

Depression and anxiety are different conditions, but they commonly occur together. They also have similar treatments.

Feeling down or having the blues now and then is normal. And everyone feels anxious from time to time — it's a normal response to stressful situations. But severe or ongoing feelings of depression and anxiety can be a sign of an underlying mental health disorder.

Anxiety may occur as a symptom of clinical (major) depression. It's also common to have depression that's triggered by an anxiety disorder, such as generalized anxiety disorder, panic disorder or separation anxiety disorder. Many people have a diagnosis of both an anxiety disorder and clinical depression.

Symptoms of both conditions usually improve with psychological counseling (psychotherapy), medications, such as antidepressants, or both. Lifestyle changes, such as improving sleep habits, increasing social support, using stress-reduction techniques or getting regular exercise, also may help. If you have either condition, avoid alcohol, smoking and recreational drugs. They can make both conditions worse and interfere with treatment.

Male depression: Understanding the issues

Male depression is a serious medical condition, but many men try to ignore it or refuse treatment. Learn the signs and symptoms — and what to do.

[By Mayo Clinic Staff](#)

Do you feel irritable, isolated or withdrawn? Do you find yourself working all the time? Drinking too much? These unhealthy coping strategies may be clues that you have male depression.

Depression can affect men and women differently. When depression occurs in men, it may be masked by unhealthy coping behavior. For a number of reasons, male depression often goes undiagnosed and can have devastating consequences when it goes untreated. But male depression usually gets better with treatment.

Male depression signs and symptoms

Depression signs and symptoms can differ in men and women. Men also tend to use different coping skills — both healthy and unhealthy — than women do. It isn't clear why

men and women may experience depression differently. It likely involves a number of factors, including brain chemistry, hormones and life experiences.

Like women with depression, men with depression may:

- Feel sad, hopeless or empty
- Feel extremely tired
- Have difficulty sleeping or sleep too much
- Not get pleasure from activities usually enjoyed

Other behaviors in men that could be signs of depression — but not recognized as such — include:

- Escapist behavior, such as spending a lot of time at work or on sports
- Physical symptoms, such as headaches, digestive problems and pain
- Problems with alcohol or drug use
- Controlling, violent or abusive behavior
- Irritability or inappropriate anger
- Risky behavior, such as reckless driving

Because these behaviors could be signs of or might overlap with other mental health issues, or may be associated with medical conditions, professional help is the key to an accurate diagnosis and appropriate treatment.

Male depression often goes undiagnosed

Men with depression often aren't diagnosed for several reasons, including:

- **Failure to recognize depression.** You may think that feeling sad or emotional is always the main symptom of depression. But for many men, that isn't the primary symptom. For example, headaches, digestive problems, tiredness, irritability or long-term pain can sometimes indicate depression. So can feeling isolated and seeking distraction to avoid dealing with feelings or relationships.
- **Downplaying signs and symptoms.** You may not recognize how much your symptoms affect you, or you may not want to admit to yourself or to anyone else that you're depressed. But ignoring, suppressing or masking depression with unhealthy behavior will only worsen the negative emotions.
- **Reluctance to discuss depression symptoms.** You may not be open to talking about your feelings with family or friends, let alone with a doctor or mental health professional. Like many men, you may have learned to emphasize self-control. You may think it's not manly to express feelings and emotions associated with depression, and you try to suppress them.

- **Resisting mental health treatment.** Even if you suspect you have depression, you may avoid diagnosis or refuse treatment. You may avoid getting help because you're worried that the stigma of depression could damage your career or cause family and friends to lose respect for you.

Male depression and suicide

Although women attempt suicide more often than men do, men are more likely to complete suicide. That's because men:

- Use methods that are more likely to cause death, such as guns
- May act more impulsively on suicidal thoughts
- Show fewer warning signs, such as talking about suicide

If you have suicidal thoughts

If you think you may hurt yourself or attempt suicide, get help right now:

- Call 911 or your local emergency number immediately.
- Contact a suicide hotline. In the U.S., call or text 988 to reach the [988 Suicide & Crisis Lifeline](#), available 24 hours a day, seven days a week. Or use the [Lifeline Chat](#). Services are free and confidential.

If you're feeling suicidal, but you aren't immediately thinking of hurting yourself, seek help:

- Reach out to a close friend or loved one — even though it may be hard to talk about your feelings.
- Contact a minister, spiritual leader or someone in your faith community.
- Consider joining a men's health group that deals with depression.
- Call a suicide crisis center hotline.
- Make an appointment with your doctor, other primary care provider or mental health professional.

Get help when you need it

Asking for help can be hard for men. But without treatment, depression is unlikely to go away, and it may get worse. Untreated depression can make you and the people close to you miserable. It can cause problems in every aspect of your life, including your health, career, relationships and personal safety.

Depression, even if it's severe, usually improves with medications or psychological counseling (psychotherapy) or both. If you or someone close to you thinks you may be

depressed, talk to your doctor or a mental health professional. It's a sign of strength to ask for advice or seek help when you need it.

Male depression and coping skills

Treatment, including psychotherapy, with a mental health professional can help you learn healthy coping skills. These may include:

- **Goals.** Set realistic goals and prioritize tasks.
- **Support.** Seek out emotional support from a partner or family or friends. Learn strategies for making social connections so that you can get involved in social activities.
- **Coping.** Learn ways to manage stress, such as meditation and mindfulness, and develop problem-solving skills.
- **Decisions.** Delay making important decisions, such as changing jobs, until your depression symptoms improve.
- **Activities.** Engage in activities you typically enjoy, such as ball games, fishing or a hobby.
- **Health.** Try to stick to a regular schedule and make healthy lifestyle choices, including healthy eating and regular physical activity, to help promote better mental health.

