Women’s Mental Health: An Update

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This issue highlights various clinical concerns in women's mental health. The articles encompass a broad range of topics in women's health across the life span, from obesity and psychotropic medication use during lactation in reproductive-age women to the comorbidity of depression and cardiovascular disease and management of sexual dysfunction in older women.

Almost 50% of American women are obese. Obesity has detrimental effects on fertility as well as pregnancy outcomes. Psychiatric disorders, such as eating disorders and mood disorders, often have effects on weight, including weight gain and nutritional status during pregnancy and postpartum weight retention. Kelly C. Allison, PhD, and colleagues review the relationship between obesity, psychopathology, and reproductive functioning—including fertility, pregnancy, and the postpartum period—as well as psychological aspects of polycystic ovarian syndrome.

Clinicians are often asked to assist postpartum women with decisions regarding the use of psychotropic medications while breastfeeding. The United States Food and Drug Administration is proposing changes to the pregnancy and lactation subsections of medication labeling that will eliminate the five pregnancy categories (A, B, C, D, and X) and replace them with a summary of the risks in pregnancy and lactation and a discussion of the data to support those risks. Madeleine A. Becker, MD, and colleagues provide a review of postpartum psychiatric conditions and summarize the existing safety data for the most commonly used psychotropics during lactation, including antidepressants, antipsychotics, benzodiazepines, and mood stabilizers.

Cardiovascular disease is the most common cause of death among women and represents an additional vulnerability and a compounded burden of illness for women with chronic mental illness. Valerie H. Taylor, MD, PhD, FRCPC, and Claudio N. Soares, MD, PhD, FRCPC, explore issues in the management of cardiovascular disease in women with depression. They examine the increased risk for cardiovascular disease in depressed women and the potential mechanisms by which hormonal factors, obesity, metabolic syndrome, and inflammatory processes may contribute to this risk. They also discuss the negative impact of depression on both risk and long-term outcome of cardiovascular disease.

An often neglected area in the care of older women is that of sexual dysfunction, which occurs in >30% of women and can significantly impact quality of life. Kirsten M. Wilkins, MD, and Julia K. Warnock, MD, PhD, discuss the assessment and treatment of female sexual dysfunction in late life. They review the effects of aging on the normal female sexual response cycle, as well as biologic and psychosocial factors that affect female sexuality. They also provide an overview of common female sexual disorders, including hyposexual desire disorder, female sexual arousal disorder, female orgasmic disorder, and sexual pain disorders such as dyspareunia and vaginismus. They stress how important it is for clinicians to routinely ask their patients about sexual functioning and satisfaction, and note that several new medications for the treatment of sexual disorders in women are currently under investigation.

I want to express my appreciation to the authors for their contributions to this issue and for their work in expanding our knowledge of women's mental health. I hope that clinicians will find these articles useful in their practice as they evaluate and treat women patients and that they will be stimulated to develop further interest in the field.