Why Most Women in Perimenopause Get Antidepressants (What They NEED Instead) Transcript

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The 40 Percent Misdiagnosis Problem

Seven of these eight Seven of these eight issues can be issues can be caused by caused by caused by menopause. This is a menopause. This is a tool that tool that most doctors most doctors use to use to decide who decide who needs an needs an needs an antidepressant. And here's antidepressant. And here's the number that the number that stops me. Almost 40% of postmenopausal women postmenopausal women prescribed prescribed prescribed psychiatric psychiatric psychiatric medications believed medications believed they were not they were not correctly diagnosed.

correctly diagnosed. Not a handful of extreme Not a handful of extreme cases, 40%. Today cases, 40%. Today I explain why exactly I explain why exactly this happens and what this happens and what you can you can do about it. Hi, I'm do about it. Hi, I'm Dr. Elizabeth Dr. Elizabeth Tatakin, a naturopathic doctor practicing in practicing in Scottsdale, Scottsdale, Scottsdale, Arizona. As a naturopathic doctor, I naturopathic doctor, I see this see this pattern regularly.

Women who come Women who come after a full after a full mood assessment, sometimes more than mood assessment, sometimes more than one, without any one, without any prior prior hormonal hormonal analysis. This is not a analysis. This is not a personal failure. This is a personal failure. This is a systemic problem.

systemic problem. Today I'll look at Today I'll look at why this happens why this happens on a structural on a structural level, what the problem with the the problem with the screening tool really is, and how to have a screening tool really is, and how to have a more informed more informed conversation with your conversation with your doctor. Whether doctor. Whether you are currently you are currently taking taking taking antidepressants and antidepressants and wondering wondering wondering if something else is causing if something else is causing your symptoms, or you have your symptoms, or you have just just just been offered them and something been offered them and something seems off, this seems off, this video is for you. Here's what video is for you. Here's what I want you to I want you to understand about this understand about this 40% number. It's not just 40% number. It's not just women who haven't women who haven't responded to responded to treatment. These are women treatment. These are women who felt from the beginning who felt from the beginning that they were treating the that they were treating the wrong problem. A 2025 survey. A 2025 survey of of of over 1,000 women over 1,000 women found that nearly 40% of postmenopausal women postmenopausal women prescribed prescribed prescribed psychiatric psychiatric psychiatric medications believed medications believed they had been they had been misdiagnosed.

misdiagnosed. misdiagnosed. Break it down into Break it down into parts. 33% received parts. 33% received treatment for treatment for anxiety, 27% for anxiety, 27% for depression, 25% for depression, 25% for mood swings, and mood swings, and 13% for panic attacks.

These are women who These are women who went to the doctor, went to the doctor, described what described what was going on in was going on in their bodies, and their bodies, and wrote a prescription for wrote a prescription for their mood without their mood without asking whether their asking whether their hormones were the actual hormones were the actual driving force. In driving force. In naturopathic naturopathic naturopathic medicine, we ask medicine, we ask one question before all one question before all else. What else. What actually actually actually causes this? Identify causes this? Identify what is blocking the what is blocking the body's ability to body's ability to heal, eliminate it, heal, eliminate it, and give the body what it needs. This it needs. This structure exists for a reason structure exists for a reason. And it was this. And it was this first step, first step, identifying the actual identifying the actual cause, that was cause, that was missed for these missed for these women. Failure is not in women. Failure is not in the medicine.

the medicine. Antidepressants are Antidepressants are real medications that real medications that help real help real people. Failure is a people. Failure is a missed step, a missed step, a hormonal hormonal hormonal examination before examination before writing a prescription. And writing a prescription.