Many effective treatments are available for depression. So don't try to tough out male depression on your own — the consequences could be devastating.

What does it mean to have a nervous breakdown?

Answer From [Daniel K. Hall-Flavin, M.D.](#)

The term "nervous breakdown" is used by some people to describe a stressful situation when life's demands become physically and emotionally overwhelming. It affects a person's ability to meet their own needs and do daily tasks and activities. The term was often used in the past, but mental health professionals no longer use it. Instead, you may hear the term "mental health crisis."

Nervous breakdown isn't a medical term. What some people call a nervous breakdown may indicate a mental health problem that's causing a mental health crisis and needs attention. Two examples are depression and anxiety, which can be treated by medicines, talk therapy, also called psychotherapy, or both.

Signs of a nervous breakdown vary from person to person and culture to culture. Generally, a nervous breakdown means that a person can't function as usual.

For example, a person may:

- Call in sick to work for days or longer.
- Avoid social events and miss appointments.
- Have trouble eating, sleeping or staying clean.
- Talk about feeling completely hopeless or helpless.

Other unusual or problematic behaviors may be symptoms of a nervous breakdown.

If you feel that you're having a nervous breakdown, get help. Talk to your primary care provider or seek help from a mental health professional. If you're feeling like you may take your own life, contact a suicide hotline:

Is there a link between pain and depression? Can depression cause physical pain?

Answer From [Daniel K. Hall-Flavin, M.D.](#)

Pain and depression are closely related. Depression can cause pain — and pain can cause depression. Sometimes pain and depression create a vicious cycle in which pain worsens symptoms of depression, and then the resulting depression worsens feelings of pain.

In many people, depression causes unexplained physical symptoms such as back pain or headaches. This kind of pain may be the first or the only sign of depression.

Pain and the problems it causes can wear you down over time and affect your mood. Chronic pain causes a number of problems that can lead to depression, such as trouble sleeping and stress.

Disabling pain can cause low self-esteem due to work or financial issues or the inability to participate in social activities and hobbies.

Depression doesn't just occur with pain resulting from an injury. It's also common in people who have pain linked to a health condition such as diabetes, cancer or heart disease.

To get symptoms of pain and depression under control, you may need separate treatment for each condition. However, some treatments may help with both:

- **Antidepressant medications** may relieve both pain and depression because of shared chemical messengers in the brain.
- **Talk therapy**, also called psychological counseling (psychotherapy), can be effective in treating both conditions.

- **Stress-reduction techniques**, physical activity, exercise, meditation, journaling, learning coping skills and other strategies also may help.
- **Pain rehabilitation programs**, such as the comprehensive Pain Rehabilitation Center at Mayo Clinic, typically provide a team approach to treatment, including medical and psychiatric aspects.

Treatment for co-occurring pain and depression may be most effective when it involves a combination of treatments.

If you have pain and depression, get help before your symptoms worsen. You don't have to be miserable. Getting the right treatment can help you start enjoying life again.

The birth of a baby can start a variety of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect — depression.

Most new moms experience postpartum "baby blues" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues usually begin within the first 2 to 3 days after delivery and may last for up to two weeks.

But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Sometimes it's called peripartum depression because it can start during pregnancy and continue after childbirth. Rarely, an extreme mood disorder called postpartum psychosis also may develop after childbirth.

Postpartum depression is not a character flaw or a weakness. Sometimes it's simply a complication of giving birth. If you have postpartum depression, prompt treatment can help you manage your symptoms and help you bond with your baby.

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Symptoms

Symptoms of depression after childbirth vary, and they can range from mild to severe.

Baby blues symptoms

Symptoms of baby blues — which last only a few days to a week or two after your baby is born — may include:

- Mood swings
- Anxiety
- Sadness
- Irritability
- Feeling overwhelmed
- Crying
- Reduced concentration
- Appetite problems
- Trouble sleeping

Postpartum depression symptoms

Postpartum depression may be mistaken for baby blues at first — but the symptoms are more intense and last longer. These may eventually interfere with your ability to care for your baby and handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth. But they may begin earlier — during pregnancy — or later — up to a year after birth.

Postpartum depression symptoms may include:

- Depressed mood or severe mood swings
- Crying too much
- Difficulty bonding with your baby
- Withdrawing from family and friends
- Loss of appetite or eating much more than usual
- Inability to sleep, called insomnia, or sleeping too much
- Overwhelming tiredness or loss of energy
- Less interest and pleasure in activities you used to enjoy
- Intense irritability and anger
- Fear that you're not a good mother
- Hopelessness
- Feelings of worthlessness, shame, guilt or inadequacy
- Reduced ability to think clearly, concentrate or make decisions
- Restlessness
- Severe anxiety and panic attacks
- Thoughts of harming yourself or your baby
- Recurring thoughts of death or suicide

Untreated, postpartum depression may last for many months or longer.

