

Differences Between Depression in Men and Women

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Multiple studies conducted since the 1990s indicate women experience up to twice the rate of depression as men. Some experts have theorized women have higher depression rates because they are more likely to report subclinical symptoms, and assessments and depression scores do not differentiate between clinical and subclinical depression. A British study on 97 couples found gender differences were not a consequence of using too low a threshold nor related to using an average score emphasizing women's theoretically higher reporting of milder symptoms. In fact, the depression difference between men and women was even greater when the assessment threshold increased.

Many studies suggest [gender differences](#) are highest during reproductive years. A meta-analytic depression study published in 2017 encompassed 3.5 million people in more than 90 countries. Researchers confirmed depression affects twice as many females as males. Moreover, the study revealed gender differences emerge as early as [age 12](#). The research also found gender differences lessen slightly after adolescence, but women continue to experience nearly double the rate of depression as men.

Why is Depression Different in Men and Women?

Biological reasons may partially explain the much higher rate of depression in women. Hormones and genes are disrupted when brain regions are developing in the male and female fetus. The biological changes during fetal development lay the groundwork for a [vulnerability to mood disorders](#) (e.g. depression). Numerous studies have found episodes of depression are triggered by a major life event. Interactions between stress hormones, female reproductive hormones, and mood-regulating neurotransmitters may trigger more depressive episodes in women in reaction to stressful life events.

Key Gender Differences

- Depressed women tend to dwell on and rehash negative feelings more than depressed men. These behaviors can manifest as negative self-talk, crying without an obvious reason, and self-blame, all of which can reinforce feelings of depression.
- Depressed men abuse alcohol and drugs and their symptoms manifest as anger or irritability more often than women. Men also try to mask sadness by working or playing sports excessively, or engaging in risky behaviors including gambling, smoking, unsafe sex, or driving recklessly.
- Women experience eating disorders more often than men, as well as [comorbid depression](#). They also experience higher rates of co-occurring depression and anxiety disorders.
- Evidence suggests [postpartum depression](#) can be part of a continuum, with onset of illness during pregnancy. While the rates of postpartum depression are higher in women and more recognized clinically, this type of depression impacts mothers and fathers. A large study showed low marital satisfaction, a partner's depression, and depression during pregnancy increased the probability of postpartum depression during the 12-month period after birth, for both genders. A history of depression was not associated with postpartum depression in either sex. The risk of depression increased in response to negative life events, but only in women.

Depression Treatment

[Comorbid depression and alcohol use disorder](#) (AUD) is more common in men, but presents considerable challenges for both genders. Co-occurring depression and AUD is associated with an earlier onset of alcohol dependence, higher rates of lifetime drug dependence, higher relapse rates, a greater risk of suicide attempts, and completed suicides. Gender-specific treatment addresses the different ways men and women cope with depression and reflects gender-based variances in co-occurring disorders. Clients benefit from individualized treatment without the potential distractions of talking about deep-seeded, difficult issues in front of the opposite sex.