

# Nearly 1 in 4 Women 60 and Over Use Antidepressants

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

April 13, 2023

## STORY AT-A-GLANCE

- › Depression is a mood disorder commonly treated with antidepressants; data reveal 24.3% of women age 60 and older are on antidepressants, which is over twice as many as women age 18 to 39 years
- › The number of women on antidepressants jumps dramatically in the 40-to-59-year age range, which experts believe is related to perimenopause and post-menopause. During these years, hormonal changes can have a significant effect on a woman's mood
- › The number of women on antidepressants is greater than men in all age ranges. While women are three times more likely to attempt suicide than men, one woman dies for every four men by suicide
- › Experts recognized a rising number of people with depression over the last two decades, but there was a marked jump in the number during the pandemic and the levels have remained high
- › Scientific evidence demonstrates antidepressants do not improve the user's quality of life, and the effect is only slightly greater than placebo in the short-term and has poor long-term outcomes. This has led many doctors to consider other more effective options

Depression is a mental illness that affects the way you understand and relate to your environment and the people around you. It is deeper than sadness or a low mood and includes symptoms that vary from mild to severe. People who are depressed<sup>1</sup> may have trouble sleeping, loss of energy, changes in appetite or loss of interest in activities they once enjoyed.

Depression interferes with personal and work relationships, lowers work and academic performance and affects physical health. The condition can also be lethal, as it is one of the most relevant risk factors in suicide.<sup>2</sup>

Depression is a mood disorder that is different from sadness. The normal reaction to loss, disappointment or difficult situations is sadness. From time to time, everyone feels sad, but the feelings go away relatively quickly and they do not interfere with your daily activities.

## **Antidepressant Use Is Highest in Women 60 and Older**

According to data gathered from the National Health and Nutrition Examination Survey (NHANES) from 2015 to 2018, 24.3% of women aged 60 and over were taking antidepressants.<sup>3</sup> And, when data from 2009 to 2010 were compared to that gathered from 2017 to 2018, it revealed that antidepressant use had only increased in women, not men.

The data demonstrated an interesting trend in antidepressant use across both sexes when it was analyzed together and separately.<sup>4</sup> In each case, the percentage of individuals using antidepressants increased as individuals aged. The lowest percentage was in men aged 18 to 39 years.

In this group, 5.5% of the men used an antidepressant in the past 30 days. In each age group, the percentage of men was roughly half that of women who reported using antidepressants in the past 30 days. Women's use jumped from 10.3% in 18- to 39-year-olds, to 20.1% in 40- to 59-year-olds and 24.3% in 60-year-olds and over.

## **Women Experience More Depression Around Menopause**

Although most people use the term menopause to describe perimenopause and postmenopausal stages in a woman's reproductive life cycle, according to Johns Hopkins Medicine,<sup>5</sup> menopause is technically just one day. It occurs exactly 12 months after a

woman has had her last period. Before this time, women are in a perimenopausal stage, during which hormones are shifting and women have a greater risk of major depression.

According to the North American Menopause Society,<sup>6</sup> most women begin perimenopause from age 40 to 58, and the average age is 51. Perimenopause can last up to eight years and is characterized by physical and emotional changes that vary from woman to woman but are based on significant hormonal changes that occur during this period.

As The Wall Street Journal<sup>7</sup> notes from the data presented by the National Center for Health Statistics, the percentage of women diagnosed with depression nearly doubles after a woman turns 40, which corresponds exactly with when most women begin perimenopause.

As one paper in Scientific Reports<sup>8</sup> notes, "... human menopause is a dynamic neurological transition that significantly impacts brain structure, connectivity and metabolic profile during midlife endocrine aging of the female brain." Besides the physiological challenges of menopause, women in this age group also may experience greater stress during midlife as they are caring for elderly parents, raising children and often juggling a career, which can contribute to depression.

