

#### **Joint Event on**

International Conference on

# **NEUROSCIENCE AND NEUROLOGICAL DISORDERS**

International Conference on

## **PSYCHIATRY AND PSYCHOLOGICAL DISORDERS**

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#### **Biography**

Amarnath Mallik is a Consultant Psychiatrist and he completed his practice from institutes like Kothari Medical Centre, Kolkata, Woodlands Hospital, Kolkata and Belle Vue Nursing home Mumbai, India. He is a Specialist in the field of Psychiatry and his expertise lies in the field of Neuropsychiatry.

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#### **DEPRESSION IN WOMEN**

epression is common among women and likely due to certain biological, hormonal and social factors that are unique to women. Women are at higher risk than men of developing depression particularly during the reproductive years. The burden of depression is 50% higher for females than males. Mood changes in women may be due to life events (divorce, death) or may be due to hormones (pregnancy, menstrual cycle). MDD is the fourth common cause of disability in female in all age groups. Life time prevalence is 10%-25% and more common among married women. Late life depression is also common in the elderly women. Dysthymia (Persistent Depressive Disorder) is common in women. Bipolar disorder occurs with similar frequency in men and women but Bipolar II significantly more common in female. Research suggests that in women, hormones play a role in the development and severity of bipolar disorder. Mixed mania and rapid cycling is more common in bipolar women. Post-partum period is associated with high risk of onset and relapse of BD. Premenstrual dysphoria is a heritable disorder. Genes related to estrogen and serotonins are believed to be of primary importance in PMDD. In studies it has been seen that centrally active progesterone metabolite allopregnanolone has potential role in the pathogenesis of PMDD. Mood and anxiety disorders are prevalent during pregnancy. Prenatal depression and Prenatal Bipolar Disorders are common, and risk of recurrence of mania or depression needs proper management. During the post-partum period about 85% of women experience some mood disturbance and 10% to 15% of women experience clinically significant symptoms. Post-partum depressions are of three categories: Postpartum Blues, Non-psychotic major depression and Puerperal Psychosis. Post-menopausal depression is also common and due to declining levels of estrogen and progesterone. In PMD, vasomotor symptoms may be related to the dysregulation of thermoregulatory center, associated with fluctuations in estrogen levels and increased noradrenergic tone in hypothalamus. Management of Depression in women is very important. Psychotherapy, Cognitive Behavior Therapy plays a useful role. Different antidepressant drugs are used considering safety, efficacy and tolerability. Mood stabilizers are used for Bipolar Disorders, ECT is also used. Prevention of suicide needs special attention.