



Effect of Aerobic Exercise on Postmenopausal Women with Major Depression

Fayiz F. El-Shamy^{1*}, Soheir M. El-Kosery¹ and Adel F. El-Bigawy²

¹Department of Physical Therapy for Gynecology and Obstetrics, Cairo University, Egypt.

²Department of Gynecology and Obstetrics, Cairo University, Egypt.

Authors' contributions

This work was carried out in collaboration between all authors. All authors read and approved the final manuscript.

Research Article

Received 28th November 2012

Accepted 29th January 2013

Published 19th February 2013

ABSTRACT

Aims: To investigate the effect of aerobic exercise on post menopausal women with major depression.

Study Design: A clinical controlled trial.

Place and Duration of Study: Department of Neuropsychiatry, Polaq Hospital-Cairo, between July 2011 and April 2012.

Methodology: Thirty postmenopausal women (age range 45-50 years) were selected randomly, clinically diagnosed with major depression and divided into 2 equal groups (A&B). Patients in group A were treated by aerobic exercise and anti depressive drug (paroxetine; 20mg/day), patients in group B were treated by anti depressive drug (paroxetine; 20mg/day). The rate of depression was measured by Hamilton depression scale before and after the treatment program.

Results: Patients in group A showed highly significant changes in depression intensity ($P=.0001$) after the treatment program with percentage of improvement was 6.27%. Patients in group B showed highly significant changes in depression intensity ($P=.001$) with percentage of improvement was 5.35%. There were highly significant changes between both groups ($P=.002$).

Conclusion: Aerobic exercise with antidepressant is important to improve depression in post menopausal women than antidepressive drug alone.

Keywords: Menopause; major depression; aerobic exercise; antidepressive drug.

*Corresponding author: E-mail: ff_elshamy@yahoo.com;

1. INTRODUCTION

Menopause is a natural process, not a medical illness and it is manifested by the cessation of menstrual flow lasting at least 12 months. Even so, the physical and emotional symptoms of menopause can disrupt woman's sleep, sap her energy and at least indirectly trigger feelings of sadness and loss [1]. It is thought that somewhere between 8% and 15% of menopausal women experience some form of depression [2]. A variety of theories have been suggested as to why so many menopausal women experience mood disorders. These theories include the stress of menopause symptoms and fluctuating levels of hormones in the body. As hormones drop, especially estrogen, women can experience periods of sadness and hopelessness. Some women experience a severe drop in mood, resulting in depression [3]. Depression is a medical illness that can lead to a variety of emotional and physical problems. Also called major depression [4]. A person having a major depressive episode usually exhibits a very low mood, which pervades all aspects of life, an inability to experience pleasure in activities that formerly were enjoyed [5]. A depressed individual is 4.5 times more likely to suffer a heart attack, 2 to 3 times more likely to develop hypertension, type 2 diabetes and 88% more likely to develop cancer [6]. Many who do respond to antidepressant slip back into depression within a short while, despite sticking with drug treatment [7]. Accordingly, it seems to be important to find out a safe and conservative method for alleviating the post menopausal depression. The aim of the study was to investigate the effect of aerobic exercise on post menopausal women with major depression treated by anti depressive drug.

2. MATERIALS AND METHODS

A total of 30 postmenopausal women diagnosed as having major depression according to Hamilton Depression Scale, were selected randomly from department of neuropsychiatry from Polaq Hospital in Cairo, divided into 2 equal groups (A&B). Patients in group (A) were treated by aerobic exercise and paroxetine (20 mg/day) as antidepressive drug; patients in group (B) were treated by paroxetine (20 mg/day). Their age was ranged from 45 to 50 years. Their body mass index was less 30 kg/m². The menstruation stopped since at least 12 months ago. Patients were excluded who exhibited chronic musculoskeletal problems such as knee joint osteoarthritis, ankle joint deformities, or lower back pain in the previous 6 months, had undergone cardiovascular and neurological disorders. The design of this study was a clinical controlled trial. Informed consent form had been signed from each patient before participating in the study. The study was done from July 2011 to April 2012. We measured the severity of depression by Hamilton Depression Scale which filled by the same therapist, it is a multiple choice questionnaire, for each item, each woman write the correct number on the line next to the item (only one response per item); the overall scores for each scale were calculated as the means of the items, the higher the score, the more severe depression. According to her answers the rate of depression was assessed as follow, mild depression (scores between 7-17), moderate depression (scores between 18-24) and severe depression (scores of 25 or more). The rate of depression was measured for each woman before and after the treatment program. The treatment program in group (A) consisted of antidepressive drug (paroxetine, 20 mg/day in a single dose) and aerobic exercises in the form of treadmill exercise for 9 weeks, three sessions per week, each session 30 min. divided into 5 min. warming up, 20 min. walking on treadmill and 5 min. cooling down, while the treatment program in group (B) consisted of antidepressive drug (paroxetine, 20 mg/day in a single dose).