According to the North American Menopause Society and the American College of Obstetricians and Gynecologists, hormone replacement therapy (HRT) is their treatment of choice for hot flashes and night sweats. Dr. Lucy Hutner, a reproductive psychiatrist in New York who spoke with a reporter from The Wall Street Journal explained:<sup>9</sup>

*"Estrogen and progesterone are fluctuating a great deal. Those shifts can be hard for our brain to take ... You [women] have a lot on your shoulders, and there's not a lot of room for taking time for yourself."*

One reason so many women are on antidepressants – which are less effective than HRT – is because they're "slapped" with them by doctors afraid to prescribe hormone replacement therapy, Stephanie Faubion, medical director of the North American Menopause Society and the director of Mayo Clinic Women's Health, told the Journal.

Research is underway at the National Institute of Mental Health for other pharmaceutical interventions that act on estrogen receptors in the brain, but I believe there are more natural ways to deal with menopause symptoms.

## **Natural Strategies for Menopause Symptoms**

Leading a healthy lifestyle — including prioritizing healthy diet, sleep and stress relief — is important during perimenopause. Maintaining a healthy weight may also help relieve symptoms, including hot flashes,<sup>10</sup> while staying physically active promotes physical and mental health during menopause.<sup>11</sup>

Eating a diet high in refined carbohydrates, such as sweetened beverages and other ultraprocessed foods, is linked to depression in post-menopausal women<sup>12</sup> and may have a similar affect during perimenopause. Nutritional interventions, such as omega-3 fats, also show promise for managing mood and anxiety symptoms in women during the menopausal transition.<sup>13</sup>

Because perimenopause and menopause are complex and unique to the individual, working with a holistic health care practitioner can help you develop a comprehensive health care plan to address your symptoms and goals. For more information on menopause and dealing with symptoms, see my article, [“Science Explains What Happens During Menopause.”](#)

## **Mental Health Concerns Were Growing Before COVID**

According to the figures released by the National Center for Health Statistics, the overall percentage of adults who were treated with antidepressants was 13.2% in the years from 2015 to 2018. This is a significant rise from the reported<sup>14</sup> 10% who were taking antidepressants as of 2005, and the more than 1 in 10 people over age 12 reported by government researchers in 2011.<sup>15</sup>

England is also reporting increased use of antidepressants. According to the Pharmaceutical Journal,<sup>16</sup> prescribing has risen by 34.8% in six years and increased

from 2021 to 2022 for the sixth consecutive year. The raw numbers of individuals who filled a prescription for antidepressants from 2020/2021 to 2021/2022 also increased.

Using the population estimates from the 2021 Census, the Pharmaceutical Journal estimates these numbers mean 14.7% of the overall population in England has received at least one prescription of antidepressant drugs.

According to data from the Organization for Economic Cooperation and Development,<sup>17</sup> antidepressant use across 18 European countries rose 2.5 times over the past 20 years, with Iceland having the highest consumption of antidepressants in 2020, and Hungary, the lowest.

After Iceland, the following countries in order of antidepressant consumption were Portugal, the U.K., Sweden and Spain. Data from multiple sources, including the National Institute of Mental Health, National Alliance on Mental Illness and the Center for Disease Control and Prevention show:<sup>18</sup>

- Nearly 6 in 10 people who have a mental illness do not get treatment.
- Serious mental illness costs more than \$190 billion in lost earnings.
- Suicide is the 10th leading cause of death in the U.S. By age group, it is the third leading cause of death in people aged 15 to 24; the second leading cause in people aged 44 and younger; and the fifth leading cause in people aged 45 to 54.
- Women are three times more likely to attempt suicide than men.
- Although women experience depression at nearly twice the rate of men, four men die by suicide for every woman.

## **Rising Number With Depression During the Pandemic**

In October 2021, Boston University reported<sup>19</sup> that depression had tripled in the early months of 2020 after the pandemic was declared and only continued to rise. According to data<sup>20</sup> from the Boston University School of Public Health, this climbed to 32.8%, affecting 1 in every 3 adults.

