This edition of CNS Spectrums is based on the 1998 Georgetown University Department of Psychiatry's mood and anxiety disorders conference titled "Women's Extra Work." That conference attempted to apply the biopsychosocial model to mental health problems unique to women. The title, "Women's Extra Work," immediately raised the issue of increased vulnerability among women to mood and anxiety disorders and suggested the multifactorial nature of that vulnerability.

In the United States and throughout the world, prevalence rates for major depression in women are two to three times the rates seen in men. Women have an increased vulnerability to depression starting at puberty and continuing through the childbearing years and into menopause. Many women experience anxiety and depression on a monthly basis in relation to their menstrual cycles. Women have an 11% lifetime chance of developing posttraumatic stress disorder (PTSD), compared with 7% in men. Following major trauma, 31% of women develop PTSD whereas only 19% of men do. Women are also more likely than men to develop social phobia, panic disorder, and generalized anxiety disorder.

In "Gender Differences in Major Depressive Disorder and Bipolar Disorder," Ellen Leibenluft, MD, from the Clinical Psychobiology Branch of the National Institute of Mental Health, points out that although men and women suffer from bipolar disorder at equal frequencies, there are a number of significant gender-related differences. For example, women are more likely to suffer from rapid cycling disorder. In addition, women with bipolar disorder are more likely to suffer from the depressive pole of the disorder and may have more mixed states. In her article, Dr. Liebenluft explores possible explanations for these differences.

Zachary Stowe, MD, and Claudia L. Baugh from Emory University discuss the use of psychotropic agents during pregnancy and lactation. They remind us that no decision with regard to pregnancy is risk free. They describe the risks of not treating depression during pregnancy (eg, suicide, poor self-care, poor neonatal care, and substance abuse), as well as the current literature on teratogenic effects of psychotropics. They encourage clinicians to do a meaningful risk-benefit assessment when working with pregnant women and considering use of psychotropics.

In "Anxiety and the Blues After Breast Cancer: How Common Are They?" Julia H. Rowland, PhD, from Georgetown University's psycho-oncology program, addresses the topic of anxiety and depression in breast cancer patients. In this article, she explodes the myth that breast cancer patients suffer more psychiatric disease than other patients with cancer or other medically ill patients and gives some guidelines to help identify those women who may be at particular risk for depression or anxiety following a diagnosis of breast cancer. She goes on to make useful psychosocial treatment recommendations for such patients based on current research and clinical wisdom.

In "Shell-shocked in the Mommy Wars," Ms. Tracy Thompson—a journalist for The Washington Post who has written previously about her personal struggle with depression in her book, The Beast—reports on her experiences as a stay-at-home mom fighting to ward off the return of depression, "The Beast." Her comments both at the conference and in this issue of CNS Spectrums put a very human face on one of the most difficult situations with which women have to cope.

Also included in this issue of CNS Spectrums is my case report of a psychoanalytic treatment. This case describes a woman who presented primarily with anxiety symptoms based on conflicts concerning sexuality. It is included here to provide a psychodynamic perspective on women's issues.

This issue of CNS Spectrums answers a number of important questions but raises many others. At the conference, many of the speakers drew attention to the contribution of biological factors, such as fluctuating levels of female reproductive hormones and thyroid hormone abnormalities, in creating "Women's Extra Work." Other speakers focused on the stress derived from the demands of multiple, often conflicting roles facing women today. Still others described tensions stemming from each woman's unique developmental history. It is clear from my own experience with patients and from the papers presented at the symposium and published here that each of the domains of the biopsychosocial model makes a powerful contribution to sickness and health. If we are to solve the riddle that explains why women suffer more psychological distress than men (and provide useful interventions), we must tend to issues in all three of these domains. Assessment and treatment of women's psychiatric conditions should follow this multifactorial model with an emphasis placed on integration of services. An integrated approach creates a kind of momentum that can move treatment forward.

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