, MD, University Hospitals of Cleveland, Department of Psychiatry, 11100 Euclid Ave, Cleveland, OH 44106-5000. E-mail: martha.sajatovic@uhhs.com.

Over the last several decades there has been an ongoing debate among researchers about the effects of perimenopause/menopause on psychiatric symptoms of women with mental illness.¹⁻³ Investigators continue to add new data to this debate, motivated by the knowledge that issues of menopause are increasingly clinically relevant in a population with a growing proportion of older adults.

The attitudes and perceptions of perimenopause/menopause among individuals with mental illness have not been well studied, although one might expect that expectations and perceptions of changes related to menopause would be important in outcomes of underlying

Table I
Menopause and Mental Health: Patient/Family Member Survey

Please check off the best response to the following questions:

1. I have a female family member who has/had a mental illness: yes ___ no ___
2. I am a woman who has/had a mental illness: yes ___ no ___

If you answered "Yes" to either of the above questions, please answer questions 3-7.

3. I have/my family member has:
- | | | |
|-------------------------------------|--|-------|
| Schizophrenia | | _____ |
| Bipolar (manic-depressive) disorder | | _____ |
| Depression | | _____ |
| Other emotional illness | | _____ |
4. Age of family member/self with illness _____
5. If the person with mental illness is a family member, that family member's relationship to me is:
- | | | |
|----------|--|-------|
| Mother | | _____ |
| Daughter | | _____ |
| Sibling | | _____ |
| Other | | _____ |
6. I feel that my/my family member's symptoms may be affected by menopause or approaching menopause.
- | | | |
|-------------------|--|-------|
| Strongly agree | | _____ |
| Agree | | _____ |
| Neutral/not sure | | _____ |
| Disagree | | _____ |
| Strongly disagree | | _____ |
7. Menopause/approaching menopause has made my/my family member's symptoms worse.
- | | | |
|-------------------|--|-------|
| Strongly agree | | _____ |
| Agree | | _____ |
| Neutral/not sure | | _____ |
| Disagree | | _____ |
| Strongly disagree | | _____ |

Thank you for completing this survey.

mental illness. The goal of this study was to evaluate the expectations and perceptions of perimenopause/menopause on symptoms of individuals with mental illness from the perspective of the mental health services patient or family member of the mental health services patient.

METHODS

A checklist-type questionnaire was distributed to participants attending a National Alliance for the Mentally Ill (NAMI) educational presentation on menopause and men-

tal health (Table I). The surveys were all completed and collected prior to the start of the meeting presentations. Respondents were asked to identify themselves on the questionnaire as either a: (1) provider of mental health services; (2) consumer of mental health services; or (3) family member of a consumer of mental health services. When applicable, individuals also provided a self-reported psychiatric diagnostic category. Descriptive analysis was done using the group as a whole, and then among the following four major diagnostic groups: individuals with (1) schizo-



phrenia; (2) bipolar disorder; (3) depression; and (4) an "other" category. Chi-square analyses were used to compare differences between groups.

RESULTS

There were 72 completed questionnaires, 33 of which were from mental health providers. For this study, expectations/perceptions of effects of menopause on mental illness were only analyzed for patients and their family members. There were 39 individuals who were women with mental illness, or who have a woman family member with mental illness. Among participants, 12/39 (30.8%) had mental illness themselves, 15/39 (38.4%) had a family member with mental illness, and 12/39 (30.8%) were both themselves ill and had a mentally ill family member. The largest proportion of survey participants had depression or had a family member with depression 15/39 (38.5%). Groups with other mental disorders were less represented, with 8/39 (20.5%) having schizophrenia or a family member with schizophrenia, 6/39 (15.4%) having bipolar disorder or a family member with bipolar disorder, and 10/39 (25.6%) having other disorders such as anxiety disorders or personality disorder. The mean age of the individual/family member with mental illness was 51.2 years (standard deviation [SD] ± 11.8 years; median age, 50 years).

Most participants (21/39; 53.8%) felt that menopause may be affecting their emotional symptoms or those of their family members, while 11/39 (28.2%) felt that their illness or their family member's illness was worse because

of menopause or approaching menopause. When expectations for effects of menopause were compared between patients/family members across diagnostic groups, there was a trend for perception that menopause may affect mental illness as being somewhat stronger among those with bipolar disorder and depression, as compared to schizophrenia and other disorders ($\chi^2 = 12.5; P = .052$). Perceptions of diagnostic groups are shown in Table II. Participants with depression or bipolar disorder are four times more likely to perceive worsened emotional symptoms with menopause than they are to feel that the effects

Table II
Perceptions Among Mental Health Service Patients/Family Members That Menopause May Be Affecting Symptoms of Mental Illness

Diagnostic Category	Perceive Effect of Menopause on Mental Illness	Neutral	Do Not Perceive Effect of Menopause
Bipolar disorder	6/6 (100%)*	0/6 (0%)	0/6 (0%)
Depression	10/15 (67%)*	5/15 (33%)	0/15 (0%)
Schizophrenia	4/8 (50%)	2/8 (25%)	2/8 (25%)
Other	3/10 (30%)	6/10 (60%)	1/10 (10%)

**There was a trend for individuals in Bipolar and Depression categories to perceive effect of menopause on mental illness more than individuals in Schizophrenia and Other categories ($\chi^2 = 12.5, P = .052$).*

of menopause are neutral or have no effect. Participants reporting on the effects of menopause on schizophrenia are twice as likely to perceive a worsening of symptoms with menopause than to feel that the effects are neutral or that there is no effect. There was no statistically significant difference between diagnostic groups in perception that menopause caused actual worsening of symptoms of mental disorders.

DISCUSSION

This exploratory study is limited by its small size and lack of control comparison group. However, given the extreme paucity of available information in this area, the results are worth reporting. The findings support the notion that



menopause is a significant life event among women with serious mental illness. While most women with mental illness, or individuals with female mentally ill family members, feel that menopause may affect emotional health, a sizable proportion (28.2%) of these individuals perceive menopause to have an effect of worsening symptoms of mental illness.

Estrogen appears to have an effect on brain function,^{4,5} and there is a body of literature on depression and menopause that debates the issue of whether or not menopause-related ovarian decline is associated with exacerbation of already existing depression or precipitation of new depressive episodes.⁶ Among women with schizophrenia, the literature suggests that menopause may be associated with symptom worsening, greater mental health resource use, and greater vulnerability for psychosis.^{1,2,7} Estrogen has been hypothesized to have an antidopaminergic effect.¹ Decreased estrogen production during menopause may lead to more symptoms of psychosis, and greater utilization of antipsychotic drugs, although this is somewhat controversial.^{1,2} As evidence for greater vulnerability to psychosis, it has been reported that late-onset schizophrenias are more frequent and more severe in women than in men.⁸

Among women with bipolar disorder, it has been reported that almost 20% report severe emotional disturbances during the menopausal transition.⁹ Late-onset bipolar illness may be associated with major stressors and life events during menopause.¹⁰

CONCLUSION

This survey of patients' and family members' perceptions of menopause on symptoms of major mental illness suggests that menopause is important in the course of mental disorder. Larger and controlled studies are needed to further explore this issue.

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