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Depression Often Associated With Early Menopause: Why Some Women Are at Greater Risk

New study suggests that risk factors include younger age at diagnosis, severity of menopause symptoms, lack of emotional support, and fertility-related grief; surprisingly, hormone therapy not a factor

CLEVELAND, Ohio (July 16, 2025)—Premature menopause has been described as a life-changing diagnosis with profound physical, psychological, and social consequences. Affected women not only experience the effects of estrogen deficiency, but they also experience the unanticipated loss of reproductive function. However, some women are more adversely affected by these changes than others. A new study helps explore reasons for these differences. Results are published online today in *Menopause*, the journal of The Menopause Society.

Premature menopause, medically known as premature or primary ovarian insufficiency (POI), is a condition in which the ovaries cease to function normally before the age of 40. It has been linked to an elevated lifetime risk for depression and anxiety. A recent meta-analysis revealed an odds ratio of 3.3 for depression and 4.9 for anxiety in women with POI compared with those without the condition. The increased risk is understandable given the combined experience of infertility and the additional burdens resulting from estrogen deficiency, such as hot flashes, vaginal dryness, reduced bone mineral density, and an increased risk of cardiovascular disease, among others. For some women, infertility means altered life goals, loss of sense of control, social stigma, and disrupted social roles.

However, not all women experience depression or the same level of depression when presented with the same diagnosis. In this new study, researchers gathered data from nearly 350 women with POI to try to identify the specific variables that contribute to the likelihood of depressive symptoms. Their first observation was the high prevalence of depression among participants. Nearly one-third (29.9%) of the women with POI suffered from depressive symptoms.

The researchers additionally found that a younger age at POI diagnosis, severe menopause symptoms, fertility-related grief, and lack of emotional support were risk factors. No significant difference was found in depressive symptoms between women using estrogen plus progestogen therapy and those not using hormone therapy, underscoring the role of psychosocial factors. Interestingly, a genetic cause for POI was associated with lower depressive symptoms. Another unexpected result was that, even though a higher burden of menopause symptoms was independently associated with depressive symptoms, hot flashes (specifically night sweats) were not.

This is the first known large-scale study to investigate specific variables that are associated with depressive symptoms in women with POI. The researchers believe its results highlight the importance of comprehensive care addressing both physical and psychological aspects of menopause at an early age.

Survey results are published in the article "Depressive symptoms in women with premature ovarian insufficiency (POI): a cross-sectional observational study."

"The high prevalence of depressive symptoms in those with POI highlights the importance of routine screening in this vulnerable population. Although hormone therapy is recognized as the standard of care for those with POI for management of some menopause-related symptoms and preventive care, it is not first-line treatment for mood disorders. This was evident in this study in which there was no difference in depressive symptoms between those using hormones and those not using hormone therapy. Addressing behavioral-health concerns with evidence-based interventions should be part of any comprehensive POI care plan," says Dr. Monica Christmas, associate medical director for The Menopause Society.

For more information about menopause and healthy aging, visit www.menopause.org.

The Menopause Society is dedicated to empowering healthcare professionals and providing them with the tools and resources to improve the health of women during the menopause transition and beyond. As the leading authority on menopause since 1989, the nonprofit, multidisciplinary organization serves as the independent, evidence-based resource for healthcare professionals, researchers, the media, and the public and leads the conversation about improving women's health and healthcare experiences. To learn more, visit menopause.org.