Why the Depression Screening Tool Fails Women

And that brings us to the that brings us to the reason why this reason why this keeps happening, because the tool, because the tool that most that most doctors doctors doctors use to use to screen for depression screen for depression has a problem that has a problem that almost no one almost no one talks about. This is the form talks about. This is the form I was holding at the I was holding at the beginning of this video.

beginning of this video. Let me Let me tell you what tell you what it actually it actually measures and what it doesn't. The PHQ8 is the most common is the most common clinical clinical clinical depression screening tool in depression screening tool in primary primary primary care. When care. When a patient exceeds a a patient exceeds a certain threshold, the certain threshold, the protocol indicates protocol indicates treatment for depression.

treatment for depression. Here are eight symptoms it targets. Sleep disturbances, fatigue, Sleep disturbances, fatigue, problems with problems with concentration, concentration, concentration, changes in appetite, changes in appetite, decreased interest in decreased interest in activities, activities, activities, mood disturbances, mood disturbances, low energy, low energy, psychotic changes, psychotic changes, which is, you know, which is, you know, feeling feeling feeling depressed, depressed, depressed, inhibited, or inhibited, or anxious. Seven of these anxious. Seven of these eight can be eight can be directly directly directly caused by caused by caused by menopause. The only menopause. The only factor that points factor that points more specifically to more specifically to clinical depression, clinical depression, rather than menopause itself, is persistent hopelessness, is persistent hopelessness and impaired and impaired self-esteem. So a self-esteem. So a menopausal woman without menopausal woman without depression can come depression can come into the office, into the office, fill out this form, fill out this form, get a high score get a high score and a referral for and a referral for antidepressant treatment.

The test cannot The test cannot tell the difference. tell the difference. There is a There is a principle in naturopathic medicine. Identify and principle in naturopathic medicine. Identify and treat the cause, not the treat the cause, not the symptom that symptom that lies on top of lies on top of it. A positive score in it. A positive score in this form is a symptom. This is not a diagnosis. This is not the. This is not a diagnosis. This is not the reason. Prescribing reason. Prescribing medication based on a checklist of medication based on a checklist of symptoms without symptoms without asking what is asking what is causing those symptoms causing those symptoms is like changing a is like changing a light bulb in a car.

light bulb in a car. Instead of Instead of checking to see if the checking to see if the light goes out, the problem light goes out, the problem persists. Now you persists. Now you may ask why may ask why doctors don't doctors don't notice this? The answer has notice this? The answer has less to do with less to do with individual doctors individual doctors than with how they than with how they were trained. And were trained.

The Training Gap in Menopause Medicine

And this part will surprise you. Most people. Most people assume that their assume that their doctors know everything about doctors know everything about every stage of women's every stage of women's health. And their health. And their doctor probably doctor probably assumes that too. Here is the assumes that too. Here is the reality. A 2022 survey of obstetrics and gynecology residency programs in the United States 2022 survey of obstetrics and gynecology residency programs in the United States found that only 31% of medical professionals medical professionals received any received any education on education on menopause during their menopause during their training. No training. No deep immersion, deep immersion, no education no education at all. 31%. And you at all. 31%. And you can see the can see the result in the result in the medication prescribing data.

medication prescribing data. A study A study published in the Journal of published in the Journal of Affective Disorders found Affective Disorders found that nearly half of that nearly half of women aged 45 to 54 women aged

45 to 54 who were who were diagnosed with a mental diagnosed with a mental disorder during the disorder during the transition to transition to menopause menopause menopause were prescribed were prescribed were prescribed antidepressants.

antidepressants. antidepressants. Less than 3% received Less than 3% received hormone therapy. hormone therapy. This is not a criticism of individual This is not a criticism of individual medical professionals. A good doctor,. A good doctor, working in a system that has working in a system that has never trained them never trained them to consider menopause to consider menopause as a driver of as a driver of mood symptoms, mood symptoms, will turn to the will turn to the tool they were tool they were given. This given. This tool indicates tool indicates depression. That's why they depression. That's why they treat depression. The treat depression. The naturopathic naturopathic naturopathic tradition has understood tradition has understood hormonal transitions hormonal transitions as a central as a central part of women's part of women's health for over a health for over a century.

century. century. Founders such as NIP, Lindlar, Benedict Loose, the first, Benedict Loose, the first practitioners of this practitioners of this medicine, wrote about medicine, wrote about supporting the body supporting the body during natural during natural life transitions, life transitions, rather than suppressing the rather than suppressing the signals it signals it sends during them.