The collected data was statistically analyzed by using Mann-Witney, Wilcoxon matched pairs test and descriptive statistics: mean, standard deviation and percentage. Statistical significance level of 0.05 would be used within this study.

3. RESULTS

All data had been collected and statistically analyzed and presented under the following headings:

3.1 Physical Characteristics of the Patients

In this study, 30 women with major depression were divided randomly into two equal groups (A&B). Group (A): 15 women were included in this group; the mean age and BMI were (49.33±2.69) years and (26.78±1.49) Kg/m². Group (B): 15 women were included in this group; the mean age and BMI were (49.6±3.01) years and (26.73±1.45) Kg/m². There was no significant difference ($P= .8$ and $.93$) between both groups (A&B) regarding their ages and BMI respectively (Table 1).

Table 1. Age and BMI of patients in both groups (A&B)

	Age (yrs)		BMI(Kg/m ²)	
	Group A	Group B	Group A	Group B
Mean ± SD	49.33±2.69	49.6±3.01	26.78±1.49	26.73±1.45
P-value	0.8		0.93	
Significance	NS		NS	

*SD: standard deviation, P: probability, NS: non-significant.

3.2 Rate of Depression by Hamilton Depression Scale

Group (A): There were a highly significant differences in patients' depression intensity ($P=.0001$) between mean values of patients' depression before (18±2.1) and after (16.86±2.06) the treatment program with percentage of improvement was 6.27%. Group (B): There were a highly significant differences in patients' depression intensity ($P=.001$) between mean values of patients' depression before (18.66±2.58) and after (17.66±2.16) the treatment program with percentage of improvement was 5.35%. When comparing between the mean values of patients' depression intensity between both groups (A&B), there was no significant difference ($P=.44$) at the beginning of the study. While there was a highly statistical significant difference ($P= .002$) at the end of the treatment program (Table 2 and Fig. 1).

Table 2. Mean± SD values of patient' s depression intensity at pre and post treatment program for both groups (A&B)

	Patient' s depression intensity (By Hamilton Depression Scale)			
	Pre treatment		Post treatment	
	Group A	Group B	Group A	Group B
Mean ± SD	18±2.1	18.66±2.58	16.86±2.06	17.66±2.16
P-value	0.44		0.002	
Significance	NS		HS	

*SD: standard deviation, P: probability, HS: highly significant, NS: non significant

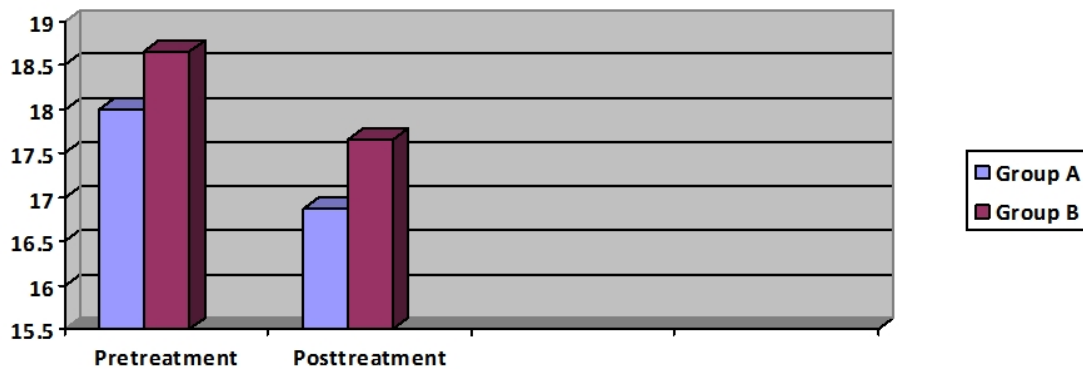


Fig. 1. Mean values of patient's depression intensity at pre and post treatment program for both groups (A&B)

