

769 A Preliminary Study of Luteal Phase Versus Symptom-Onset Dosing With Escitalopram for Premenstrual Dysphoric Disorder.

774 Estrogen Augmentation of Antidepressants in Perimenopausal Depression: A Pilot Study.

781 Prevalence and Predictors of Parenting Outcomes in a Cohort of Mothers With Schizophrenia Admitted for Joint Mother and Baby Psychiatric Care in England.

Empowering Women to Collaborate in Their Mental Health Care

Pretend that I am your mother. Just give me what you would give your mother.” My patient is losing patience with me. We agree she needs a trial of a different mood stabilizer, as she continues to suffer from an episode of bipolar depression. I have known this patient for 2 years. Taking into account her history and clinical situation, I narrow down the options to 2 medications, discuss the risks and benefits of each, and admit that it may take weeks to see a benefit, if we are that lucky. Although she is irritated with me, I do not want to make her decision for her. I want her to collaborate. She is bright and educated, and after all, it is her well-being at stake. I assure her that I would give my mother the same options in the same situation.

Individual patients often have strong preferences about the treatment they want. “I just want to feel better.” “As long as I don’t gain weight.” “I can’t work if it makes me feel tired.” “I want something ‘natural.’” “I want to be on the least amount of medication possible.” “Please don’t take away my medication.” The stakes are higher if the patient is pregnant, planning for a pregnancy, or breastfeeding.

Psychiatry is a fascinating field, and our knowledge base is growing all the time. We can do everything right and still be wrong. We reassess data all the time, and medical truth is a moving target. Current data suggest that lithium is not as teratogenic as we learned in medical school (if you are at least my age), and the Women’s Health Initiative showed that hormone replacement therapy does not appear to have the preventive cardiac health benefits that for decades were thought to be associated with it.

We also live in a time of high volume of information flow, internet use, direct-to-consumer advertising, and stigma about mental illness. Patients, of course, have their own values and preferences. Data from research in clinical psychiatry do not yield answers as much as provide information to assist in the process of decision making.

The articles selected for this month’s *Focus on Women’s Mental Health* section help us empower women with rational alternatives in their care. Freeman et al. report a double-blind trial in which women with premenstrual dysphoric disorder were randomly assigned to escitalopram either during the entire luteal phase of the menstrual cycle or beginning at symptom-onset. Both methods of medication administration were similarly beneficial in their study, leaving room for patient choice in the schedule of antidepressant use for patients with premenstrual symptoms. Morgan et al. conducted a randomized, double-blind trial of estrogen for major depressive disorder that did not fully remit after at least 8 weeks of an antidepressant. The group that received estrogen experienced significantly more improvement in mood symptoms than the placebo group. This study adds another variable to the decision-making process for women who are considering the risks and benefits of hormone replacement therapy. Abel et al. studied variables that are associated with successful parenting in women with schizophrenia and affective disorders. Their findings for identification of women at greatest risk for parenting difficulty may help us provide more resources for women who need it most. Such support may empower women as individuals and parents.

We hope that the *Focus on Women’s Mental Health* helps to inform clinicians about the choices we offer patients. We would appreciate your feedback and questions about this new section, and if interested, submissions to be considered for this section in the peer-review process (marlenef@email.arizona.edu).

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