



제 2세미나실

여성의 정신건강과 삶의 질

박 현 아

인제대학교 의과대학 서울백병원 가정의학과

MENTAL DISEASES AND WOMEN

Contribution by different non-communicable diseases to disability-adjusted life-years, 2005

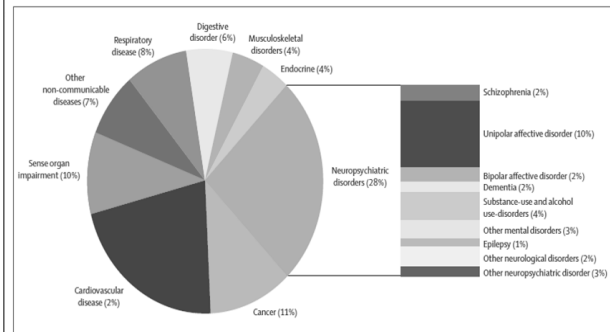


Figure 1: Contribution by different non-communicable diseases to disability-adjusted life-years worldwide in 2005
(Data adjusted from WHO, with normalization)

Interactions between mental disorders and other health conditions (Prince M, lancet 2007;370:859-77)

1. Mental disorders affect the rate of other health conditions (ex) depression and CVD
2. Some health conditions affect the risk of mental disorders (ex) psychological burden of chronic diseases
3. Some comorbid mental disorders affect treatment and outcome for other health conditions

Interactions between mental disorders and other health conditions (Prince M, lancet 2007;370:859-77)

	MD is a risk factor for the HC	MD is a consequence of the HC	Comorbidity (uncertain causal direction)	MD affects adherence to treatment for HC	MD affects prognosis or outcome of the HC	Treatment for MD affects mental health in those with HC	Treatment for MD affects physical HC
Non-communicable diseases							
Depression and CMD with coronary heart disease	4	3	3	2	3	1	-1
Depression with stroke	3	3	3	0	3	-1	-1
Common mental disorder with diabetes	1	2	3	3	3	1	1
Schizophrenia with diabetes	1	1	3	2	0	0	0
Communicable diseases							
Depression and CMD with HIV/AIDS	2	2	4	3	3	3	1
Serious mental illness with HIV/AIDS	1	3	3	1	2	0	0
Cognitive impairment and dementia with HIV/AIDS	0	3	3	3	2	0	0
Alcohol use and substance use disorder with HIV/AIDS	2	0	3	3	3	0	2*
CMD with malaria	0	2	2	0	0	0	0
Cognitive impairment with malaria	0	4	NA	0	0	0	0
Alcohol use disorder with tuberculosis	2	0	2	3	3	0	0
Depression or common mental disorder with tuberculosis	0	2	2	3	0	0	2
Maternal and child health							
Maternal depression and CMD with impaired child growth and development	3	0	1	0	0	NA	0
Maternal psychosis with infant mortality	4	0	NA	NA	NA	NA	0

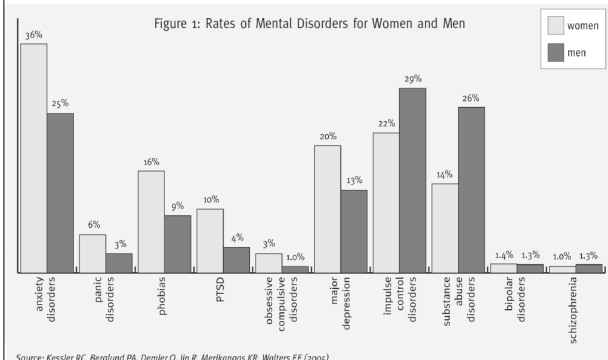
MD=mental disorder; HC=health condition; CMD=common mental disorder; NA=data not available; 4=strong evidence from meta-analysis or systematic review; 3=consistent evidence from several studies; 2=evidence from one study only; 1=inconsistent evidence; 0=no evidence identified; -1=negative reports; *This disorder affects adherence to treatment.

