AFRICAN WOMEN EXPERIENCING PERIMENOPAUSE:

DEPRESSION AND MOOD SWINGS

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A Paper Presented in Partial Fulfillment

of the Requirements for the International PhD

World Information Distributed University (WIDU)

February 2014

Updated September 2017

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This paper focuses on women in the poorer nations, such as in Africa, who experience perimenopause and are coping with symptoms associated with perimenopause, a condition associated with hormonal changes (Perimenopause Symptoms," n.d.). Premenstrual syndrome (PMS) is a condition of deregulation that encompasses physical and emotional symptoms experienced during the perimenopause transitional phase (Othmer & Othmer, 2007). The association of moods and depression with suicidal thoughts experienced by African women and natural approaches aimed to help women who experience these symptoms may be identified in the literature presented.

Conditions Associated with Depression

Women reproductive, hormonal change, premenstrual period, puerperium, and menopausal transition play a major role in mood disorders (Cohen, Soares, Joffe, 2005). Moods are the movement of emotions. A disorder is an uncontrollable pattern. Thus, a mood disorder may be defined as the uncontrollable movement of emotions.

During menopausal transition, many women experience emotional disturbances and inflammation from the start of ovulation to the onset of menstruation (Sharan, 1992). Research shows women develop depression around the age of menarche and menopause (Cohen et al., 2005). Psychological conditions, such as depression, however, have been shown to be associated more so with women experiencing perimenopause than postmenopause (Lucas, Asselin, Merette, Poulin, & Dodin, 2009). The woman's cycle is a regular eliminative channel whereby pelvic toxins are released. During the transition, when women cannot accept their experiences of life, energy becomes stored in the subconscious heightening denial, inflammation, and emotional disturbances (Sharan, 1992), which may lead to other habits, conditions, or specific disorders:

- *Irrational Anger* (IA) is a condition associated with a deficiency in Vitamin B_{12} that leads to depression. Vitamin B_{12} is a supplement that has been linked to nourishing the nervous system (Singh & Sachan, 2011). During transitional phases, vitamin depletion may derive form consuming over-the-counter or prescription medications, interacting with environmental factors, and not consuming foods containing essential nutrients (State Government Victoria, 2012).
- *Luteal Phase Dysphoric Disorder* (LLPDD), which is associated with the premenstrual phrase, involves emotional symptoms, such as irritability, mood swings, anxiety, and depression (Othmer & Othmer, 2007).
- *Premenstrual Dysphoric Disorder* (PMDD) is a severe form of PMS whereby somatic and emotional disturbances lead to distress (Batra & Harper, 2003).
- *Major Depression Disorder* (MDD) involves a depressed mood or loss of pleasure for 2 weeks or more accompanied by changes in appetite, significant weight, fussy thinking, reoccurring thought of death or suicide, and so forth (Niv, 2011). Furthermore, refer to information concerning bipolar and manic-depressive disorders.

Research continues to show untreated depression may lead to suicide. Although men seem to commit suicide more often, women are more likely to have suicidal thoughts (CDC, 2012). Studies show different demographic character, such as marital satisfaction, ethnicity social economic status, and the quality of family relationship, during menopausal transitioning lead to having a depressive syndrome or MDD (Cohen et al., 2005; Minuzzi, Frey, & Soares, 2012, Abstract section). A male Business Management scholar living in Pakistan (M. Ahmad, social media communication, February 4, 2014) wrote in regards to middle-aged women experiencing depression, “Per my observation, we strongly believe on combine family setups.

Women mostly share their issue with family members and husband." Although depression impacts individuals differently, depressive individuals impact their entire social network.

Experiences of Women in Developing Countries and Recommendations

Women living in the Republic of South Africa, on average, have been reported to experience depression more so than White women and African men (Ardington, 2010). Various reporting suggest that men in Africa who are involved in intimate femicide- suicide experienced depression prior to their death (Mathews et al., 2008). Women aged 25-45 living in urban informal areas, which are shack townships, reported to experience more depressive symptoms (Ardington, 2010). Older women aged 50 and older, however, are at greater risk of depression than younger women in South Africa (Ardington, 2010).

Suicides that derive from depression may have been detected by mood swings, such as feeling lost, sadness, fatigue, and rage ("34 Menopause Symptoms," 2014). Learning that many men and women, mostly in Asian and European nations, commit suicide can be highly disturbing (Bertolote & Fleischmann, 2002). Approximately 1.53 million people are estimated to commit suicide globally for the year 2020 (Bertolote & Fleischmann, 2002).

- In Zimbabwe, a woman jumped off a vehicle to her death because her mother-in-law was visiting (Bulawo 24, 2013).
- In Zimbabwe, a female police officer drunk poison from a toilet at the station without given reason (News Day, 2013).
- In Nigeria, a woman set fire to herself falling into a well after being informed her husband would take a second wife (Ogunseye, 2011).

- In Nigeria, a 26-year-old female banker who had attempted suicide a year earlier succeeded by hanging allegedly due to depression following an operation to the uterus or due to the termination of an intimate relationship (Nigeria Films, 2011).

