The menopausal transition appears to be a period of heightened vulnerability to mood disturbance, leading to a significant adverse impact on quality of life and social functioning.

Menopausal women with depressive disorders (n=38) were randomized to receive an 8-week open treatment with escitalopram (flexible dose 10-20mg) or Hormone Therapy (HT) to alleviate depression, menopause-related symptoms, and to improve quality of life (QOL).

At week 8, escitalopram was more efficacious than HT in treating depressive disorders (75% versus 25%, respectively). Both treatment groups showed significant improvement of vasomotor symptoms, sleep, and QOL.

After an 8-week extension phase, 60% (6/10) of women who had not responded satisfactorily to HT achieved remission of depression with concomitant use of escitalopram.

Antidepressants have shown to be efficacious for the treatment of menopause-related depressive disorders. Preliminary data also suggest that antidepressants alleviate vasomotor symptoms.

The efficacy of Hormone Therapy (HT) for the treatment of vasomotor symptoms is well established. On the other hand, the use of HT for menopause-related mood and anxiety symptoms has shown mixed results. Moreover, the safety of long-term use of HT has been questioned.

Subjects
- 38 women were enrolled in the study (15 perimenopausal, 23 postmenopausal, 40-60 years old).
- Perimenopausal status, irregular cycles and amenorrhea for <12 months; postmenopausal, amenorrhea ≥12 months.
- Diagnosis of depressive disorders (M.I.N.I. interview).
- No contraindications to HT.

Analysis
- Intent-to-treat, LOCF; N=32, 16 on HT, 16 on escitalopram.
- Nonparametric procedures.
- *α=.05 for all analyses.

1. Treatment Outcome (8 weeks)
   - **Full remission of depression** was observed in 75% (12/16) of subjects treated with escitalopram, compared to 25% (4/16) treated with HT; p=0.01, Fisher χ² tests.
   - **Remission of menopause-related symptoms** was noted in 7/16 (43.8%) women treated with escitalopram, 6/16 (37.5%) treated with HT; p=0.50, Fisher χ² tests.
   - **Remission of Hot Flashes** – there were no significant differences (p>0.05, χ² tests) between escitalopram and HT, based on the following instruments:
     - GCS vasomotor sub-scores: 66.7% versus 60%
     - HFRDIS total score: 56.3% versus 62.5%
     - Hot Flash Composite scores: 53.3% versus 73.3%
   - **Overall remission** was observed in 56.3% (9/16) of women treated with escitalopram, and in 12.5% (2/16) of women treated with HT; p=0.02 (Fisher χ² test).

2. Treatment Outcome (8-week extension phase)
Ten of the 12 non-responders to HT alone received an 8-week combination of escitalopram and HT
   - **Remission of depression** occurred in 60% of subjects.
   - **Remission of hot flashes** occurred in 70% of subjects.

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