It is well-recognized that women are at increased risk of depression during the postpartum period when hormone levels are changing, but the risk of depression associated with perimenopause — the years surrounding the final menstrual period when female hormones are in flux — remains under-recognized and clinical recommendations on how to diagnose and treat this kind of depression in women have been lacking until now.

Because of that, researchers have published the first-ever guidelines for the evaluation and treatment of perimenopausal depression.

Continued on page 5
and advancing scientific discovery while providing stigma free, evidence-based care to patients with depressive and bipolar illnesses.

HISTORY AND VISION
In 2019 the University of Illinois Center on Depression & Resilience (UICDR), will mark its fifth anniversary. As the only National Network for Depression Center (NNDC) node in Chicagoland, UICDR over the past five years has expanded its vision, propelled by an innovative multidisciplinary, collaborative approach to identify and treat depression across the lifespan. This vision of pioneering approaches to overcome mental health barriers, improve and save lives, and advance science has garnered the Center national recognition.

UICDR has continued to push the edge of what is possible in service research, neuroscience, neuroimaging, digital psychiatry, neuromodulation, epigenetics, and more to find new strategies, new treatments, and novel approaches to the most vexing health issues of our time.

The past five years have yield significant advancements with PTSD, neuroimaging technology, women’s mental health and children’s mental health. These are just some of the pioneering approaches UICDR is developing to overcome mental health barriers, improve and save lives, and advance science. From technology based interventions—smart phones, websites, text messaging, tablets—that provide an alternative to the traditional clinical model to training physicians, social workers, midwives, teachers, coaches, attendees, and others to provide frontline mental health opportunities, UICDR pushes the edge of what is possible across the spectrum to improve patient care.

FUTURE AND IMPACT
Though there is no one reason for suicide, clinical depression remains the most prevalent and top risk factor for suicide. According to the CDC, suicide is the 10th leading cause of death in the U.S. and claimed more than 45,000 lives of Americans ages 10 and up in 2016. During this same time frame, in 25 states, the suicide rate rose more than 30 percent.

These numbers are a sobering reminder that we as a society have not adequately addressed the core reasons or put forth the proper solutions to confront this health crisis, and is one of the many reasons why an entity such as UICDR is necessary and plays such a vital role.

“Our continued aim is to reduce stigma, detect illness, provide care earlier, discover novel biomarkers, build resilience, reduce the risk of suicide.”
Anand Kumar, MD, Director of the UICDR

Today the UICDR includes more than 30 faculty members from multiple medical, science and research disciplines, and serves thousands of patients each year. Our multidisciplinary, collaborative approach and pioneering science accelerates research by decades potentially saving many lives, improving countless others, and reducing the overall cost of health care in the process.

Research is an important part of who we are, it’s only through research that we have the opportunity to discover new ways to identify and treat people with depression.
Dr. Mark Rasenick, Distinguished UIC Professor and Associate Director of the University of Illinois Center on Depression & Resilience (UICDR), was installed as a member of the National Academy of Science of Cuba. This prestigious award was bestowed in recognition of Dr. Rasenick’s work over more than 2 decades during which he and his Cuban colleagues have developed an expansive network of neuroscience collaboration between Cuba and the US.

At a ceremony taking place last December, Dr. Luis Velázquez, president of the Academy of Sciences of Cuba cited Dr. Rasenick for his contributions in the area of neuroscience, specifically in the field of Psychiatry, and diseases that occur around depression.

Dr. Rasenick’s innovative research focuses on the molecular processes that underlie depression and contribute to antidepressant efficacy, with particular emphasis on the role of G-proteins and membrane microdomains.

Dr. Rasenick studies how several medicines act at the neuron or glial cell and with that knowledge he has pursued the development of new drugs that modify G protein signaling for a much earlier treatment for depression. He has also harnessed these discoveries to predict antidepressant response in days rather than weeks and to create a platform promising personalized treatment for depression.

As a fellow of the American Association for the Advancement of Sciences, Dr. Rasenick has frequently visited Cuba as part of a delegation to advance scientific cooperation by Cuban and U.S. scientists. Forging more frequent and in-depth scientific dialogue, that would help to accelerate the open scientific exchange to benefit the science communities, particularly the neuroscience communities, in both nations.