4. DISCUSSION

An earlier study showed that the transition from reproductive to non-reproductive years in women (the menopausal transition) is characterized by increased reporting of psychological, somatic, vasomotor and urogenital symptoms [8]. It is unclear why psychological symptoms occur at the menopause, and they may well have little to do with hormonal fluctuations. Life stresses at this age, as well as past problems, are an obvious causative factor [9]. Vasomotor, somatic, and psychological symptoms associated with menopause are often treated with hormone replacement therapy (HRT), but the role of non pharmacological interventions has received little attention. Two studies used the Profile of Mood States (POMS) and Women's Health Questionnaire (WHQ) to examine the effects of exercise among postmenopausal women. Study 1, a comparison of exercisers and non exercisers, showed that exercisers' moods were significantly more positive than sedentary women's moods, regardless of menopausal state. Exercising women also scored lower on somatic symptoms and memory-concentration difficulties. Study 2 examined the acute effects of aerobic exercise postmenopausal with HRT and found significant enhancements in mood and reductions in reported somatic and vasomotor symptoms immediately following an aerobic class [10].

This study found that aerobic exercise with antidepressive drug may assist in the alleviation of postmenopausal depression than antidepressive drug.

Regular exercises increase levels of serotonin in the brain. Serotonin is a neurotransmitter involved in mood, sleep, libido, appetite and other functions. Exercise may also increase endorphins, which are chemicals in the brain with 'mood lifting' properties. Regular exercise also helps depression by: Increasing energy levels, helping to get a good night's sleep, providing distraction from worries and rumination, providing social support and reducing loneliness if exercise is done with other people, Increasing a sense of control and self-esteem, by taking an active role in the individual's own recovery [11].

Knubben et al. [12] examined the impact of menopausal status on the ability of women to derive psychological benefits from exercise, regular exercise assessed immediately following an exercise class scored significantly lower on negative mood dimensions and higher on positive mood than did non exercise. The results suggest that the acute mood enhancing

effects of exercises are maintained despite the endocrine changes associated with menopause, it is argued that encouraging menopausal women to adopt appropriate exercise patterns may assist in the alleviation of psychological distress as well as providing physical benefits.

5. CONCLUSION

It could be concluded that aerobic exercise with antidepressive drug produced substantial improvement in mood of post menopausal women with major depressive disorders than antidepressants alone.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Chatth R. Treating the climacteric symptoms in Indian women with an integrated approach to yoga therapy: A randomized control study. *Journal of the North America Menopauses Society*. 2008;15:862.
2. Sores C. Perimenopause related mood disturbance: update on risk factors and novel treatment strategies available. In Meeting program and Abstracts. Psychopharmacology and Reproductive Transitions Symposium. American psychiatric association 157th annual meeting; may 1-6: New York, NY. Arlington, Va: American psychiatric publishing. 2004:51-61.
3. Bromberger J, Schott L, Kravitz H, Sower M, Avis N, Gold E, et al. Longitudinal changes in reproductive hormones and depressive symptoms across the menopausal transition: results from the study of women's health across the nation (SWAN). *Arch Gen Psychiatry*. 2010;67(6):598-607.
4. Mischoulon D. Update and critique of natural remedies as antidepressant treatment obstetrics and gynecology clinics of North America. 2009;36:789.
5. Washington D. American psychiatric association diagnostic and statistical manual of mental disorders; 2000.
6. Woolston C. The mind-body connection, Boston (MA): Consumer Health Interactive cited; May 10 2009.
7. Mineur Y, Piccioto M. Nicotine receptors and depression: revisiting and revising the cholinergic hypothesis. *Trends Pharmacol. Sci*. 2010;31(12):580-6.
8. Innes K. Mind body therapies for menopausal symptoms: systematic review. *Maturitas*. 2010;66:135.
9. Rees M, Purdie D. Management of the menopause: the handbook of the British menopause society: BMS publications Ltd; 2002.
10. Dale J, Sorour E, Milner G. Do psychiatrists perform appropriate physical investigations for their patients? A review of current practices in a general psychiatric inpatient and outpatient setting. *J of Mental Health*. 2008;17(3):293-98.
11. Blumenthal J, Babyak M, Moore K. Effects of exercises training on patients with major depression. *Med*. 1999;159:2349-2356.

12. Knubben K, Reischies F, Adli M. A randomized, controlled study on the effects of a short-term endurance training programme in patients with major depression. *Br J Sports Med.* 2007;41(1):29-33.

© 2013 El-Shamy et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:

The peer review history for this paper can be accessed here:

<http://www.sciencedomain.org/review-history.php?iid=191&id=5&aid=949>