

Depression, gender and level of intervention in the middle age women



**ASSIGN
BUSTER**

Introduction

Depression is common, serious and treatable which is characterized by sadness, lack of interest and pleasure in life, and other negative emotion that persist over a period of time (Melissa, 2012, p. 9). It is considered one of the leading global burdens of disease and also predicted that depression becomes one of the top three health concerns by 2020. The prevalence rates of depression in young women in Australia is three times greater than young men, which is leading cause of death for young women (Melinda L. Jackson & Ewa M. Sztendur & Neil T. Diamond & Julie E. Byles & Dorothy Bruck, 2014, p. 189). The prevalence rate of depression among mid-age women ranges from 9.2% to 24%. Middle age women are less prone to depressive symptoms than younger women and more prone than older women. However, the study shows that women of age between 45 to 49 years are found mostly admitted in hospital for a depressive disorder (Rich, J., Byrne. J., Curryer, C., Byles, J. 2013). Another research shows that the rates of depression among women ranged from 2.6% to 43.9% in Australia, which is very high prevalence rates and compare the rate is higher in younger women (Jane, Jennifer, Cassie and Julie, 2013). This paper will detail the incidence of depression in the mid-age women, focusing on the prevalence rate among men and women in Australia. It will then propose an intervention to address the depression in those group of people.

Depression in Australia

According to Ayyoub (2015), Australia is the second country consuming a high amount of antidepressant medicines in the world. The consumption

rates of medicines double from 2000 to 2011. The study shows that 89 people among every 1000 people are depressed in Australia. 45% among people of age group 16- 85 had some kind of mental disorder in Australia in 2007, whereas 23% of men age group 16-34 years and 30% women of age group 16-24 had a mental disorder in 2008 (Ayyoub, 2015). A study done by mental health services, Australia showed that 45% of Australian people experienced a common mental disorder in lifetime and anxiety is the most common disorder, where 14. 4% of adult faced anxiety disorder in Australia. Among the young group of people aged from 4-17, one in seven (13. 9%) of youngster have a mental health problem, whilst 64 thousand people aged from 18 to 24 were treated for the psychotic disorder from mental health services in 2009 (Australian Institute of health and welfare, 2018).

Depression according to gender

According to Ayyoub (2015), women are more prone to depression than men (22% and 18%). According to the Australian Bureau of Statistics, 23% of the men who fall in group 16 to 34 have some kind of mental illness, whereas 30% of women of age group 16 to 24 are depressed in Australia. Major depression is also known as clinical depression which targets twice as many women as men. For both male and female, age group from 25 to 44 have high chances of suffering from major depression, while comparatively less in age falling within the 65. The study shows that within the whole lifetime, depression will affect between 10% and 25% of women whereas, 5% and 12% of men. On the other hand, the prevalence rate of clinical depression varies from 5% to 9% in women and 2% to 3% in men (Ayyoub, 2015).

(<http://web.b.ebscohost.com.ezproxy.laureate.net/https://assignbuster.com/depression-gender-and-level-of-intervention-in-the-middle-age-women/>)

au/ehost/pdfviewer/pdfviewer? vid= 1&sid= 92753742-f4ce-454f-9bdd-18ddb9efafb8%40pdc-v-sessmgr02)

Depression among Middle Aged women in Australia

According to the research done by (Jane *et. al* , 2013), the women aged between 45 to 64 years old are known as middle age women. They concluded that middle age women are less likely to suffer from depression in compare with younger women, whereas more prone to depressive symptoms than older women. In addition, 45 to 49 years of women are found mostly admitted in hospital for depressive disorder in Australia. It is reported that the prevalence rate of depression among Australian women ranges from 4.3% to 43.9%. They found that surgical menopause women have high chances of suffering from depression. Another study done by (Margot and khan, 2014) also concluded that menopause is one of the risk factors of depression for middle-aged women in Australia. Ayyoub (2015) estimated that between 8% and 15% women are victim of depression in menopause period. The most responsible factor for depression in middle-aged Australian women are the pre-menstrual problem, negative attitudes towards ageing, menopause, life transitions out of relationships, children leaving home, health problems (Jane *et. al* , 2013)

Intervention

Exercise plays an important role to improve mood and a sense of wellbeing. It helps to develop positive feedback and also increased self-esteem. In addition, one can remain in touch with society and facilitate the support of others through exercise. The types of exercise, its intensity and duration are <https://assignbuster.com/depression-gender-and-level-of-intervention-in-the-middle-age-women/>

the important factor to be considered (clinical practice guideline on the management of depression on adults, 2014). Regular physical exercise is beneficial to improve the quality of life. It might be a safe and effective addition to antidepressant therapy in late-life major depression. People who do regular physical exercise are motivated to achieve life goals and can control over one's personal life (Levit M *et al*, 2018).

The study done by Nabkason and his team (2005) concluded that jogging is very fruitful to improve depressive state, hormonal response to stress and physiological fitness of adolescent females with depressive symptoms. The study included 49 people of age from 18 to 20 having mild to moderate depressive symptoms. Those people involved in the physical exercise, 50 minutes session per week of a group jogging training at a mild intensity, for continuous 8 weeks. After 8 weeks session, the result showed that depressive score was significantly decreased (Nabkasorn, Miyai, sootmongkol, Junprasert, Arita and Miyashita, 2005).