Their data revealed that significant predictors for symptoms included being single, experiencing multiple pandemic-related stressors and living in a low-income household. According to one researcher, the pattern of depression does not follow other previous traumatic events.<sup>21</sup>

*“Typically, we would expect depression to peak following the traumatic event and then lower over time. Instead, we found that 12 months into the pandemic, levels of depression remained high.”*

Psychiatric Times notes that in addition to increasing the need for mental health care, the pandemic simultaneously restricted access.<sup>22</sup> In the 2023 State of Mental Health in America report,<sup>23</sup> the key findings included information that 22.87% of adults reported they experienced at least 14 days each month that were mentally unhealthy, yet they could not get help because of cost.

## **Study: Antidepressants Don't Improve Quality of Life**

According to World Population Review, the U.S. is ranked No. 3 in antidepressant consumption across the world.<sup>24</sup> According to Definitive Healthcare, the most common mental health diagnosis in 2021 was a major depressive disorder episode. Definitive Healthcare ranked the top 20 antidepressant medications in 2021 by prescription volume.<sup>25</sup>

The No. 1 selling antidepressant was sertraline (Zoloft), which belongs to a drug class called selective serotonin reuptake inhibitors (SSRIs). In 2021, there were 18,337,255 prescriptions for Zoloft, which was over 3 million greater than the second-ranked antidepressant, trazodone (Desyrel). The lowest-selling antidepressant was doxepin, which is a tricyclic antidepressant, with 1,249,531 prescriptions written in 2021.

Scientific evidence challenges the efficacy of antidepressants and demonstrates their use does not improve the user's quality of life over time.<sup>26</sup> One researcher told U.S. News<sup>27</sup> they were “surprised by the results” that found similar quality of life measurements in people who used antidepressant medications and those who did not.

He also said clinicians may be “underutilizing or underestimating the role and impact of non-therapeutic interventions.” Other researchers have found the serotonin theory of depression is not supported by evidence.<sup>28</sup>

Added to this, it can be argued that SSRIs may lower the quality of life in individuals who experience even some of their long list of common adverse side effects, such as:<sup>29</sup>

Feeling anxious or agitated	Indigestion
Constipation or diarrhea	Loss of appetite
Blurred vision	Sleep disturbances
Loss of libido	Difficulty achieving orgasm
Erectile dysfunction	

SSRIs are also associated with serotonin syndrome, which raises serotonin levels in the brain and can trigger seizures, irregular heartbeat, confusion, sweating, high fever and loss of consciousness. Another side effect is increased thoughts of suicide or a desire to harm yourself.

## **The Placebo Effect Is Not Linked to Side Effects**

Research has also demonstrated that much of the benefit of antidepressants measured in studies can be attributed to the placebo effect. The New York Times<sup>30</sup> notes a study published in PLOS Medicine<sup>31</sup> showed antidepressants improved a person's symptoms by 9.6 points on a depression scale while those who took the placebo improved by 7.8 points.

As the Times explains, this meant “that 80 percent of the benefit people experienced could be attributed to a placebo effect.” A 2018 systematic review and meta-analysis<sup>32</sup>

of several databases and regulatory agencies found smaller differences than expected between active drugs and placebos when placebo-controlled trials were included.

Conversely, Cochrane Database of Systematic Reviews<sup>33</sup> looked at SSRIs and tricyclic antidepressants and found that in adults with major depressive disorder all antidepressants outperformed the placebo, with certain antidepressants surpassing the efficacy of reboxetine, trazodone, and fluvoxamine.

Study authors noted, however, that “many trials did not report adequate information about randomization and allocation concealment, which restricts the interpretation of these results.”

Additionally, research has also demonstrated that patients who take antidepressants have short-term benefits but poor long-term outcomes<sup>34</sup> and research<sup>35</sup> comparing exercise and drug treatment for depression suggests those not taking drugs have a lower risk of relapse. A PLOS One paper notes:<sup>36</sup>

*“The real-world effect of using antidepressant medications does not continue to improve patients’ HRQoL [health-related quality of life] over time. Future studies should not only focus on the short-term effect of pharmacotherapy, it should rather investigate the long-term impact of pharmacological and non-pharmacological interventions on these patients’ HRQoL.”*

If you're interested in following science-based recommendations, you'll place antidepressants at the very bottom of your list of treatment options. If you're currently on an antidepressant and want to stop, always work with your physician on a weaning schedule after incorporating the following strategies into your routine.

