NNDC Research Updates: Women & Mood Disorders Task Group

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THE FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE Major Gaps in Knowledge and Effective Clinical Models for Women Across the Lifespan : Need for a Network- Based Approach

Most women do not get detected or treated

Many receive inadequate treatment

Treatment outcomes remain a problem

Effective interventions and models of care do exist but are not widely available, paid for, or used throughout US communities

The US has seen little translation of perinatal mental health findings to clinical care, policies and vital outcomes in most communities.

Ongoing and Recent Threats for Women's Mental Health

Lifetime prevalence of MDD in women = 26% (Hasin et al, 2018)

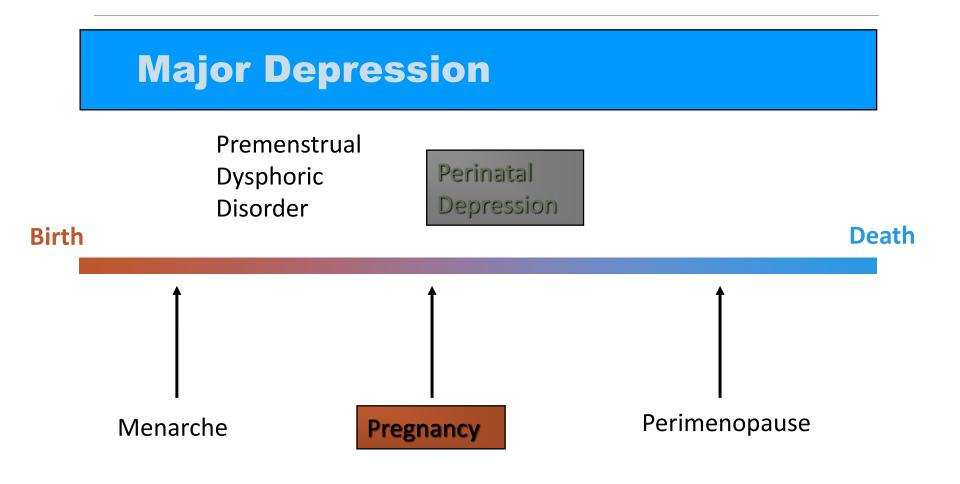
Significantly higher disease burden among neuropsychiatric disorders due to depressive disorders for women (42%)as compared to men (29%-WHO)

Less than half of affected women ever receive effective treatment even when presenting in primary and other medical care settings (WHO)

Mood and anxiety disorders in childbearing women impact 2 generations (multiple generations)

Alarming trend in self-harm and suicide among middle-school aged girls (CDC) Suicide rate among girls aged 10 to 14 years tripled from 1999 through 2014 – also using more lethal means such as hanging

Episodes of Depression Associated with Reproductive Transitions



The Women & Mood Disorders (W&MD) Task Group: Goals Overview

W&MD Research Agenda based on (1) clear gaps in knowledge, (2) high public health importance and (3) need for a network-based approach.

Overall goal: We will be a national resource for research on women's depression and sex differences and will serve the community through education, research and improvements in clinical care and influence on public policy. **Emory University** Sherryl Goodman, Ph.D. Diana Simeonova, Ph.D. Florida State University Heather Flynn, Ph.D. Shermeeka Hogans-Mathews, MD Harvard – Brigham and Women's Geena Athappilly, M.D. Jill Goldstein, Ph.D. Florina Haimovici, M.D. Harvard – Massachusetts General Hadine Joffe, M.D., M.Sc. **Johns Hopkins University** Jennifer Payne, M.D. Lisa Hantsoo, PhD Leah Rubin, PhD Neil | Epperson, M.D. **Michigan State University/PineRest** Megan Zambiasi, M.A., L.L.P. **Mayo Clinic** Katherine Moore, M.D. William Bobo, M.D., M.P.H. (JAX) Rebecca Perry, PhD Michelle Skime, PhD

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W&MD Specific Goals

Advance screening for women's mood problems in a variety of health care settings

Improve assessment methods for diagnosing mood disorders among women

Improve understanding of the unique nature of mood problems among women at various stages of the lifespan

Advance the best possible treatment approaches for addressing mood problems among women