With this honor Dr. Rasenick, joins elite company. The only other American biomedical scientist to have been made a member of the Academy was Nobel Prize winner, Dr. Peter Agre.
BiAffect featured in the Wall Street Journal

The Wall Street Journal published a story on BiAffect, the phone app designed to predict and monitor manic and depressive episodes. Dr. Alex Leow and Dr. Olusola Ajilore, of the UI Center on Depression and Resilience were featured in the article to discuss technology that can reliably track brain and mental health, and the role and impact digital health and artificial intelligence will play in transforming healthcare.

https://www.wsj.com/articles/can-typos-give-insight-into-your-mental-health-1539270001

Dr. Heide Klumpp featured in Science Trends

Dr. Klumpp authored the article “Attentional Control Brain-Behavioral Relationships In Anxiety And Depression”. The story explores the impact of undue interference from negative and other salient distractors on the capacity to process such information.


Dr. Olusola Ajilore interviewed by Healio

Healio, a health and education media outlet for healthcare specialists, conducted a Q&A interview with Dr. Olusola Ajilore, of the UI Center on Depression and Resilience. Dr. Ajilore discussed how smartphone technology may have the potential to provide global, cost-effective and evidence-based mental health services quickly and easily.

https://www.healio.com/psychiatry/mood-disorders/news/online/%7B9b858577-1577-4a9a-999b-05a861b15b43%7D/qa-smartphone-app-may-help-people-with-mood-disorders
treatment of perimenopausal depression, co-led by Dr. Pauline Maki, member of the UICDR and professor of psychiatry, psychology and obstetrics and gynecology at UIC and Dr. Susan Kornstein professor of psychiatry and obstetrics and gynecology at Virginia Commonwealth University. The guidelines were developed by a panel of clinicians and scientists convened by The North American Menopause Society and the National Network on Depression Centers Women and Mood Disorders Task Group.

“The reason these guidelines are needed is because depression during the perimenopause can occur along with menopausal symptoms, and these two sets of symptoms are hard to tease apart, which makes it difficult for clinicians to appropriately diagnose and treat these women,” said Dr. Maki. “Many women experience a new onset of depressive symptoms. If there is underlying low-level depression to begin with, perimenopause can increase the intensity of depressive symptoms.”

The need for expert consensus as well as clear clinical guidance regarding how to evaluate and treat depression in women during the perimenopause was long overdue.

“These new clinical recommendations address this gap and offer much-needed information and guidance to health care practitioners so that they can provide optimal care and treatment for midlife women,” said Kornstein.

The task force, co-chaired by Maki and Kornstein focused on five areas: epidemiology, clinical presentation, therapeutic effects of antidepressants, effects of hormone therapy and efficacy of other therapies such as psychotherapy, exercise and natural products.

Perimenopause refers to the three- to four-year period immediately prior to menopause when periods become irregular and eventually stop, as well as the first year after the final menstrual period. Symptoms such as hot flashes and sleep disturbances often begin at this time and can co-occur and overlap with symptoms of depression, the new guidelines state.

During perimenopause, women often juggle multiple responsibilities and face multiple stressors. They care for their own children, experience children leaving the home, help aging parents, retain primary responsibility for the home, and face increasing job demands at a time when they may be approaching the peak of their career. All of this can be extremely stressful, Dr. Maki explained.

“Relationships can be taxed and the realities of aging can become quite apparent,” she said. “Life stressors, low social support and physical health problems are strongly related to depression during perimenopause. When you add in hormonal changes that can affect the brain’s ability to cope with these stressors, it’s no surprise that depression is a common occurrence in midlife women. The good news is that there are effective treatments.”

The root causes of perimenopausal depression can be hard to identify, said Dr. Maki. Women with a history of depression have a 56% chance of recurrence during the perimenopause and it is recommended that the same treatment used to help her symptoms before menopause be used again, with antidepressants and psychotherapy as first-line agents.

Maki explains that while it is common for women with menopausal symptoms to experience depressive symptoms, most of the time those symptoms do not meet the criteria for a diagnosis of depression. But, she said, even low-level depressive symptoms can lower quality of life and strain relationships, and hormone therapy might help. Hormone therapy is especially useful for women who experience hot flashes and related sleep disturbance.

“It is important for women and their health care providers to recognize that these symptoms are common during perimenopause and can be treated,” she said.

“Perimenopause is a window of vulnerability for the development of both depressive symptoms and major depressive episodes, and reflects the seriousness of mental health issues in midlife women, a group that has shown a 45 percent increase in suicide rates over the past 15 years.”

Click here for the guidelines:
https://journals.lww.com/menopausejournal/Citation/2018/10000/Guidelines_for_the_evaluation_and_treatment_of.5.aspx

Credit: Sharon Parmet
Recent UICDR Publications


Wray NH, Schappi JM, Singh H, Senese NB, Rasenick MM. (in press) NMDAR-independent, cAMP-dependent antidepressant actions of ketamine. Mol Psychiatry. To access online: https://www.ncbi.nlm.nih.gov/pubmed/29895894