sends during them. The idea that The idea that midlife symptoms midlife symptoms in women may in women may be physiological be physiological rather than psychiatric rather than psychiatric is not new. She is not new. She just didn't fit just didn't fit into the standard into the standard training protocol.

training protocol. The result is a The result is a predictable predictable predictable pattern. A pattern. A well- well- well- intentioned doctor, a intentioned doctor, a screening tool that can't screening tool that can't distinguish between distinguish between menopause and menopause and depression, and a prescription depression, and a prescription written without written without checking checking checking hormone levels. This is not a hormone levels. This is not a bad doctor, it's a bad doctor, it's a breach of protocol.

breach of protocol. If this is a If this is a connecting link for you, connecting link for you, subscribe. This subscribe. This channel covers channel covers naturopathic and naturopathic and functional functional functional medicine in the areas of medicine in the areas of women's health and women's health and family health. And family health. And now I'm now I'm diving into diving into premenopause and premenopause and menopause in detail. You don't menopause in detail. You don't want to miss what's want to miss what's ahead. I want to ahead. I want to stop here and stop here and be very clear be very clear because this is the most important because this is the most important part for how part for how you will perceive this you will perceive this information at your information at your doctor's appointment.

When Antidepressants Are the Right Choice

There are situations There are situations where antidepressants where antidepressants are the right are the right first- first- first- line treatment for perimenopausal women line treatment for perimenopausal women. This. This video does not claim video does not claim otherwise. If otherwise. If you have a history of you have a history of clinical depression clinical depression preceding menopause, a preceding menopause, a family history of family history of depression, or depression, or depressive episodes depressive episodes that are not correlated with that are not correlated with your cycle, your cycle, antidepressants antidepressants antidepressants may be the may be the right initial right initial intervention. True intervention. True depression deserves depression deserves treatment. Some treatment. Some antidepressants, antidepressants, antidepressants, including venlafaxine and including venlafaxine and peroxetine, have peroxetine, have clinical evidence of clinical evidence of reducing the frequency of reducing the frequency of hot flashes. For women hot flashes. For women who cannot who cannot use use use hormone therapy, hormone therapy, this is a legal option.

And sometimes a woman And sometimes a woman needs acute needs acute stabilization while a stabilization while a complete complete complete hormonal analysis is performed.

Antidepressants Antidepressants can fulfill this can fulfill this bridge role. This is bridge role. This is correct correct correct usage. In usage. In naturopathic naturopathic naturopathic medicine, we talk medicine, we talk about matching about matching the intervention to the actual the intervention to the actual obstacle. Herbal obstacle. Herbal remedies, remedies, remedies, homeopathy, homeopathy, homeopathy, hormonal hormonal hormonal support – each support – each tool has its tool has its place. The question place. The question is always what is this person's body really asking for?

this person's body really asking for? Antidepressants are a Antidepressants are a real tool. The problem is to. The problem is to address address address them before you them before you answer that answer that question. So, question. So, the problem is never the the problem is never the medication itself. The problem is. The problem is prescribing them before prescribing them before asking, “ asking, “ Could it be Could it be menopause?” Should menopause?” Should we we we check her check her hormonal status first?

» This one question » This one question changes everything.

The Hormonal Labs You Should Request

So, here's what a proper proper hormonal hormonal hormonal checkup really looks like and how to checkup really looks like and how to conduct it without conduct it without turning the turning the turning the next appointment into a next appointment into a confrontation. Here I confrontation. Here I want to give you something want to give you something specific that you specific that you can take into account can take into account at your next at your next appointment, because appointment, because understanding the problem is one thing. Knowing what to is one thing. Knowing what to actually actually actually ask is ask is another thing entirely. So, another thing entirely. So, start with this start with this question. Before we question. Before we discuss discuss discuss antidepressants, antidepressants, antidepressants, can we first can we first assess whether assess whether my symptoms could be my symptoms could be caused by caused by caused by menopause? That's menopause? That's all. This is a reasonable and all. This is a reasonable and well-founded question. Any good. Any good doctor will deal with doctor will deal with this. Order a this. Order a hormone panel, hormone panel, but on time, not just but on time, not just any any any hormone test.