Table 2: Interactions between mental disorders and other health conditions

Characteristics of women in mental health

1. Suffer from mental illnesses more than men
2. Serve as caregivers for those suffering from mental illnesses
3. Play a critical role in perpetuating or breaking the inter-generational effects of mental illnesses

Rates of Mental disorders by sex



Women's mental diseases

- Diagnoses most commonly given to women
 - Depression
 - Anxiety disorder
 - Eating disorders
 - Self harm and suicidal behavior
 - Borderline personality disorder
- Diagnoses related to reproductive function
 - Premenstrual syndrome
 - Perinatal mental disorders
- Diagnoses women receive less frequently
 - Schizophrenia and bipolar disorder
 - Substance dependence

Characteristics of women's mental diseases

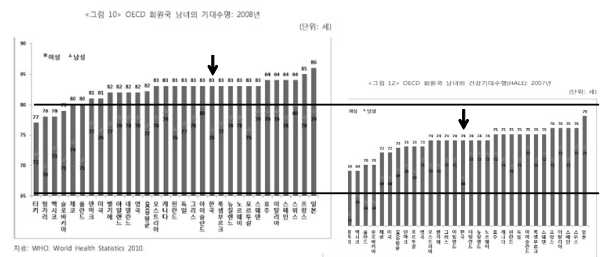
- Earlier age of onset for disability
 - (ex) 40% of women with ADLL were 45-69 yrs old vs. 45% of women with ADLL due to mental ds were 18-44 yrs old (Blehar MC, Psychiatr Clin N Am 2003; 26:781)
- More disabling than other common chronic ds
 - (ex) 21% of asthma pts has a disability vs. 64% of mental ds has (Blehar MC, Psychiatr Clin N Am 2003; 26:781)
- More likely than men to have more than one disorder, which increases disability. (Astbury, J., 2001, Gender disparities in mental health. Mental health. Ministerial Round Tables 2001, 54th World Health Assembly, Geneva, WHO)

2. Women as caregivers

(Ostwald SK, Family & Community Health 2009;32(1):S5-S14)

- 75% of family caregivers are women.
- Caregivers who are older than 65 are more likely caring for a spouse.
- Spousal caregivers are also most likely providing intensive, time-consuming care, as much as 56.5 hours of care per week on average.
- Caregiving time burden fell more heavily on women with incomes at or below the national median.

기대수명과 건강기대수명



3. Inter-generational effects of women's health

- Maternal mental health is a strong predictor of children's mental health
- Maternal depression has negative effects on child development & social emotional outcome of children (Catherine AL, J of Women's Health 2005;14:754)
 - Poorer child health status
 - Household food security
 - Increased risk of Infant hospitalization
 - Use of corporal punishment
 - Delayed language development
 - Overall poorer child outcome

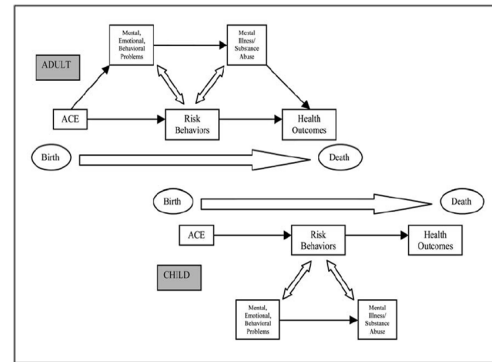


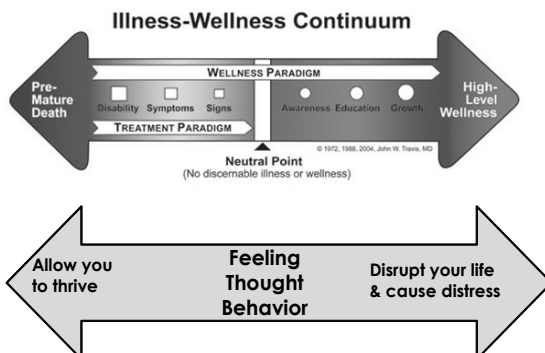
FIG. 1. Intergenerational model of health risks associated with adverse childhood events (ACEs) and mental health status.

