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A Comparative Study on Depression Which is More Common in Women than Men

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Abstract

Depression is a prevalent mental health condition, affecting genders differently, with women experiencing it at twice the rate of men. Contributing factors include genetic, biological, and environmental influences, as well as more frequent stressful life situations for women. Major depressive disorder, as defined by the DSM-IV, involves a persistently low mood or loss of interest lasting at least two weeks, along with four additional symptoms like guilt, sleep issues, and concentration difficulties. Women also face other mental and medical challenges that may worsen their depression.

Keywords- Depression, mental health, disorders, condition.

Introduction

Depression is a serious condition related to mental health that is quite widespread. Women are twice as prone to experiencing depression compared to men. Studies indicate that a combination of genetic, biological, and environmental elements contributes to this disparity, with women usually encountering more stressful life situations than men. According to the DSM-IV, major depressive disorder is marked by a persistently low mood or an inability to enjoy activities, lasting for at least two weeks. In addition to one of these primary symptoms, individuals must present at least four other symptoms, such as feelings of guilt, sleep disturbances, and difficulty focusing.

Definition

Depression includes a depressed mood, loss of interest in enjoyable activities, feelings of guilt and low self-worth, sleep disturbances, problems with concentration, thoughts of suicide, and changes in physical activity levels.

Prevalence

- Depression ranks as one of the most common mental disorders, affecting around 15% of the global population.
- The occurrence of depression is twice as prevalent among women, with lifetime rates sitting at 21% for women and 12% for men.

Etiology

- The leading explanation for depression seems to involve a blend of stressful life events along with genetic predisposition.
- Women face a higher likelihood of encountering more frequent and severe stress than men, which may partly explain the higher rates of depression found in women.
- Recent studies have identified the 5-hydroxytryptamine (5-HT)TLPR gene as a specific biological factor contributing to depression after experiencing stress, although no gender differences in biological vulnerability have been observed.

Symptom presentation

- Women struggling with depression are more prone to express feelings of sadness, worthlessness, anxiety, slowness in physical responses, physical complaints, as well as increased hunger and weight gain.
- Men facing depression are more likely to show decreased appetite, weight loss, trouble sleeping, anger, irritability, and a greater tendency toward alcohol and substance misuse in comparison to women.
- Given the high incidence of depression among those with medical issues and its negative effect on health outcomes and mortality rates, it is recommended that doctors regularly screen for depression in both male and female patients dealing with various disorders.

Course

- The initial episode of depression generally happens in the mid-twenties.
- Most individuals with depression will go through about four episodes in their lifetime, with recurrences typically happening within five years of the last episode.
- Differences between genders regarding the depression course include an earlier age of onset in women, longer-lasting episodes, and a more persistent form of depression than in men.
- When depression coexists with other psychiatric or medical conditions, it is often linked to a more severe and prolonged experience of depression than in those without such comorbid conditions.

Prevalence

Major depressive disorder, often referred to as depression, is a frequently identified mental health condition. Current statistics indicate a prevalence of 15% for individuals currently affected and 23% for those who have experienced it at some point in life. Research shows that

depression has become increasingly prevalent since the mid-20th century, and the average age for first incidents is now around the mid-twenties. The high rates of depression are concerning because of their detrimental effects on both work and social interactions, alongside the correlation with additional health issues. It stands as one of the top causes of disability and illness on a global scale.

Depression impacts women at nearly double the rate of men, with lifetime statistics showing about 21% for women and 12% for men. This increased likelihood begins to rise for females starting at age 13 and continues throughout their lives. This article intends to assess the existing knowledge about why depression is more prevalent among women, as well as to investigate the differences in symptoms, disease progression, and outcomes of treatment between genders. Factors that contribute to these disparities in depression will also be examined.

Reproductive factors

Factors linked to reproduction, including the menstrual cycle, pregnancy, and menopause, may be associated with the higher incidence of depression in women. Some evidence suggests that estrogen may influence brain chemistry. The World Health Organization has highlighted that disorders occurring around childbirth and after delivery affect nearly 6% of the worldwide population. Although it is recognized that sex hormones can sway emotions and mood, a definitive biological explanation remains unidentified. There is a lack of thorough research to entirely substantiate that hormonal fluctuations cause increased depression in women, even if some do experience depressive symptoms during these hormonal changes.

Behavioral genetics

Women encounter stressful situations more frequently than men; however, experiencing these events does not always lead to depression. Many people manage stress effectively, suggesting that other factors also play a role in the heightened likelihood of depression among women. Recent research proposes that depression arises from an interplay between biological predisposition and stressful life events. Studies indicate that individuals with a significant genetic risk are more likely to develop depression following stress, whereas those with a lower genetic risk show a decreased chance.

A study conducted by Caspi and his team investigated the influence of specific genes on depression amid stressful situations. Their findings indicated that individuals possessing one or two copies of the short allele of the 5-HT gene faced a higher likelihood of developing clinical depression under stress compared to those with the long allele. The likelihood of experiencing depression rose with the number of stressful events, particularly for those who carried the short allele. These findings were later corroborated by Kendler and colleagues. The results underscore the importance of integrating both genetic and environmental factors to understand depression better.

