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Depression Among Women in Medicine

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Depression has been termed "the common cold of psychiatry." Although depression rates are high in both sexes, women consistently present higher rates of depression than men, usually at a ratio of 2:1 (Weissman & Klerman, 1977). The 2:1 ratio of depressed women to men is evident both for people under treatment of depression and for large samples of nonpatients drawn randomly from the general population.[12] Suicide rates, however, are higher for men than for women. Furthermore, it has been postulated[12] that lower depression rates for men are complemented by higher rates among men of alchohol and drug abuse.

The point prevalence (defined as the proportion of the population that has a specific disorder at a specific point in time) for depression ranges from 3.7% to 4.7% in the U.S., with women's rates exceeding those of men.[1] Life time risk for developing depression ranges from 2% to 12% for men and from 5% to 26% for women.[1]

The present article has three aims: (1) to describe the criteria of depression; (2) to briefly discuss factors that could account for the sex difference in depression rates; and (3) to focus on the research on depression among women in medicine.

I. Criteria for Depression

Depression can be considered a mood, a series of symptoms, or a syndrome. The Third Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) of the American Psychiatric Association defines a major depressive disorder to consist of three criteria:

(1) A dysphoric mood or loss of interest and pleasure is present and relatively persistent.

(2) At least four of the eight symptoms of poor appetite or weight loss, insomnia or increased sleep, psychomotor agitation or retardation, loss of interest in usual activities, loss of energy or fatigue, feelings of worthlessness, diminished concentration, and suicidal ideation, are present every day for at least two weeks.

(3) There is no evidence of mania, psychosis, organic mental disorder, or normal bereavement.

Thus, a major depression is a separate entity from the down, "blue," or depressed feeling that most people experience as the result of common stresses of living. A clinical depression is more severe and incapacitating than a temporary sad mood.

II. Possible Contributing Factors

The higher rates of depression among women are not simply the result of women's greater willingness to seek treatment and thus to be counted as a depression "statistic," since depressed women also outnumber depressed men in community surveys, where most persons are not receiving treatment.[12] Consequently, there has been much speculation about biological factors that could account for the sex difference in depression rates. In the most complete review to date, Weissman and Klerman (1977)[12] have summarized the evidence for possible genetic transmission and for female endocrine physiological processes. The evidence they cite concerning the relationship between depression and genetic factors is inconsistent: there is good evidence for a genetic factor in depression, but studies on x-linkage are conflicting. There is very good evidence that depression increases during the postpartum period. The evidence for premenstrual tension and for depression as the result of oral contraceptives is inconsistent. Finally, there is very good evidence that menopause does not result in higher rates of depression. Thus, further research is needed to clarify the influence of biological factors in depression.

Several environmental factors have been postulated to account for the high rates of depression among women. First, women's roles may be more restricted than men's and allow for less financial, social, or occupational gratification. Secondly, women may be

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socialized to be unassertive, dependent, and passive, all of which lead to depression rather than action under stress. Thirdly, as the media increasingly present exceptional women who have "made it" in high-level careers, many women may feel depressed with their own inability to meet these rising expectations. Finally, women may be taught to be helpless and to experience a lack of control over their environment, so that the perception of no relationship between their efforts and any significant results would lead to depression.

The environmental model would lead one to postulate that women who are housewives would have greater rates of depression compared with employed women. Research does indeed indicate that housewives experience more marital friction and are less satisfied with their work than employed married women.[9, 3] Conversely, employment generally has a protective effect for depression; employed women have lower depression rates.

III. Women in Medicine

Although employment outside the home is protective in reducing the risk for depression, the rates of depression are high among the most educated professionals - physicians. This is true for both male and female physicians. Recent evidence indicates that physicians in general have high depression rates, high divorce rates, [10] and high rates of suicide. [11] As a result, a Task Force of the American Psychiatric Association is currently investigating factors such as depression and alchoholism among physicians. Thus, even this group of successful professionals is not immune from depression. The female M.D. shows the same disproportionate rate of depression as compared with her male counterpart.

A research team in St. Louis, Missouri,[13] investigated psychiatric illness among women physicians and women Ph.D.'s in the community. Their results show that 51% of women physicians and 32% of women Ph.D.'s were clinically depressed. Not only were there more depressed women physicians than women Ph.D.'s, but the M.D.'s were more severely depressed and had had more depressive episodes. Furthermore, 73% of the depressed physicians were psychiatrists. The majority of women reported prejudice in their training or employment defined as " . . . her income was lower than her male counterpart's or that she was strongly discouraged or prohibited from pursuing her career." Sixty-seven percent of depressed women M.D.'s and 70% of depressed women Ph.D.'s reported prejudice; the figures for nondepressed M.D.'s and Ph.D.'s were 50% and 48%, respectively. Thus, prejudice was reported significantly more often by the depressed women, although the authors did not ask whether prejudice was associated with depression. Finally, career disruption was higher both in depressed women and in nondepressed women with children.

In a separate study, Pitts, Schuller, Rich, and Pitts (1979)[8] examined the American Medical Association records of deaths of physicians. They found the suicide rate for women M.D.'s to be 6.56%, higher than that of male M.D.'s and four times higher than the suicide rate for white American females of the same age. Similarly, Steppacher and Mausner (1974)[11] analyzed the obituary listings of *The Journal of the American Medical Association* for suicides. Their results indicate that the suicide rate for male physicians was nearly identical (1.15 times) to the general male population; the suicide rate for female physicians was three times the corresponding rate for women in the general population. Although additional research needs to corroborate these findings, it seems that physicians of both sexes are at increased risk for suicide.

Almost no research has focused on the components of women's experiences as physicians that could account for the high rates of depression. Both Welner et al (1979)[13] and Nadelson and Notman (1972)[4] attribute prejudice and hostility directed against women physicians as antecedants of depression. Thus, whereas society in general has high regard for women physicians, their esteem among colleagues is less high and may lead to experiences of stress and depression.

Women medical students continue to assume primary responsibility for care of children compared with male medical students.[5] Research has shown that the presence of young children is a risk factor for depression.[7]

Women physicians have a higher divorce rate than male physicians.[10] Studies on the relationship between depression rates and marital status indicate that depression rates are highest for separated and divorced women.

Thus, preliminary results indicate that depression and suicide are elevated among physicians in general and female physicians in particular. Further studies will need to focus specifically on such possible contributing factors as family background, biological precipitants, and work environment of physicians.

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