A series of protocols have to be established whereby a network of expert alumni from various fields of study who recognize symptoms associated with depressive-suicidal tendencies share findings across the network and with informed family members and record findings in an international registered healthcare advisory database. This didactic communication holistic quality assurance process encompassing the detection of mood swings conceived by Dr. Brenda Nelson-Porter is known as *SwingDy-Informatics*.

OB/GYN medical practitioners have to consider the age and hormonal fluctuations of clients during annual visits, notify a close relative of diagnoses if depression is detected, refer the client to a nutritional behavioral specialist, and enter the information into the international register. Nutritional specialists have to consider the foods and liquid substances consumed by female clients over an extended timeframe, analyze consumptions and provide recommendations, and report findings back to the OB/GYN and a close relative if the client does not adhere to recommendations. Brain scientists have to consider if neutrons are transmitting successfully, and if not, report findings to the OB/GYN and nutritional specialist. Family members should encourage the client to follow the directions of the medical specialists, volunteer to prepare the meals, eat with the client, and report to OB/GYN, nutritional specialist, and client's supervisor if client does not follow recommendations. In the case of death, detectives should observe if the victim of suicide was menstruating at the time of the suicide or request information from the OB/GYN the length of time prior to the suicide the victim menstruated to include in the reports. In addition to conducting psychological autopsies that involve interviewing family members and

friends (Batt et al., 2005), pathologists or brain scientist may consider exploring and recording if women between the ages of 20-45 who committed suicide have been diagnosed with perimenopause based on a hormonal panel administered by an OB/GYN medical practitioner and might have experienced off balance neurotransmission at the time of death.

Suggestions to Approach Depression

The following suggestions aim to help women, to include women in Africa or other nations, who experience depression or mood swings associated with perimenopause and are not aimed to diagnose, prescribe, treat, or cure. Challenges have been identified in finding the most tolerable approach to depression without experiencing side effects (Cohen et al., 2005). Natural techniques discussed in this paper aim to enlighten women on lifestyles and healthy living. A male (D. Sah, social media communication, January 21, 2014) who use to live in India 25 years ago shared, based on his awareness, his mother of Bombay/Mumbai never took anything for depression. Women who believe their condition results from a medical disease are recommended to seek assistance from an MD and naturopathic doctor (ND).

In addition to obtaining biofeedback training, iridology, a diagnostic tool, may help clients face and understand positive and negative energies to free them of repression and resistance (Othmer & Othmer, 2007; Sharan, 1992). Essential oils have been use for centuries as a traditional medicine to treat depression for menopausal women (Freedenberg, 2009). Aromatherapy involves massaging essential oils into the skin whereby the natural chemicals of the oils will enter into the bloodstream to heal the body (Freedenberg, 2009). Aromatherapy further involves applying clary sage, ylang ylang, or lavender to the body to help with depression (Freedenberg, 2009). Studies have shown that estrogen help reduce depression by 60%-70% in perimenopausal women (Cohen et al., 2005).

Based on a placebo-controlled trail of young criminal offenders and adults with mood and other psychiatric disorders, findings show depression and mood swings may be improved by supplementation with broad-based nutrient formulas containing vitamins, minerals, and essential fatty acids (Liebert, 2009). The study showed mood swings improved with Vitamin B, selenium, iron, and other treatments (Liebert, 2009). Other research, however, has reported no scientific research shows a firm correlation between Vitamin B_6 and the reduction of mood changes or depression (Bowling Green State University [BGSU], 2009). Vitamin B_3 (niacin), B_6 (pyridoxine), B_9 (folate), and B_{12} (cobalamin), however, have been reported in other research studies to decrease depressive tendencies (Holford, 2003; Freedenberg, 2009; Singh & Sachan, 2011). Vitamin B9 deficiency is often found in clients who experience MDD (Holford, 2003).

Eating foods rich in tryptophan helps increase serotonin production and ease depression associated with PMS (BGSU, 2009; Holford, 2003). Tryptophan is an essential amino acid required for the production of niacin and is stored in pork chop derived from healthy breeds of pigs (e.g., Colebrook, Windsnyer, Duroc) farmed throughout Africa and exported from European countries (Lagerkvist, Carlsson, & Viske, 2006; National Department of Agriculture, 1997; Tejler, 2012). Importers and consumers, however, need to caution if pork chops derived from pigs that had the swine fever or have a boar taint (Lagerkvist et al., 2006; Tejler, 2012). Moringa oleifera (Moringa), a softwood tree cultivated in South and Southeast Africa, is reported to have a high level of tryptophan (Radovich, 2011; Mandela, 2009). Scholarly researchers may consider researching the quantity of tryptophan found in pork and in Moringa and the measures effective to approach menopausal depression if methods are found to be effective (Holford, 2003; Lagerkvist et al., 2006; Mandela, 2009).

Foods that store omega-3 fatty acids, such as salmon, baked halibut, sardines, and tofu, adjust neurotransmission (Freedenberg, 2009). Foods with Vitamin D and calcium may serve as protective effects of mood swing (BGSU, 2009). Wheat germ, whole grain, rice, nuts, and dark green vegetables store magnesium and B vitamins, which may help relieve mood swings or depression (BGSU, 2009; Freedenberg, 2009). Women taking medications and experiencing suicidal thoughts, however, should consider consulting a doctor prior to taking supplements, as supplements or a combination of supplements may cause harmful side effects when taken with medications (Nihira, 2012).

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