Postpartum psychosis

With postpartum psychosis — a rare condition that usually develops within the first week after delivery — the symptoms are severe. Symptoms may include:

- Feeling confused and lost
- Having obsessive thoughts about your baby
- Hallucinating and having delusions
- Having sleep problems
- Having too much energy and feeling upset
- Feeling paranoid
- Making attempts to harm yourself or your baby

Postpartum psychosis may lead to life-threatening thoughts or behaviors and requires immediate treatment.

Postpartum depression in the other parent

Studies show that new fathers can experience postpartum depression, too. They may feel sad, tired, overwhelmed, anxious, or have changes in their usual eating and sleeping patterns. These are the same symptoms that mothers with postpartum depression experience.

Fathers who are young, have a history of depression, experience relationship problems or are struggling financially are most at risk of postpartum depression. Postpartum depression in fathers — sometimes called paternal postpartum depression — can have the same negative effect on partner relationships and child development as postpartum depression in mothers can.

If you're a partner of a new mother and are having symptoms of depression or anxiety during your partner's pregnancy or after your child's birth, talk to your health care provider. Similar treatments and supports provided to mothers with postpartum depression can help treat postpartum depression in the other parent.

When to see a doctor

If you're feeling depressed after your baby's birth, you may be reluctant or embarrassed to admit it. But if you experience any symptoms of postpartum baby blues or postpartum depression, call your primary health care provider or your obstetrician or gynecologist and schedule an appointment. If you have symptoms that suggest you may have postpartum psychosis, get help immediately.

It's important to call your provider as soon as possible if the symptoms of depression have any of these features:

- Don't fade after two weeks.
- Are getting worse.
- Make it hard for you to care for your baby.
- Make it hard to complete everyday tasks.
- Include thoughts of harming yourself or your baby.

If you have suicidal thoughts

If at any point you have thoughts of harming yourself or your baby, immediately seek help from your partner or loved ones in taking care of your baby. Call 911 or your local emergency assistance number to get help.

Also consider these options if you're having suicidal thoughts:

- Seek help from a health care provider.
 - Call a mental health provider.
 - Contact a suicide hotline. In the U.S., call or text 988 to reach the [988 Suicide & Crisis Lifeline](#), available 24 hours a day, seven days a week. Or use the [Lifeline Chat](#). Services are free and confidential. The Suicide & Crisis Lifeline in the U.S. has a Spanish language phone line at 1-888-628-9454 (toll-free).
 - Reach out to a close friend or loved one.
 - Contact a minister, spiritual leader or someone else in your faith community.
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Causes

There is no single cause of postpartum depression, but genetics, physical changes and emotional issues may play a role.

- **Genetics.** Studies show that having a family history of postpartum depression — especially if it was major — increases the risk of experiencing postpartum depression.
- **Physical changes.** After childbirth, a dramatic drop in the hormones estrogen and progesterone in your body may contribute to postpartum depression. Other hormones produced by your thyroid gland also may drop sharply — which can leave you feeling tired, sluggish and depressed.

- **Emotional issues.** When you're sleep deprived and overwhelmed, you may have trouble handling even minor problems. You may be anxious about your ability to care for a newborn. You may feel less attractive, struggle with your sense of identity or feel that you've lost control over your life. Any of these issues can contribute to postpartum depression.
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Risk factors

Any new mom can experience postpartum depression and it can develop after the birth of any child, not just the first. However, your risk increases if:

- You have a history of depression, either during pregnancy or at other times.
 - You have bipolar disorder.
 - You had postpartum depression after a previous pregnancy.
 - You have family members who've had depression or other mood disorders.
 - You've experienced stressful events during the past year, such as pregnancy complications, illness or job loss.
 - Your baby has health problems or other special needs.
 - You have twins, triplets or other multiple births.
 - You have difficulty breastfeeding.
 - You're having problems in your relationship with your spouse or partner.
 - You have a weak support system.
 - You have financial problems.
 - The pregnancy was unplanned or unwanted.
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Complications

Left untreated, postpartum depression can interfere with mother-child bonding and cause family problems.

- **For mothers.** Untreated postpartum depression can last for months or longer, sometimes becoming an ongoing depressive disorder. Mothers may stop breastfeeding, have problems bonding with and caring for their infants, and be at increased risk of suicide. Even when treated, postpartum depression increases a woman's risk of future episodes of major depression.

- **For the other parent.** Postpartum depression can have a ripple effect, causing emotional strain for everyone close to a new baby. When a new mother is depressed, the risk of depression in the baby's other parent may also increase. And these other parents may already have an increased risk of depression, whether or not their partner is affected.
 - **For children.** Children of mothers who have untreated postpartum depression are more likely to have emotional and behavioral problems, such as sleeping and eating difficulties, crying too much, and delays in language development.
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Prevention

If you have a history of depression — especially postpartum depression — tell your health care provider if you're planning on becoming pregnant or as soon as you find out you're pregnant.

- **During pregnancy,** your provider can monitor you closely for symptoms of depression. You may complete a depression-screening questionnaire during your pregnancy and after delivery. Sometimes mild depression can be managed with support groups, counseling or other therapies. In other cases, antidepressants may be recommended — even during pregnancy.
- **After your baby is born,** your provider may recommend an early postpartum checkup to screen for symptoms of postpartum depression. The earlier it's found, the earlier treatment can begin. If you have a history of postpartum depression, your provider may recommend antidepressant treatment or talk therapy immediately after delivery. Most antidepressants are safe to take while breastfeeding.