The most sensitive The most sensitive markers of early markers of early menopause are menopause are progesterone in the progesterone in the luteal phase, which is luteal phase, which is determined on determined on days 19-21 of a 28-day cycle.

days 19-21 of a 28-day cycle. This detects early This detects early progesterone deficiency, before, before estradiol levels even estradiol levels even change. FSH and change. FSH and estradiol on estradiol on day three are useful but day three are useful but may look may look completely normal completely normal in early in early menopause. If your menopause. If your doctor only did these doctor only did these tests and said tests and said everything was fine, everything was fine, the examination is not the examination is not complete. Always complete. Always include a full include a full thyroid panel thyroid panel, TSH, free, TSH, free T3, free T4.

T3, free T4. Thyroid dysfunction and Thyroid dysfunction and perimenopause perimenopause perimenopause overlap significantly in overlap significantly in your symptoms. You your symptoms. You need to rule out need to rule out one before one before treating the other.

treating the other. Document the time Document the time your your your symptoms appeared. symptoms appeared. Mood swings that Mood swings that worsen a worsen a week before week before menstruation and menstruation and improve immediately improve immediately after it after it directly directly directly point to a point to a hormonal factor, hormonal factor, in particular in particular progesterone.

progesterone. progesterone. Write down this Write down this pattern. This is pattern. This is clinical information. clinical information.

How to Advocate for a Proper Evaluation

In naturopathic In naturopathic medicine, this is work medicine, this is work we call we call removing the obstruction. removing the obstruction. You can't give your You can't give your body what it body what it needs until you needs until you know what's really know what's really bothering it. A time-limited hormone panel costs almost nothing and shows costs almost nothing and shows results in 48 results in 48 hours. This step should hours. This step should be taken before prescribing any mood-targeted medication to a woman between the mood-targeted medication to a woman between the ages of 35 and 55. You ages of 35 and 55. You can ask for can ask for it, and you it, and you deserve it. If you deserve it. If you feel feel feel slighted, that's also slighted, that's also information. A doctor information. A doctor who doesn't ask who doesn't ask intelligent questions intelligent questions about your hormonal about your hormonal status is not the status is not the right doctor right doctor for this stage of for this stage of your life. There are your life. There are specialists specially specialists specially trained for this, and you trained for this, and you should find one. Here's what I want you to what I want you to say. A standard depression screening tool cannot depression screening tool cannot distinguish distinguish distinguish Perry's menopause from clinical Perry's menopause from clinical depression. Most depression. Most doctors have never doctors have never been trained to look for been trained to look for this difference. And this difference. And the result is a the result is a documented documented documented predictable predictable predictable pattern.

pattern. pattern. Mood symptoms Mood symptoms are treated separately from are treated separately from the hormones that the hormones that cause them. Antidepressants Antidepressants may be the right may be the right choice for some choice for some women, but they women, but they are often the wrong are often the wrong first step, and there first step, and there is a is a difference between the two. A timely difference between the two. A timely hormonal hormonal hormonal examination examination examination costs almost nothing.

costs almost nothing. It takes about 48 It takes about 48 hours and answers a hours and answers a question that should have been question that should have been asked before any any prescription was written. You can prescription was written. You can ask for it. You ask for it. You deserve an deserve an answer. If you answer. If you want to understand the want to understand the exact hormonal exact hormonal mechanism behind the mechanism behind the mood swings mood swings we talked about we talked about today, specifically what today, specifically what happens with happens with progesterone and why progesterone and why it has such a it has such a direct direct direct impact on impact on anxiety. This video anxiety. This video will appear on this will appear on this channel. Subscribe channel. Subscribe so you don't miss so you don't miss it when it drops.

it when it drops. Leave a comment Leave a comment below where you were below where you were offered a offered a offered a hormone hormone hormone test before being test before being given given given mood medication. I read mood medication. I read every comment and I am every comment and I am genuinely interested in your genuinely interested in your experience with this. And if experience with this. And if treating treating treating the root cause is the the root cause is the kind of help you've kind of help you've been looking for, finding the been looking for, finding the actual cause actual cause before seeking before seeking treatment, then this treatment, then this channel is for that.