Adverse childhood experience(ACE)

- Childhood exposure to physical, psychological or sexual abuse. (Felitti VJ, Am J Prev Med 1998;14:245)
- Maternal mental illness, family conflict, domestic violence increase risk for childhood or adolescent emotional and behavioral problem. (Kilpatrick DG, J Consult Clin Psychol 2003; 71:692)
- Dose response relationship between ACE and poorer adult mental health status. (Edwards VJ, Am J Psychiatry 2003; 160:1453)

MENTAL HEALTH AND WOMEN

Health Disease Continuum



What is mental health ?

(Action steps for improving women's mental health by Office on Women's Health of US Department of Health and Human Services)

- Mental functions that result in
 - Productive activities
 - Fulfilling relationships with others
 - The ability to adapt to change or cope with adversity

Mental health is shaped by the interplay of following factors

- Neurotransmitters
- Culture
- Environment
- Genes
- Hormones
- Illness
- Life events
- Personality
- Reproductive cycle
- Society

연령별 여성의 자살사고 원인 (2005 KNHANES)

	전체 (N)	경제문제	직장생활	부모자녀문제	배우자 문제	생활환경 문제	취업문제	본인 건강문제	가족건강 문제	기타
전체	100/00 (1,000)	38.57 (1.87)	3.29 (0.59)	17.19 (1.31)	12.05 (1.11)	5.99 (0.88)	3.99 (0.68)	12.34 (1.12)	0.50* (0.21)	6.07 (0.82)
생애주기별 연령										
19-44	100/00 (412)	38.53 (2.64)	5.82 (1.19)	14.45 (1.70)	12.97 (2.00)	7.70 (1.42)	8.50 (1.43)	4.19 (1.04)	.	7.85 (1.52)
45-64	100/00 (356)	48.98 (3.09)	1.81* (0.69)	14.67 (2.09)	14.02 (1.96)	4.97 (1.30)	0.68* (0.68)	10.60 (1.68)	0.94* (0.51)	3.32 (0.96)
65-74	100/00 (146)	34.20 (3.55)	0.73* (0.71)	27.43 (4.01)	7.95 (2.25)	4.96* (2.15)	.	29.33 (4.20)	0.92* (0.91)	4.49* (1.70)
75+	100/00 (86)	18.50 (4.72)	.	26.22 (5.50)	5.54* (2.77)	2.90* (2.07)	.	35.92 (6.34)	0.69* (0.68)	10.22* (3.86)

Measures of general mental health

- To get general picture of the mental health status of an individual or a population
 - General Health Questionnaire (GHQ)
 - Affect Balance Scale (ABS)
 - Symptom Checklist (SCL)
 - Patient Health Questionnaire (PHQ)
- To measure quality of life
 - Mental Health Inventory (MHI-5)
 - EQ-5D

Cf) Diagnostic measurement instruments

GENERAL HEALTH QUESTIONNAIRE -28 (Goldberg and Hillier 1979)

- HAVE YOU RECENTLY:
 1. Been feeling perfectly well and in good health?
 2. Been feeling in need of a good tonic?
 3. Been feeling run down and out of sorts?
 4. Felt that you are ill?
 5. Been getting any pains in your head?
 6. Been getting a feeling of tightness or pressure in your head?
 7. Been having hot or cold spells?
 8. Lost much sleep over worry?
 9. Had difficulty in staying asleep once you are off?
 10. Felt constantly under strain?
 11. Been getting edgy and bad-tempered?
 12. Been getting scared or panicky for no good reason?
 13. Found everything getting on top of you?