Postpartum depression is a type of depression that happens after having a baby. It affects up to 15% of people. People with postpartum depression experience emotional highs and lows, frequent crying, fatigue, guilt, anxiety and may have trouble caring for their baby. Postpartum depression can be treated with medication and counseling.

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Postpartum Depression

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Overview

What is postpartum depression?

Having a baby is a life-changing experience. Being a parent is exciting but can also be tiring and overwhelming. It's normal to have feelings of worry or doubt, especially if you are a first-time parent. However, if your feelings include extreme sadness or loneliness, severe mood swings and frequent crying spells, you may have postpartum depression.

Postpartum depression (PPD) is a type of [depression](#) that happens after someone gives birth. Postpartum depression doesn't just affect the birthing person. It can affect surrogates and adoptive parents, too. People experience hormonal, physical, emotional, financial and social changes after having a baby. These changes can cause symptoms of postpartum depression.

If you have postpartum depression, know that you are not alone, it's not your fault and that help is out there. Your healthcare provider can manage your symptoms and help you feel better.

What are the types of postpartum depression?

There are three different types of postpartum [mood disorders](#):

Postpartum blues or baby blues

The baby blues affect between 50% and 75% of people after delivery. If you're experiencing the baby blues, you will have frequent, prolonged bouts of crying for no apparent reason, sadness and anxiety. The condition usually begins in the first week (one to four days) after delivery. Although the experience is unpleasant, the condition usually subsides within two weeks without treatment. The best thing you can do is find support and ask for help from friends, family or your partner.

Postpartum depression

Postpartum depression is a far more serious condition than the baby blues, affecting about 1 in 7 new parents. If you've had postpartum depression before, your risk increases to 30% each pregnancy. You may experience alternating highs and lows, frequent crying, irritability and fatigue, as well as feelings of guilt, [anxiety](#) and inability to care for your baby or yourself. Symptoms range from mild to severe and may appear within a week of delivery or gradually, even up to a year later. Although symptoms can last several months, treatment with psychotherapy or antidepressants is very effective.

Postpartum psychosis

[Postpartum psychosis](#) is an extremely severe form of postpartum depression and requires emergency medical attention. This condition is relatively rare, affecting only 1 in 1,000 people after delivery. The symptoms generally occur quickly after delivery and are severe, lasting for a few weeks to several months. Symptoms include severe agitation, confusion, feelings of hopelessness and shame, insomnia, paranoia, delusions or hallucinations, hyperactivity, rapid speech or [mania](#). Postpartum psychosis requires immediate medical attention since there is an increased risk of suicide and risk of harm to the baby. Treatment will usually include hospitalization, psychotherapy and medication.

Who is affected by postpartum depression?

Postpartum depression is common. As many as 75% of people experience baby blues after delivery. Up to 15% of these people will develop postpartum depression. One in 1,000 people develop postpartum psychosis.

How do I know if I have baby blues or postpartum depression?

Many people have baby blues after giving birth. Baby blues and postpartum depression have similar symptoms. However, symptoms of baby blues last about 10 days and are less intense. With postpartum depression, the symptoms last weeks or months, and the symptoms are more severe.

You may have the baby blues if you:

- Have crying spells.
- Feel overwhelmed.
- Lose your appetite.
- Have trouble sleeping.
- Have sudden mood changes.

Remember, it doesn't hurt to share your symptoms with your provider. They can assess if you need treatment for your symptoms.

How long does postpartum depression last?

Postpartum depression can last until one year after your child is born. However, this doesn't mean you should feel "cured" in one year. Talk to your healthcare provider about your symptoms and treatment. Be honest about how you feel. Think carefully about if you feel better than you did at the beginning of your diagnosis. Then, they can recommend ongoing treatment for your symptoms.

What factors increase my risk of being depressed after the birth of my child?

Certain factors increase your risk for postpartum depression:

- Having a personal or family history of depression, postpartum depression or [premenstrual dysphoric disorder \(PMDD\)](#).
- Limited social support.
- Marital or relationship conflict.
- Ambivalence about the pregnancy.
- Pregnancy complications like health conditions, difficult delivery or [premature birth](#).
- You're younger than 20 or a single parent.
- Having a baby with special needs or a [baby who cries a lot](#).

Symptoms and Causes

What are the symptoms of postpartum depression?

Some people feel ashamed about their symptoms or feel they are terrible parents for feeling the way they do. Postpartum depression is extremely common. You're not the only person who feels this way, and it doesn't mean you're a bad person.

You may have postpartum depression if you experience some of the following:

- Feeling sad, worthless, hopeless or guilty.
- Worrying excessively or feeling on edge.
- Loss of interest in hobbies or things you once enjoyed.
- Changes in appetite or not eating.
- Loss of energy and motivation.
- Trouble sleeping or wanting to sleep all the time.
- Crying for no reason or excessively.
- Difficulty thinking or focusing.
- Thoughts of suicide or wishing you were dead.
- Lack of interest in your baby or feeling anxious around your baby.
- Thoughts of hurting your baby or feeling like you don't want your baby.

Contact your healthcare provider if you think you have postpartum depression. This can be your [obstetrician](#), [primary care provider](#) or mental health provider. Your baby's [pediatrician](#) can also help you.

What causes postpartum depression?

More research is needed to determine the link between the rapid drop in hormones after delivery and depression. The levels of estrogen and progesterone increase tenfold during [pregnancy](#) but drop sharply after delivery. By three days postpartum, levels of these hormones drop back to pre-pregnancy levels.

