

## **Mood disorders in the female patient.**

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Disruptive changes in mood and low energy level are among the most common reasons women consult a physician. Usually no clear physiological explanation for these changes can be found. Many physicians feel uncomfortable dealing with patients with these complaints. The purpose of this paper is to discuss a practical approach to helping women with such conditions. A variety of terms have been utilized to refer to the situation in which a female patient has decreased energy or labile mood. Premenstrual Syndrome (PMS) and chronic fatigue syndrome (CFS) are currently popular terms. An association of low mood with menstrual cycle phase is undoubted, with the late luteal-early premenstrual phase most commonly associated with depression and irritability. It seems likely that women with PMS and those without it do not differ in circulating hormone levels during their cycles but rather in the brain response to these. Estrogen and progesterone receptors exist in the brain and change during the cycle. Elaborate diagnostic efforts are rarely rewarding in managing mood and energy disorders. Of more value is a careful history particularly concerned with the pattern of mood changes and with life stresses, accompanied by a thorough physical examination and laboratory tests. In most cases, changes in mood and energy are a variant of clinical depression. Changes in energy and sleep may be more evident than low affect. Treatment with an appropriate antidepressant, usually a selective serotonin re-uptake inhibitor (SSRI), benefits most of these patients. Allowing the patient to express concerns about stressful life situations is often of great value.

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