



were without hot flushes and night sweats. Also Soares [6], in several studies has reported the beneficial effects of 100 mcg transdermal estrogens on peri-menopausal depression regardless of the precise DSM IV diagnosis.

Transdermal estrogens in a dose of 200 mcg twice weekly have been shown to be more effective than placebo in post-natal depression [7]. It is incomprehensible that this study of 1996 has not been repeated. Either it was perfect and didn't need confirmation, or psychiatrists who deal with post-natal depression prefer their own Mother and Baby Units, psychoanalysis or anti-depressant therapy rather than consider the logical causative factor of decreasing estrogens. The hormonal aetiology of post-natal depression has been supported by an experiment by Bloch et al. [8] who created a pseudo-pregnancy by hormonal manipulation in women with and without a history of post-natal depression. 5 out of 8 of those women with a history of post-natal depression developed depression when estrogens were withdrawn, compared with no patients who did not have a history of post-natal depression.

The common condition of premenstrual syndrome (PMDD), with its psychiatric problems of depression, irritability and irrational behaviour, together with the somatic symptoms of mastalgia and bloating are clearly related to undetermined hormonal changes which follow ovulation. It follows that the essential tenant of treatment is to suppress ovulation and the cyclical hormonal changes responsible for the cyclical symptoms of PMDD. This can be done by GnRH analogues [9] creating a temporary medical menopause or by transdermal estrogens in a dose of 200 mcg twice-weekly has been shown in a cross-over trial to improve every cluster of Moos symptoms against placebo [10]. This treatment is as effective as it is logical, but not used by psychiatrists. This treatment, based upon suppression of ovulation and cyclical symptoms, is safe, simple and successful. It would be, in the view of many gynaecologists, first choice therapy if one was looking for a pharmacological treatment. Once again, this Lancet study has not been repeated. Is it perfection or fear of the findings?

Most "menopausologists" see many women with recurrent, cyclical or climacteric depression who have been on the full gamut of psychiatric interventions, when estrogen therapy would have been a more logical and more effective therapy. These women are still having electro-convulsive therapy, the majority are having SSRI medication with its unfortunate effect upon weight and libido.

It is true that the beneficial effects of estradiol on depression is not universally accepted and advisory bodies will state that estrogens are useful for depressed mood, but not depression [11]. Indeed, it will be difficult for a gynaecologist to claim to make a

precise diagnosis of depression in scientific papers, and it is for this reason that all of the studies referenced above included psychiatrists, expert in their field, to assess the clinical condition and response. But still there remains doubt in the minds of many practitioners or advisory bodies as to whether estrogens are effective for depression.

It would seem appropriate to clarify this by further studies of estrogen, preferably by the transdermal route, in the common problems of premenstrual depression and peri-menopausal depression. Although such studies are desperately required, it is virtually impossible to obtain funding for such an important study. On a personal level, I have requested help from pharmaceutical companies, even offering to complete the study without any cost to the companies. Placebo patches were all that was required. These, incomprehensibly, were not available. Of course, such non-availability is nonsense but on a commercial level there is no reason why a company selling profitable anti-depressants would wish to create competition from small-profit out-of-patent estradiol patches.

In the meantime, women suffer from inappropriate therapy for their depression which is as misguided as a surgical treatment of the 19th century [12].

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