The research by Caspi and others revealed no significant variations in genotype frequency between genders, which is consistent with earlier studies. Nonetheless, they did not explore whether men and women encounter differing rates of stressful events. Other research has shown that women tend to experience both more frequent and more severe stressful life events than men.

Depression probably arises from a mix of genetic risks and environmental influences, especially stressful experiences in life. Such events might heighten the chances of depression in females. Additionally, there are numerous other unknown environmental elements that.

Gender Variations in Symptoms

Women frequently report their feelings of depression and are more inclined to seek assistance compared to men, who typically resort to alcohol and drugs as coping mechanisms. Research indicates that the increased frequency of depression reports among women does not clarify why they encounter it more often. When it comes to treatment, both genders usually turn to medical professionals rather than mental health practitioners, even when there are no other health issues present. Given that individuals with medical problems show higher depression rates, which could result in more severe health concerns, it is recommended for healthcare providers to routinely screen for depression in their patients. Nevertheless, there is some difference of opinion regarding this suggestion.

Depression and Gender Differences

Various elements can indicate the possibility of recurring depression, including having multiple episodes, chronic mild depression (dysthymia), prolonged episodes, a family background of mood disorders, and inadequate symptom control during treatment. Approximately twelve percent of these cases may become chronic, persisting over two years. Furthermore, research implies that women might go through lengthier depressive episodes than men and may be at a higher risk for developing chronic and recurring types of the condition. Women diagnosed with chronic depression may face poorer outcomes compared to men.

They typically experience an earlier onset, more intense illness, and greater challenges in daily tasks. Women are also more susceptible to seasonal affective disorder, particularly during winter, affecting them up to four times more than men. In addition, hormonal fluctuations, especially after childbirth, may result in increased depression rates among women beyond previous records. Moreover, individuals of both genders who have both psychiatric and medical conditions usually experience limited functioning and lower recovery levels.

Having comorbid medical issues, like heart disease, diabetes, and cancer, can exacerbate depression, making it more severe and longer-lasting, along with greater chances of relapse and resistance to treatment. When substance abuse coexists with these conditions, the risk of suicide escalates. Women often contend with higher rates of anxiety and eating disorders, while men typically encounter problems with alcohol and substance misuse. Both sexes show significant levels of comorbid depression alongside medical conditions, with women usually facing a greater number of health problems.

Treatment Options

There are three main types of treatment available for depression: psychotherapy, antidepressant medications, and electroconvulsive therapy (ECT).

- Women generally show better responsiveness to specific serotonin reuptake inhibitors when compared to tricyclic antidepressants, particularly younger women experiencing reverse neurovegetative symptoms. However, there is no noted difference between the

responses of men and women to newer antidepressant medications, such as bupropion, mirtazapine, and serotonin–norepinephrine reuptake inhibitors.

- Men seem to respond similarly well to all types of antidepressant medications.
- Due to the potential health risks associated, hormone replacement therapy is not suggested for depression treatment, but should be cautiously considered for women who have shown resistance to antidepressant treatments.
- For men and women with coexisting medical conditions, it is advised to use a combination of antidepressant medication (in higher dosages than used solely for depression) and cognitive-behavioral.

Psychotherapy.

Research indicates that cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) are similarly effective for those with mild to moderate depression, outperforming other types of therapy. Their effectiveness rivals that of medications like selective serotonin reuptake inhibitors (SSRIs). Moreover, CBT has a better track record than IPT when it comes to preventing relapses, while individuals with severe depression typically require over 16 sessions of therapy. Research into psychotherapy for depression has largely concentrated on the effectiveness of these treatments, but has not sufficiently investigated the differences between genders.

Current data suggests that both men and women react similarly to Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT). However, women dealing with mild to moderate depression tend to have less favorable outcomes with CBT compared to men. More comprehensive studies are necessary to verify this. In summary, the topic of how gender affects responses to psychotherapy for depression requires further exploration.

Future perspective

Understanding why some individuals develop depression after experiencing stress, while others do not, has been a challenge for researchers. Recent findings have identified a particular gene that might influence this stress reaction. As advancements in technology continue, more genes associated with depression are likely to be uncovered. These discoveries could shed light on why women are more susceptible to depression and often experience more intense symptoms than men do.

Given the high global depression rates, routine screenings by healthcare professionals may soon be considered commonplace. Depression screening is now advised, paving the way for the development of improved screening methods. With an uptick in screenings, enhancements in depression treatments are expected. There have been proposals for strategies to address patients dealing with both depression and other health issues, but these strategies need to be customized for specific demographics.

The examination of gender differences in responses to depression treatments is still developing, yet this field is beginning to receive more focus. Greater understanding of these gender differences in therapies and medications for depression is anticipated going forward.

Conclusion

Depression represents a significant global health concern, impacting both genders but affecting women disproportionately, with prevalence rates being twice as high. This issue

generally begins around the age of 13 and persists throughout life. Factors contributing to this discrepancy include a higher frequency of stressful life experiences, a greater propensity to disclose depression symptoms, an increased likelihood of seeking help, and biases in diagnosis. Furthermore, women with depression frequently encounter additional mental health and medical challenges, which can exacerbate their condition.

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