In addition to these chemical changes, the social and psychological changes associated with having a baby increase your risk of postpartum depression. Examples of these changes include physical changes to your body, lack of sleep, worries about parenting or changes to your relationships.

If you've had any of the following symptoms, please notify your healthcare provider right away.

- Thoughts of harming yourself or your baby.
- Recurrent thoughts of death or [suicide](#).
- Depressed mood for most of the day, nearly every day for the last two weeks.

- Feeling anxious, guilty, hopeless, scared, panicked or worthless.
- Difficulty thinking, concentrating, making decisions or dealing with everyday situations.
- Loss of interest or pleasure in most activities nearly every day for the last two weeks.

Can postpartum depression affect my baby?

Yes, postpartum depression can affect your baby. Getting treatment is important for both you and your baby.

Research suggests that postpartum depression can affect your baby in the following ways:

- You have trouble bonding with your baby and don't establish a connection with them.
- Your child may have behavior or learning problems.
- You may skip appointments with your child's pediatrician.
- Your child may have feeding and sleeping issues.
- Your child may be at higher risk for [obesity](#) or developmental disorders.
- You may neglect your child's care or not recognize when they are ill.
- Your baby may have impaired social skills.

Diagnosis and Tests

How is postpartum depression diagnosed?

There is not a specific test that diagnoses postpartum depression. Your healthcare provider will evaluate you at your postpartum visit. This visit may include discussing your health history, how you've felt since delivery, a physical exam, [pelvic exam](#) and lab tests. Many providers schedule visits at two or three weeks postpartum to screen for depression. This ensures you get the help you need as soon as possible.

They may do a depression screening or ask you a series of questions to assess if you have postpartum depression. They'll ask how you're feeling and how your baby is doing. Be open and honest with your provider to ensure they get an accurate picture of your emotions and thoughts. They can help distinguish if your feelings are typical or symptoms of postpartum depression.

Your healthcare provider may order a blood test because postpartum depression can cause symptoms similar to many [thyroid conditions](#).

Remember, your healthcare provider is there to support you and make sure you are healthy, so be honest with them. There is no judgment, and you aren't alone in your feelings.

How do doctors screen for postpartum depression?

It can be hard to detect mild cases of postpartum depression. Healthcare providers rely heavily on your responses to their questions.

Many healthcare providers use the Edinburgh Postnatal Depression Scale to screen for postpartum depression. It consists of 10 questions related to symptoms of depression such as feeling unhappy, anxious or guilty. You're asked to check the response that comes closest to how you've felt the last seven days. A higher score indicates possible postpartum depression.

If your provider feels you have signs of postpartum depression, they will recommend an appropriate treatment.

Management and Treatment

How is postpartum depression treated?

Postpartum depression is treated differently depending on the type and severity of your symptoms. Treatment options include anti-anxiety or antidepressant medicines, [psychotherapy](#) (talk therapy or [cognitive behavioral therapy](#)) and support group participation.

Treatment for postpartum psychosis may include medication to treat depression, anxiety and psychosis. You may also be admitted to a treatment center for several days until you're stable. If you don't respond to this treatment, [electroconvulsive therapy \(ECT\)](#) can be effective.

If you are breastfeeding (chestfeeding), don't assume that you can't take medicine for depression, anxiety or even psychosis. Talk to your healthcare provider about your options.

What medications can I take for postpartum depression?

Your healthcare provider may prescribe antidepressants to manage symptoms of postpartum depression. Antidepressants help balance the chemicals in your brain that affect your mood.

If you're [breastfeeding](#), talk to your healthcare provider about the risks and benefits of taking an antidepressant. Medications can transfer to your baby through your milk. However, the transfer level is generally low, and many antidepressant medications are considered safe. Your provider can help you decide what medicine is right for you based on your symptoms and if you're nursing.

Some common antidepressants for postpartum depression are:

- [Selective serotonin reuptake inhibitors \(SSRIs\)](#) such as [sertraline](#) (Zoloft®) and [fluoxetine](#) (Prozac®).
- [Serotonin and norepinephrine reuptake inhibitors \(SNRIs\)](#) such as [duloxetine](#) (Cymbalta®) and [desvenlafaxine](#) (Pristiq®).
- [Bupropion](#) (Wellbutrin® or Zyban®).
- Tricyclic antidepressants (TCAs) such as [amitriptyline](#) (Elavil®) or [imipramine](#) (Tofranil®).

Keep in mind that it takes at least three or four weeks for antidepressants to work. Talk to your healthcare provider before stopping the medication. Stopping your medication too soon can cause symptoms to return. Most providers will recommend reducing your dose before stopping completely.

If your provider detects postpartum depression while you're still in the hospital, they may recommend IV medication containing brexanolone.

What are ways to cope with postpartum depression?

It's OK to feel overwhelmed. Parenting is full of ups and downs and having a baby isn't easy. If you have depression, you don't have to suffer alone. Your healthcare provider can help find a treatment that works for you.

Here are some things you can do to help cope with postpartum depression:

- Find someone to talk to — a therapist, friend, family member or someone who will listen to you and help you.
- Join a support group for new parents.
- Try to eat healthily and find time for exercise.
- Prioritize rest for yourself.
- Go out with friends or talk to them on the phone.
- Find time for self-care and doing things you enjoy, like reading or other hobbies.
- Get help with household chores or errands.