Reduce the incidence of mood disorders among women worldwide

Brief Accomplishments

Goodman, S., Muzik, M., Simeonova, D., Kidd, S., Owen, M., Cooper, B., Kim, C., <u>Rosenblum, K., & Weiss, S</u>[,] (In revision for publication). Mother-infant interaction among women at elevated risk for postpartum depression. *Journal of Family Psychology.*

Weiss, S., Muzik, M., Deligiannidis, K., Ammerman, R., Guille, C., & Flynn, H. (2016). Gender differences in suicidal risk factors among individuals with mood disorders. *Journal of Depression and Anxiety*. 5(1)

Weiss, S., Simeonova, D., Kimmel, M., Battle, C., Maki, P. & Flynn, H. (2016) Anxiety and physical health problems increase the odds of women having more severe symptoms of depression. *Archives of Women's Mental Health*, 19(3), 491-499.

Flynn, H., Spino, C., Guille C, Deligiannidis, K., Maki, P., Jahnke, J., Rosenblum K, Epperson, N., & WEiss, S. (2017). A Collaborative, Network-based Approach to Advance Women's Depression Research in the U.S.: Preliminary Findings. *Journal of Women's Health*, 19.

Brief Accomplishments

Funded R01: Moderators of Maternal Depression's Relationship to Mother-Infant Interaction (Participating sites: UCSF, Emory and Michigan)

U24 NIH Under Review: Advancing Biobehavioral Research on Emotional Well-Being of Women with Mood-Related Health Risks (Weiss and Flynn)

Centralized coordination of national network research capacity established (UCSF Data Coordinating Center)

Two Pilot projects establishing feasibility of standard methods for network based research completed (n=6,666)

W&MD Phase 1 Multisite Pilot (n= 1316) Flynn et al. 2017; JWH

Institution	Setting	Data Collection Process*	Sample Size (%)
University of Michigan	Obstetrics	Clinicians administered	67 (5%)
UMASS	Reproductive Psychiatry Clinic	Clinicians administered	159 (12%)
University of Pennsylvania	Reproductive Psychiatry Clinic	Clinicians administered	46 (3%)
Florida State University	Obstetrics and Gynecology Clinic	Research staff administered	596 (45%)
MUSC	Obstetrics and Gynecology Clinic	Clinicians administered and research staff collected	356 (27%)
UIC	Women's Health Outpatient Clinic	Research staff administered	49 (4%)
UCSF	Neonatal Intensive Care/Obstetrics	Research staff administered	60 (5%)

Results summary: Phase 1

Expected rates of depression, anxiety, psychiatric history

Coordination and administration of a standard women's mental health questionnaire is feasible across multiple settings and sites.

Results highlight a low percentage of treatment use across various settings.

Phase 2 National Data Project NNDC Task Group Momentum Grant

Research Questions:

Do the prevalence of symptoms or symptom profiles of women differ across age groups or reproductive stages?

How are women's history of mental illness, their treatment history, or their sociodemographic context associated with potentially different symptom profiles?

Do symptom profiles differ across the clinical settings where women are being seen?

Phase 2: 8 Participating Sites (n=5,350)

- **University of Pennsylvania**
- **University of Texas Austin**
- University of California, San Francisco
- **University of Iowa**
- **University of Illinois**
- Florida State University
- **Ohio State University**
- Hofstra Northwell Health, NY

Core Questionnaire Data

Demographics Menstrual History & Status Brief Family Psychiatric History -Depression, Bipolar, Anxiety, Other Patient Psychiatric History **Psychiatric Treatment : Current & Past** Suicide Attempts **Depression & Anxiety Screens** - PHQ-9

- GAD-7

Phase 2: Results and Status

Latent class analyses = symptom profiles based on severity and risk factors

- Depression / Anxiety history and risk
- Reproductive status
- •ACE
- Social Support
- •SES

Manuscript in preparation for Depression and Anxiety

Next Steps: Continue with Goals!

Improve understanding of the unique nature of mood problems among women at various stages of the lifespan

Advance screening for women's mood problems in a variety of health care settings

Improve assessment methods for diagnosing mood disorders among women

Advance the best possible treatment approaches for addressing mood problems among women

Reduce the incidence of mood disorders among women worldwide!!

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