14. Been feeling nervous and strung-up all the time?
15. Been managing to keep yourself busy and occupied?
16. Been taking longer over the things you do?
17. Felt on the whole you were doing things well?
18. Been satisfied with the way you've carried out your task?
19. Felt that you are playing a useful part in things?
20. Felt capable of making decisions about things?
21. Been able to enjoy your normal day-to-day activities?
22. Been thinking of yourself as a worthless person?
23. Felt that life is entirely hopeless?
24. Felt that life isn't worth living?
25. Thought of the possibility that you might make away with yourself?
26. Found at times you couldn't do anything because your nerves were too bad?
27. Found yourself wishing you were dead and away from it all?
28. Found that the idea of taking your own life kept coming into your mind?

CDC HRQOL-4 from BRESS & NHANES

(Zahran HS, MMWR 2005;54(S04):1-35)

TABLE 6. Percentage of adults who reported zero or ≥14 unhealthy days and activity limitation days, by selected sociodemographic characteristics — Behavioral Risk Factor Surveillance System, United States, 1993-2001

Characteristic	Overall unhealthy days*		Physically unhealthy days†		Mentally unhealthy days‡		Activity limitation days§	
	0 days (CI)**	≥14 days (CI)	0 days (CI)	≥14 days (CI)	0 days (CI)	≥14 days (CI)	0 days (CI)	≥14 days (CI)
Overall	51.3 (±0.2)	16.3 (±0.1)	67.6 (±0.0)	9.4 (±0.0)	67.9 (±0.1)	9.0 (±0.1)	81.5 (±0.1)	5.4 (±0.1)
Sex								
Men	56.9 (±0.2)	13.4 (±0.2)	71.4 (±0.2)	8.0 (±0.1)	73.1 (±0.2)	7.2 (±0.1)	83.8 (±0.2)	4.9 (±0.1)
Women	46.0 (±0.2)	19.1 (±0.2)	64.1 (±0.2)	10.8 (±0.1)	63.1 (±0.2)	10.6 (±0.1)	79.3 (±0.2)	6.0 (±0.1)

TABLE 10. Mean number of unhealthy days and activity limitation days among adults aged ≥18 years, by selected sociodemographic characteristics — National Health and Nutrition Examination Survey, United States, 2001-2002

Characteristic	No.	Overall unhealthy days*		Physically unhealthy days†		Mentally unhealthy days‡		Activity limitation days§	
		Mean	(CI)**	Mean	(CI)	Mean	(CI)	Mean	(CI)
Overall	5,130	6.7	(±0.5)	3.6	(±0.3)	3.8	(±0.4)	1.6	(±0.2)
Sex									
Men	2,501	5.6	(±0.4)	3.1	(±0.4)	3.1	(±0.4)	1.3	(±0.3)
Women	2,629	7.7	(±0.7)	4.1	(±0.4)	4.5	(±0.5)	1.8	(±0.3)



Mental health related QOL and mortality

- Short Form 36 (SF 36)
 - Mental component summary(MCS) score
 - Predicted mortality after 6.5 yrs follow up
 - (Phyo KM, psychosomatic medicine 2007; 69:410)
 - A decrease of 1SD MSC predicts a increase of 14 % in all cause of mortality
 - Less strong than the relationship between physical component summary and mortality

Life cycle of women by hormonal transition & developmental roles

- Adolescent (13~17y)
- Young women (18~39y)
- Women in middle (40~64y)
- Older women (65y~)



Gender stereotyping and bias

- Researchers have over-emphasised the impact on women's mental health of biological factors such as menstruation, pregnancy and childbirth.
- The impact on women's mental health often has more to do with what is happening in their social and emotional lives than with biological changes.
- Some risk factors for mental health problems affect women more often than men. These include gender-based violence, social and economic disadvantage, low income and income inequality, low or subordinate social status and rank, and major responsibility for the care of others.