What happens if postpartum depression isn't treated?

Untreated postpartum depression is dangerous and affects you, your baby and those who love you. It can make you:

- Feel like you have no energy.
- Moody.
- Believe you can't take care of your baby.
- Unable to focus or make decisions.
- Have thoughts of hurting yourself.

Prevention

Can postpartum depression be prevented?

Postpartum depression isn't entirely preventable. It helps to know warning signs of the condition and what factors increase your risk. Here are some tips that can help prevent postpartum depression:

- Be realistic about your expectations for yourself and your baby.
- Limit visitors when you first go home.
- Ask for help — let others know how they can help you.
- Sleep or rest when your baby sleeps.
- Exercise — take a walk and get out of the house for a break.
- Keep in touch with your family and friends — don't isolate yourself.
- Foster your relationship with your partner — make time for each other.
- Expect some good days and some bad days.

Outlook / Prognosis

What is the outlook for women with postpartum depression?

With professional help, almost all people who experience postpartum depression can overcome their symptoms.

Living With

When should I seek professional medical treatment for symptoms related to postpartum depression?

You should seek professional help when:

- Symptoms persist beyond two weeks.
- You can't function normally or cope with everyday situations.
- You have thoughts of harming yourself or your baby.
- You feel extremely anxious, scared and panicked most of the day.

For immediate help or if you have thoughts of hurting yourself or someone else:

- Dial 911 in an emergency.
- Call the Suicide and Crisis Lifeline at 988 or use their chat feature online. They can also provide free and confidential emotional support.

Additional Common Questions

Do I have postpartum anxiety or postpartum depression?

Postpartum anxiety and postpartum depression share some symptoms, but they are different conditions. Excessive worrying, feeling panicky for no reason and having irrational fears or obsessions are all signs of postpartum anxiety. It's important to discuss all your symptoms with your healthcare provider so they can get you the help you need.

Can dads get postpartum depression?

Yes, both partners can have symptoms of postpartum depression. You and your partner need to seek medical care if you have signs of depression or anxiety after bringing home your baby. An estimated 4% of partners experience depression in the first year after their child's birth.

What is postpartum dysphoria?

Postpartum dysphoria is another name for baby blues. It begins during the first week after childbirth and goes away without medical treatment within several days.

How can I help someone with postpartum depression?

People with postpartum depression need lots of support. Here are some ways you can help:

- Know the signs of depression and anxiety and urge your friend or partner to seek medical care.
- Be a good listener. Let them know you're there to listen and help.

- Offer to help them with daily tasks like cleaning and running errands.
- Offer to help watch their baby while they sleep or rest.
- Encourage them to seek help from a therapist or other mental health provider.
Offer to set up an appointment or go with them as a support person.

A note from Cleveland Clinic

Postpartum depression is a common mood disorder that affects 1 in 7 people after giving birth. It's not your fault, and you did nothing to cause it. It doesn't make you a bad parent or a bad person. The biological, physical and chemical factors that cause PPD are beyond your control. Signs of postpartum depression include feeling sad or worthless, losing interest in things you once enjoyed, excessive crying and mood swings. Talk to your healthcare provider if you think you have postpartum depression. They can figure out how to best manage your symptoms. Counseling, medication or joining a support group can help.

Is it PMS?

Premenstrual syndrome (PMS) is a collection of physical and emotional symptoms that start a week or so before your period. It makes some people feel more emotional than usual and others bloated and achy.

PMS can also make people feel **depressed** in the weeks leading up to their period. This may make you feel:

- sad
- irritable
- anxious
- tired
- angry
- teary
- forgetful
- absentminded

- uninterested in sex
- like sleeping too much or too little
- like eating too much or too little

Other reasons you might feel depressed before your period include:

- Premenstrual dysphoric disorder (PMDD). PMDD is very similar to PMS, but its symptoms are more severe. Many people with PMDD report feeling very depressed before their period, some to the point of thinking about suicide. While recent [research](#) estimates about 75 percent of women have PMS during their reproductive years, only 3 to 8 percent have PMDD.
- Premenstrual exacerbation. This refers to when symptoms of an existing condition, including depression, become worse in the weeks or days leading up to your period. Depression is one of the most common conditions that coexists with PMS. About [half](#) of all women who get treated for PMS also have either depression or anxiety.

Read on to learn more about the connection between PMS and depression.

Why does it happen?

Experts aren't sure about the exact cause of PMS, but it's likely linked to hormonal fluctuations that happen during the second half of the menstrual cycle.

Ovulation happens about halfway through your cycle. During this time, your body releases an egg, causing estrogen and progesterone levels to drop. A shift in these hormones can cause both physical and emotional symptoms.

Changes in estrogen and progesterone levels also influence **serotonin** levels. This is a neurotransmitter that helps regulate your mood, sleep cycle, and appetite. **Low levels of serotonin** are linked to feelings of sadness and irritability, in addition to trouble sleeping and unusual food cravings — all common PMS symptoms.

Your symptoms should improve when estrogen and progesterone levels rise again. This **usually**

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happens a few days after you get your period.

How can I manage it?

There's no standard treatment for depression during PMS. But several lifestyle changes and a few medications may help relieve your emotional symptoms.