Causes of depression in mid-age women

According to Jane and his team (2013), the common causes of depression in mid-age women in Australia are sole motherhood, lower socioeconomic status, and a history of childhood abuse, history of intimate partner abuse and domestic violence, psychological impacts of domestic violence or abuse can be long-lasting. Women facing any kind of abuse result to the negative impact on their life. Women who experienced surgical menopause are at higher risk of depression than the women having natural menopause. Other different factors responsible for depression on middle age women are prior

pre-menstruation problems, negative attitudes towards ageing and menopause, separation and divorce, children leaving home and onset of health problems.

According to (Rice. K, Tsianakas. V, Quin. K, 2007), Violence from male partner is one of the main cause of depression on middle age women, where the study showed 6% to 50 % of women in the world are depressed due to domestic violence. A recent research done in Australia also showed that domestic violence results in different kind of mental problems on mid-age women. Discrimination and disadvantage are also one of the causes of depression. One of the examples could be the Aboriginal women who have the cultural history of trauma and loss link to the colonization and family removal are highly prone to depression than other Australian women's.

The preventive measure of depression in middle age women Australia

There are different kind of risk factor like poverty, discrimination, social exclusion, illicit use of the drug, family history of mental illness, child maltreatment, chronic illness, being unemployed etc, which are responsible to cause depression among mid-age women. Every risk factor can increase the risk of mental disorder, whereas when many risk factors act together then the chances of occurring depression increases sharply. So, such kind of risk factor needs to be controlled to be safe from depression. Social support, personal competencies (intelligence, social skills, self-understanding), and resilience (fortitude, strength, mental fitness) can help people to protect themselves from depression and mental disorder (WHO, 2016).

Depressive symptoms on mother during the antenatal period are strongly related with postnatal depressive symptoms. So, early identification and treatment of antenatal and postnatal depressive symptoms could benefit both mother and infant mental health (Eastwood et al., 2017).

Conclusion

Different research and study show that depression among mid-age Australian women is still a serious problem. The depression level on women differs according to age, socioeconomic status, relationship status, cultural and linguistic diversity, physical inactivity, previous mental health problems, and range of age and life-stage specific correlates.

Maternal depressive symptoms in the antenatal period are strongly associated with postnatal depressive symptoms and adverse perinatal outcomes in Australian infants. Early identification of antenatal and postnatal depressive symptoms and referral for appropriate management could benefit not only the mother's mental health but also the infant's health and development. Women are more prone to depression than man. Sole motherhood, lower socioeconomic status, surgical menopause, unemployment, separation and divorce are the main cause of depression, which can be solved by regular involvement in physical exercise, involving in different social activities, self-understanding, and mental fitness and so on.

References

- Ayyoub, H. (2015). Depression in Australia. *Middle East journal of psychiatry and Alzheimers* , 6(1), pp. 15-20.

- Clinical practice guideline on the management of depression on adults (2014). Retrieved from http://www.guiasalud.es/contenidos/GPC/GPC_534_Depresion_Adulto_Avaliat_compl_en.pdf.
- Melinda L., Jackson & Ewa M., Sztendur & Neil T., Diamond & Julie E., Byles & Dorothy Bruck. (2014). Sleep difficulties and the development of depression and anxiety; a longitudinal study of young Australian women. *Women's mental health*, 17(3), pp 189-198.
- Nabksorn, C., Miyai, N., Sootmongkol, A., Junprasurt, S., Yamamoto, H., Arita, M., Miyashita, K. (2005). Effects of physical exercise on depression, neuroendocrine, stress hormones and physiological fitness in adolescent females with depressive symptoms. *European journal of public health*, 16(2), P 179-184.
- Raven, M. (2012). Depression and antidepressants in Australia beyond a critical public health analysis. Retrieved from <https://ro.uow.edu.au/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=4688&context=theses>
- Rice, K, Tsianakas, V, Quin, K, (2007). Gender impact assessment. *Women's Health Victoria*. Retrieved from https://whv.org.au/static/files/assets/19ff0774/Women_and_depression_GIA.pdf
- Rich, J., Byrne, J., Curryer, C., Byles, J. (2013). Prevalence and correlates of depression among Australian women; a systematic literature review. Retrieved from <http://web.b.ebscohost.com.ezproxy.laureate.net.au/ehost/pdfviewer/pdfviewer?vid=13&sid=f35e5ec1-e446-4ba2-be88-c9c069448723%40sessionmgr120>
- Schofield, M., Khan, A. (2014). Predators of prescribed medication use for depression, anxiety, stress, and sleep problems in mid-aged women. Retrieved from <https://assignbuster.com/depression-gender-and-level-of-intervention-in-the-middle-age-women/>

Australian women. *Social psychiatry and psychiatric epidemiology*, vol 49 (pp 1835-1847).

- *WHO (2016)*. Preventing depression in the WHO European Region . Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0003/325947/New-Preventing-depression.pdf .
- Eastwood, J., Ogbo, F., Hendry, A., Noble, J (2017). The impact of antenatal depression on perinatal outcomes in Australian Women, 12(1).