Older women

- Women make up the larger part of this demographic group.
 - [Women's proportion, Korea -59% (over>65)/70% (over>80)]
- Higher rates of mental ill-health have been associated with the greater social and personal pressures that women often face in later life
- Isolation and poverty are more common in older women than in older men.
- Older women are less likely to have a company or personal pension.
- Bereavement, chronic physical illness and institutional care are also likely to impact upon older women's mental health.

Poor women (Belle D, American Psychologist 1990;45:385)

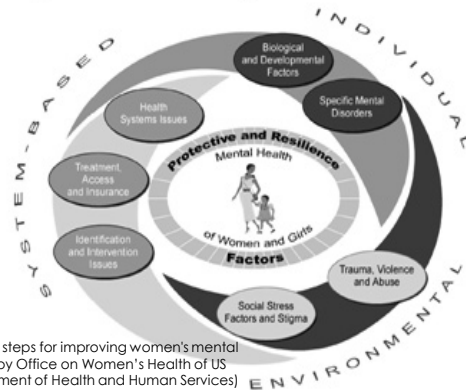
- Experience more severe life events
- Have to deal with chronic social stress such as low quality housing and dangerous neighborhoods
- Are at higher risk of victims of violence
- Are vulnerable to encountering problems in parenting and child care
- Poverty erodes intimate and personal relationships.

ACT ION STEPS FOR IMPROVING WOMEN'S MENTAL HEALTH

Public health framework of women's mental health

- Focused on the prevention and early intervention
- Population based
- Multidisciplinary approaches
 - ▣ Social, cultural, economic, environmental factor

Conceptual Framework of Issues Affecting the Mental Health of Women and Girls



1. Improve interface of primary care and mental health services for women

- Systemic screening procedure for mental diseases
- CME and training of primary and general health care practitioners
- Greater reimbursement rates for collaborative care model in primary care settings

Women (Burt VK, Women's mental health, 2nd, 2001)

- Are prescribed and take more medication, including psychotropics
- Are more willing to take medication for psychological distress.
- More use primary care services for mental health problems.
- Are more likely to acknowledge their mental distress and to seek help.

Physicians (Wastila LS. Med Care 1998;36:88-94)

- Are more likely to label women's complaints as psychogenic.
- Prescribe more psychotropic medications.

Depression screening for general population in Korea

- 한국인의 평생건강관리, 3판
 - “무증상 성인에서 적절히 진단, 치료 및 관리가 이루어질 수 있다면 우울증에 대한 선별검사를 권고한다 (B).
- 생애 전환기검진 (건강관리공단검진)
 - 40세-지난 1주일간의 기분상태를 묻는 4개 문항
 - 66세-현재상태의 기분을 묻는 3개 문항

Primary care & mental diseases

- Lack of time, training, confidence, or resources to provide appropriate treatment.
- Mental health benefits are typically more restricted and heavily managed.
- How to determine the appropriateness of managing mental health problems in a primary care setting or specialty treatment setting.



2. Build resilience and protective factors and aid recovery

- Reduction of Known risk factor
- Preventive intervention
- To support prevention & intervention research and action
- To build and educate social support networks for women in community

Resilience

- Personal qualities that allow individuals to rebound from adversity, trauma, tragedy, threats, or other stresses caused by psychological distress, specific mental illnesses, or adverse environments
- Nurturing and social support

(Wolkow KE, Community Mental Health Journal 2001;37(6):489)

Intimate partner(domestic) violence

- Any incident of threatening behavior, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are (or who have been) intimate partners or family members, regardless of gender or sexuality.
- Can lead to feelings of guilt and shame, anxiety, depression, low self-esteem, lack of confidence, vulnerability to abusive relationships, inability to trust people, anger, sexual difficulties and self-hate.
- Can lead to the diagnosis of a wide range of mental disorders, including PTSD, BPD, self-harm, suicide (or suicide attempts), multiple personality disorder, mania, bulimia, eating disorders and substance abuse.

3. Promote efforts to improve state gender policies

- Interdicting violence against women
- Empowering women economically
- Make women central in policy planning and implementation of mental health services