Track your symptoms

If you don't already, start keeping track of your menstrual cycle and your emotions throughout its different stages. This will help you confirm that

your depression symptoms are indeed linked to your cycle. Knowing that there's a reason you're feeling down can also help keep things in perspective and offer some validation.

Having a detailed log of your last few cycles is also handy if you want to bring up your symptoms with your doctor. There's still some stigma around PMS, and having documentation of your symptoms might help you feel more confident about bringing them up. It can also help your doctor get a better idea of what's going on.

You can track your cycle and symptoms using [period-tracking app](#) on your phone. Look for one that allows you to add your own symptoms.

You can also [print out a chart](#) or make your own. Across the top, write the day of the month (1 through 31). List your symptoms down the left side of the page. Put an X in the box next to the symptoms you experience each day. Note whether each symptom is mild, moderate, or severe.

To track depression, make sure to note when you experience any of these symptoms:

- sadness
- anxiety
- crying spells
- irritability
- food cravings or appetite loss
- poor sleep or too much sleep
- trouble concentrating

- lack of interest in your daily activities
- tiredness, lack of energy

Hormonal birth control

Hormonal birth control methods, such as the **pill** or **patch**, can help with bloating, tender breasts, and other physical PMS symptoms. For some people, they can also help with emotional symptoms, including depression.

But for others, hormonal birth control can make depression symptoms worse. If you go this route, you might have to try out different types of birth control before you find a method that works for you. If you're interested in the pill, opt for a continuous one that doesn't have a week of placebo pills. Continuous **birth control pills** can eliminate your period, which sometimes helps eliminate PMS, too.

Natural remedies

A couple of vitamins may help relieve PMS-related symptoms of depression.

A **clinical trial** found that a calcium supplement helped with PMS-related depression, appetite changes, and **tiredness**.

Many foods are **good sources of calcium**, including:

- milk
- yogurt

- cheese
- leafy green vegetables
- fortified orange juice and cereal

You can also take a daily supplement containing 1,200 milligrams of calcium, which you can find on [Amazon](#).

Don't be discouraged if you don't see results right away. It can take about [three menstrual cycles](#) to see any symptom improvement while taking calcium.

Vitamin B-6 [might](#) also help with PMS symptoms.

You can [find it](#) in the following foods:

- fish
- chicken and turkey
- fruit
- fortified cereals

Vitamin B-6 also comes in supplement form, which you can find on [Amazon](#). Just don't take more than 100 milligrams a day.

[Learn about other supplements that can help with PMS symptoms.](#)

Lifestyle changes

Several lifestyle factors also seem to play a role in PMS symptoms:

- **Exercise.** Try to be active for at least 30 minutes more days of the week than not. Even a daily walk through your neighborhood can improve symptoms of depression, fatigue, and trouble concentrating.
- **Nutrition.** Try to resist the junk food cravings that can come with PMS. Large amounts of sugar, fat, and salt can all wreak havoc on your mood. You don't have to cut them out completely, but try to balance out these foods with fruits, vegetables, and whole grains. This will help keep you full throughout the day.
- **Sleep.** Not getting enough sleep can kill your mood if you're weeks away from your period. Try to get at least seven to eight hours of sleep a night, especially in the week or two leading up to your period. [See how not getting enough sleep affects your mind and body.](#)
- **Stress.** Unmanaged stress can worsen depression symptoms. Use [deep breathing exercises](#), [meditation](#), or [yoga](#) to calm both your mind and body, especially when you feel PMS symptoms coming on.

What's the difference between premenstrual dysphoric disorder (PMDD) and premenstrual syndrome (PMS)? How is PMDD treated?

Answer From Tatnai Burnett, M.D.

Premenstrual dysphoric disorder (PMDD) is a severe, sometimes disabling extension of premenstrual syndrome (PMS). Although PMS and PMDD both have physical and emotional symptoms, PMDD causes extreme mood shifts that can disrupt daily life and damage relationships.

In both PMDD and PMS, symptoms usually begin seven to 10 days before your period starts and continue for the first few days of your period.

Both PMDD and PMS may cause bloating, breast tenderness, fatigue, and changes in sleep and eating habits. In PMDD, however, at least one of these emotional and behavioral symptoms stands out:

- Sadness or hopelessness
- Anxiety or tension
- Extreme moodiness
- Marked irritability or anger

The cause of PMDD isn't clear. Underlying depression and anxiety are common in both PMS and PMDD, so it's possible that the hormonal changes that trigger a menstrual period worsen the symptoms of mood disorders.

Feeling depressed before and during a menstrual period is common. Experts believe that these emotional changes occur as a result of fluctuating hormone levels.

Most people who menstruate will experience some symptoms of [premenstrual syndrome \(PMS\)](#), including moodiness and [headaches](#).

However, some individuals can develop more severe symptoms, such as [depression](#) and anger. Hormones can also cause people to feel nauseated during their period.

Severe PMS symptoms may indicate another condition, which is called [premenstrual dysphoric disorder \(PMDD\)](#). Additionally, existing [mental health](#) conditions may temporarily worsen during a menstrual period.

In this article, we explore why some people feel depressed during a period. We also list home remedies and treatment options.

Why hormones affect mood



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Low levels of serotonin and dopamine can cause sadness and anxiety.

Hormonal changes during the second half of the menstrual cycle, called the luteal phase, may cause a low mood and irritability in some people.

After [ovulation](#), which occurs midcycle, the levels of the female sex hormones [estrogen](#) and [progesterone](#) begin to fall.