Poor outcomes using antidepressants and a list of adverse events have led many doctors to consider other effective recommendations in the treatment of depression. You can read more about each of the following in [“What Does the ‘Best Evidence’ Say About Antidepressants?”](#)

- Exercise



- **Nutritional intervention**
  - **Marine-based omega-3 fats**
  - **B vitamins (including B1, B2, B3, B6, B9 and B12)**
  - **Magnesium**
  - **Vitamin D**
- **Light therapy**
- **Probiotics**
- **Emotional Freedom Techniques (EFT)**

**Additional strategies that can help improve your mental health:**

<b>Minimize electromagnetic field (EMF) exposure</b>	<b>Clean up your sleep hygiene</b>
<b>Adaptogens</b>	<b>Optimize your gut health</b>
<b>Visualization</b>	<b>Cognitive behavioral therapy (CBT)</b>
<b>Make sure your cholesterol levels aren't too low for optimal mental health</b>	<b>Ecotherapy</b>
<b>Breathing exercises</b>	<b>Helpful supplements:</b> <ul style="list-style-type: none"> <li>• <b>St. John's Wort (Hypericum perforatum)</b></li> <li>• <b>S-Adenosyl methionine (S-AMe)</b></li> <li>• <b>5-Hydroxytryptophan (5-HTP)</b></li> <li>• <b>XingPiJieYu</b></li> </ul>

## Sources and References

---

- <sup>1</sup> American Psychiatric Association, What Is Depression?
- <sup>2</sup> International Journal of Environmental Research and Public Health, 2018; 15(7)
- <sup>3, 4</sup> National Center for Health Statistics, September 2020
- <sup>5</sup> Johns Hopkins Medicine, Can Menopause Cause Depression?
- <sup>6</sup> The North American Menopause Society, Menopause 101: A Primer For the Perimenopausal
- <sup>7, 9</sup> Wall Street Journal, April 2, 2022
- <sup>8</sup> Scientific Reports, 2021;11(10867)
- <sup>10</sup> Climacteric. 2023 Feb 13;1-6
- <sup>11</sup> Int. J. Environ. Res. Public Health 2020, 17(18), 6935
- <sup>12</sup> Am J Clin Nutr. 2015 Aug;102(2):454-63
- <sup>13</sup> Menopause. 2023 Jan 1;30(1):95-107
- <sup>14</sup> Fierce Healthcare, August 5, 2009
- <sup>15</sup> Reuters, October 19, 2011
- <sup>16</sup> The Pharmaceutical Journal, July 8, 2022
- <sup>17</sup> Future Care Capital, November 16, 2022
- <sup>18</sup> The Zebra, January 30, 2023
- <sup>19, 21</sup> Boston University The Brink, October 7, 2021
- <sup>20</sup> The Lancet Regional Health, 2022;5(100091)
- <sup>22</sup> Psychiatric Times, August 6, 2021
- <sup>23</sup> Mental Health America, The State of Mental Health in America 2023
- <sup>24</sup> World Population Review, Antidepressant Use By Country 2023
- <sup>25</sup> Definitive Healthcare, June 20, 2022
- <sup>26, 36</sup> PLOS One, April 20, 2022; doi: 10.1371/journal.pone.0265928
- <sup>27</sup> US News, April 20, 2022
- <sup>28</sup> Molecular Psychiatry, July 20, 2022
- <sup>29</sup> NHS, Side Effects - Selective Serotonin Reuptake Inhibitors
- <sup>30</sup> The New York Time, November 8, 2022
- <sup>31</sup> PLOS Medicine, February 26, 2008
- <sup>32</sup> The Lancet, 2018; doi: 10.1016/S0140-6736(17)32802-7
- <sup>33</sup> Cochrane Review, July 8, 2009
- <sup>34</sup> Psychotherapy and Psychosomatics, 2017;86
- <sup>35</sup> Psychosomatic Medicine, 2000;62(5)