Women undergo developmental and cyclic changes in hormonal exposures that affect brain function and mental health. Some women are more vulnerable to the effects of these hormonal exposures, for reasons that remain to be determined. Evidence to date indicates that anxiety and mood disorders are the most sensitive to hormonal fluctuations in women but there is also growing evidence for a protective effect of female reproductive hormones on schizophrenia. The hormonal exposures of the menstrual cycle, pregnancy, the postpartum period, lactation, and menopause are quite different and may be associated with at least partially distinct symptom profiles.

Premenstrual dysphoric disorder (PMDD) comprises emotional and physical symptoms and functional impairment that lie on the severe end of the continuum of premenstrual symptoms. Women with PMDD have a differential response to normal hormonal fluctuations. This susceptibility may involve the serotonin system, altered sensitivity of the GABAA receptor to the neurosteroid allopregnanalone, and altered brain circuitry involving emotional and cognitive functions. Serotonin reuptake inhibitors are considered the first-line treatment. Second-line treatments include oral contraceptives containing drospirenone, other ovulation suppression methods, calcium, chasteberry, and cognitive-behavioral therapy.

The use of psychotropic drugs during pregnancy and breastfeeding remains a controversial topic. There are several reasons for the controversy, ranging from the misperception that pregnancy is protective against mental illness, to the notion that women should be “pure” during pregnancy and avoid all extraneous substance use, and finally, to the stigma and misunderstanding of psychiatric illness and underestimation of how serious it can be. Fortunately, the currently available data are reassuring for most psychiatric medications—properly controlled studies indicate little to no risk for most (but not all) psychiatric medications.
Depression and Menopause: An Update on Current Knowledge and Clinical Management for this Critical Window

Claudio N. Soares

Windows of vulnerability for depression have been associated with increased sensitivity to hormonal changes experienced by some women during the luteal phase, postpartum, and/or menopause. Increased awareness has resulted in greater adoption of screening tools for mood and behavioral changes and tailored therapies. This article discusses study results and controversies surrounding therapies uniquely designed for menopause-related depression.

Update on Binge Eating Disorder

Anna I. Guerdjikova, Nicole Mori, Leah S. Casuto, and Susan L. McElroy

Binge eating disorder (BED) is the most common eating disorder and an important public health problem. Lifetime prevalence of BED in the United States is 2.6%. In contrast to other eating disorders, the female to male ratio in BED is more balanced. BED co-occurs with a plethora of psychiatric disorders, most commonly mood and anxiety disorders. BED is also associated with obesity and its numerous complications. Although BED is similar in men and women in presentation and treatment outcomes, there are some key neurobiological differences that should be taken in consideration when personalizing treatment.

Female Sexual Dysfunction

Anita H. Clayton and Elia Margarita Valladares Juarez

Female sexual dysfunction can drastically diminish quality of life for many women. It is estimated that in the United States 40% of women have sexual complaints. These conditions are frequently underdiagnosed and undertreated. Terminology and classification systems of female sexual dysfunction can be confusing and complicated, which hampers the process of clinical diagnosis, making accurate diagnosis difficult. There are few treatment options available for female sexual dysfunctions, however, some interventions may be of benefit and are described. Additional treatments are in development. The development of clear clinical categories and diagnostic guidelines for female sexual dysfunction are of utmost importance and can be of great benefit for clinical and public health uses and disease-related research.

Women and Addiction: An Update

Nassima Ait-Daoud, Derek Blevins, Surbhi Khanna, Sana Sharma, Christopher P. Holstege, and Pooja Amin

Gender-related alcohol and drug abuse problems are related not only to biological differences, but also to social and environmental factors, which can influence the clinical presentation, consequences of use, and treatment approaches. Women are becoming the fastest-growing population of substance abusers in the United States. Given that women experience a more rapid progression of their addiction than men, it is important that we understand and address the differences to help develop prevention
and treatment programs that are tailored for women, incorporating trauma assessment and management, identification and intervention for medical and psychiatric comorbidities, financial independence, pregnancy, and child care.

Dementia in Women
Todd M. Derreberry and Suzanne Holroyd

Despite the progress made in the understanding of the etiology, neuropathophysiology, and treatment of different types of dementia, such disorders continue to pose huge health problems worldwide. The differential effect of the burden of disease on women is just being realized. These effects range from direct effects of the disease processes themselves, the way women experience the disease, and the caregiver burden. This article provides a brief overview of the available information on this topic.

Mental Health in Sexual Minority and Transgender Women
Julie K. Schulman and Laura Erickson-Schroth

Although sexual minority women (SMW) and transgender women have become increasingly visible in recent years and have made progress in achieving civil rights, they continue to face significant levels of discrimination, stigma, and physical violence. As a result, each group faces a wide variety of health disparities, including mental illness and substance use disorders. Overall, both SMW and transgender women experience higher rates of mood and anxiety disorders, suicidality, and substance use disorders than their heterosexual and cisgender counterparts. This article is a general introduction to these issues and concludes with recommendations for working with sexual minority and transgender women.

Update on Mental Health Aspects of Intimate Partner Violence
Donna Eileen Stewart and Simone Natalie Vigod

Intimate partner violence (IPV) is common worldwide and occurs in more than one-third of American women and psychiatric patients. As well as physical injuries, it may cause mental health sequelae, such as depression, anxiety, posttraumatic stress disorder, psychosis, inability to trust others, self-harm, and a host of psychosomatic conditions, that may be referred to psychiatrists. It is imperative that psychiatrists know the risk factors, how to assist disclosure of IPV, and how to safely respond. Psychiatrists must know the best evidence-based management of IPV and its mental health sequelae to best assist patients who have been exposed to IPV.

Update on Reproductive Rights and Women’s Mental Health
Nada Logan Stotland

Reproductive rights are essential to the recognition/treatment of women as full-fledged human beings/citizens. Barriers to reproductive rights pose a grave danger to women’s well-being. This article explores the
origins of these barriers, their nature, and their impact on mental health. The most controversial relationship is between induced abortion and mental health. Barriers, misinformation, and coercion affecting contraceptive, abortion, and pregnancy care are an ongoing danger to women’s mental health and the well-being of their families. Mental health professionals are best qualified, and have an obligation, to know the facts, apply them, and provide accurate information to protect women’s health.