Rising and falling levels of these hormones can affect brain chemicals called neurotransmitters.

Examples of these neurotransmitters are [serotonin](#) and dopamine, which are both chemicals that influence mood, sleep, and motivation.

Low levels of serotonin and dopamine can cause:

- sadness
- anxiety
- irritability
- sleep problems
- food cravings

All of these are common symptoms of PMS and [PMDD](#).

When the levels of estrogen and progesterone begin to rise again a few days after the onset of a period, these symptoms often go away.

Despite the connection between neurotransmitters and sex hormones, it is still unclear why some people develop PMS or PMDD when others do not.

[Research](#)

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indicates that the levels of progesterone and estrogen are similar between people who develop a premenstrual disorder and those who do not.

Therefore, experts speculate that genetic differences may make some people more sensitive than others to changing hormone levels and the influence of these hormones on the brain.

Menstrual-related mood disorders

PMS and PMDD are types of menstrual-related mood disorders. A period can also cause an existing mental health condition to worsen temporarily.

PMS

PMS causes both physical and emotional symptoms. These symptoms can begin at any stage between the end of ovulation and the beginning of the menstrual period.

Experts estimate that [up to 75%](#)

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of menstruating women experience some form of PMS.

The symptoms of PMS can vary greatly. Some people may have very mild symptoms, while those that others experience are debilitating.

PMS can cause:

- aches and pains
- [acne](#)
- anxiety
- bloating
- bouts of crying
- breast tenderness

- changes in appetite
- constipation or diarrhea
- depressed mood
- fatigue
- headaches
- irritability and anger
- lack of concentration
- sleep difficulties

PMDD

PMDD is a more severe form of PMS. PMDD may affect 3–8%

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of people with menstrual cycles.

The symptoms are so severe that they affect the person's daily activities and, sometimes, their relationships with others.

Symptoms of PMDD include:

- severe depression, anxiety, and irritability
- panic attacks
- severe mood swings
- frequent episodes of crying
- loss of interest in activities and other people

What is complicated grief?

Grief is a normal, expected set of emotions that can occur after the loss of a loved one. However, some people experience a more significant and longer-lasting level of grief. This is known as complicated grief.

Complicated grief may share many of the same symptoms of depression. It can also lead to depression, or worsen depression in someone who already experiences it.

Symptoms of complicated grief include:

- trouble thinking about anything other than your loved one's death
- lasting longing for your deceased loved one
- difficulty accepting that your loved one is gone
- long-lasting bitterness over the loss
- feeling as if your life no longer has meaning
- trouble trusting others
- difficulty remembering positive memories of your loved one
- grieving that gets worse instead of better

Just as dying is an inevitable part of the cycle of life, bereavement is a necessary aspect of living. There is no timeline for grief. In addition, cultural and circumstantial factors contribute to how people express and cope with it.

Today, advances in medicine allow many people with terminal illnesses to live years after diagnosis, as opposed to the days, weeks, or months of previous decades. As described in in our book ***Saying Goodbye: A Guide to Coping with a Loved One's Terminal Illness***, we refer to the grieving process in these situations as "the new grief" because there is time for patients and their families to get their affairs in order, resolve family issues, and choose how to live during whatever time may remain. This type of grief differs from the sudden

shock and chaos that often accompanies a sudden death, which often leaves loose ends loved ones must deal with, as well as any unfinished business they had with the deceased.

During a prolonged illness, or after a death, a community of family, friends, and coworkers often unites to provide ongoing support to those who are grieving. Supporters (professionals, friends, spiritual advisers, family) can help those who are grieving resume functioning, and gradually move on with their lives while maintaining the memory of the lost one.

That is one key difference with depression. People suffering from major depression tend to be isolated and feel disconnected from others, and may shun such support and assistance. People who don't get such support, or who avoid it, may be at greater risk for slipping into clinical depression during the grieving process.

Dr. Miller points out that for some people who have previously struggled with acknowledged or unacknowledged depression, the death of a significant other can be the catalyst that brings depression to the foreground. In such cases, professional treatment such as therapy and/or medication can be helpful. In the interviews we conducted while writing and researching *Saying Goodbye*, we learned that some people found antidepressant medication to be helpful for restoring sleep and appetite and "taking the edge off." Other people who tried medication stopped taking it because they felt as though their feelings were flattened, and that the medication interfered with their ability to grieve.

Bereavement is not linear. It takes multiple forms at different times in one's life. It is influenced, among other things, by the strength of our attachment to the lost loved one and how central he or she was to our lives. Bereavement never really ends. It ebbs after a while, but can then emerge on birthdays and anniversaries, in certain places, or triggered by something like a special song.

If you are in the process of coping with the sudden death of a loved one, or the lengthy grieving process associated with terminal illness, here are a few suggestions:

- Expect to feel depressed. Loss of appetite, trouble sleeping, and sadness are all part of the normal grief process, and are best not interfered with.
- Expect grief to wax and wane over time. You may feel fine one day, only to slip back into deep grief the next day.

- **Build and use a support network. Grieving individuals need others to talk to and to care for them — not just for a few days, but over an extended period of time. This is especially true for those people who are primary caretakers for a terminally ill loved one.**
- **If you experience thoughts of suicide, serious weight loss, or are unable to perform daily functions such as getting out of bed or going to work for more than an occasional day, consider seeking additional professional help.**