

Re: “Guidelines for the Evaluation and Treatment of Perimenopausal Depression: Summary and Recommendations” by Maki et al. (*J Women's Health* 2019; 28:117–134)

Myrna M. Weissman, PhD^{1,2} and John C. Markowitz, MD^{1,2}

Dear Dr. Maki and Members of the Committee on Guidelines for the Evaluation and Treatment of Perimenopausal Depression,

We read your important guideline¹ with considerable interest. Although all epidemiological studies show that most depressive disorders have their onset much earlier than menopause, women with early onsets are more likely to have a depressive recurrence in the perimenopausal period. Our own studies have also shown that a smaller number of women have their first onset perimenopausally.

Large number of women need to have a broad range of treatments available to them. Hence we were surprised that the only evidence-based psychotherapy your guidelines emphasized was cognitive behavioral therapy (CBT). There is no question that evidence supports the use of CBT. Interpersonal psychotherapy (IPT), however, is an equally well established evidence-based brief psychotherapy, with nearly 100 published clinical trials.^{2,3} Like CBT, IPT was developed as a time-limited treatment for depression and subsequently successfully adapted for posttraumatic stress disorder, eating disorders, bipolar disorder, and other diagnoses.

IPT notably has a defined focal area dealing with role transitions, a framework appropriate to menopause.⁴ We have frequently found this focus effective in treating depressed menopausal women who struggle with loss of fertility, bodily changes, and other perimenopausal issues. Framing this life change as a transition, involving mourning the loss of some aspects of one's life concomitant with the development of others, has made conceptual sense to our patients. Highlighting the use of IPT for women is the endorsement of the new draft U.S. Preventive Services Task Force reports on screening for and treatment of perinatal depression, which strongly recommends IPT as well as CBT.⁵ As no one treatment benefits all patients, it is important that your guidelines even-handedly cite the full range of evidence-based treatment options for perimenopausal women.

Author Disclosure Statement

Both authors receive minor book royalties for publications relating to IPT, which is a topic of this letter.

References

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Address correspondence to:

John C. Markowitz, MD
Anxiety Disorders Clinic
New York State Psychiatric Institute
1051 Riverside Drive, Unit #129
New York, NY 10032

E-mail: jcm42@cumc.columbia.edu

¹Diane Goldman Kemper Family Professor of Epidemiology, Columbia University, New York, New York.

²Division of Epidemiology, New York State Psychiatric Institute, New York, New York.