

MENO- D

A rating scale to detect depression in menopause

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Subject's name or code:

Date:

The Meno- D can be completed as a self-report scale or completed by a clinician. The general reference point for each item is the individual's pre-menopausal level or state.

A – LOW ENERGY

Over the last 2 weeks have you noticed reduced energy levels.

Prompt questions: Did you feel more tired after activity than normal? Did your activity decrease because you were tired? Did you feel tired most of the time despite decreasing your activity? Did you continually feel tired so that even small tasks like brushing your hair felt draining?

0	No change in energy, feel active all day
1	More tired after activity than previously
2	Decreased activity because of tiredness
3	Feel tired most of the time despite resting, decreased activity
4	Continually feeling exhausted, even small tasks such as brushing hair feel draining "Bone weary, mind weary"

B – PARANOID THINKING

Over the last 2 weeks have you experienced increased paranoid thinking?

Prompt questions: Have you been feeling guilty? Have you been worried that others think badly of you? Have you been suspicious that others think badly of you? Have you been convinced that others have a low opinion of you or are trying to replace you?

0	No paranoid thinking
1	Increasing worry that others think badly of you
2	Suspicious that people at work or home think badly of you
3	Convinced that others have a low opinion of you and are trying to replace you

C – IRRITABILITY

Over the last 2 weeks have you felt more irritable?

Prompt questions: Have you felt more irritable than usual? Have you snapped at anyone or been short with anyone over small incidents? Have you felt real rage and had major outbursts about minor incidents?

0	No irritability
1	Mild irritability
2	Increased irritable response to minor incidents
3	Anger expressed by “snapping”, verbal outbursts over minor incidents
4	Rage, major verbal outbursts over minor incidents

D – SELF ESTEEM

Over the last 2 weeks has your self-esteem been lowered.

Prompt questions: Have you felt worse about yourself than usual? Have you felt really bad about yourself? Have you felt worthless and made negative comments about yourself? Have you believed that the world would be better off without you? Have you harmed yourself in any way? Have you experienced suicidal thoughts? Have you attempted suicide?

0	Good self-esteem or no change in self- esteem
1	Slight decrease in self-esteem
2	Poor self-esteem with no reality base
3	Very poor self-esteem in all life domains, with marked self-denigratory comments
4	No self-worth at all to the point of believing that the world would be better off without you. (NB – this rating must then lead to further questions about suicide planning, actions and deliberate self-harm)

E – ISOLATION

Over the last 2 weeks have you withdrawn socially?

Prompt questions: Have you socialized as normal? Have you had less of an interest in socializing? Have you become socially withdrawn? Have you felt isolated, even when with others?

0	Socialize normally
1	Decreased socializing
2	Disinterested in socialising
3	Social and occupational withdrawal
4	Feeling isolated, “in a bubble” even when with others

F – ANXIETY

Over the last 2 weeks have you experienced heightened levels of anxiety?

Prompt questions: Have you felt especially anxious or nervous when in public? Have you felt highly anxious when completing new tasks? Have you felt highly anxious when completing tasks that are routine or familiar to you? Have you had panic attacks and felt extremely anxious when doing normal everyday things?

0	No new anxiety
1	Increased anxiety when performing in public
2	Highly anxious when doing new tasks
3	Heightened anxiety when doing routine and familiar tasks
4	Panic attacks, highly anxious when doing ordinary and familiar tasks

G – SOMATIC SYMPTOMS

Over the last 2 weeks have you experienced physical symptoms?

Prompt questions Have you had any physical complaints? For example, i) increase physical pain with little exertion ii) frequent headaches or iii) joint and muscle pain that limited your activity? Have you experienced severe and debilitating aches and pains that prevented you from engaging in activity?

0	No physical symptoms
1	Increased muscle aches, joint pains on exercise
2	Increased leg, back and joint pains with little exertion
3	Frequent headaches, muscle and joint pains limiting activity
4	Severe aches and pains requiring pain relief and preventing activity

H – SLEEP DISTURBANCE

Over the last 2 weeks have you experienced sleep disturbance?

Prompt questions: How has your sleep been? Has your sleep been broken briefly but you could get back to sleep easily? Has your sleep been broken several times each night and you found it hard to get back to sleep? Have you been waking up more than 2 or 3 times per night due to hot flashes, sweating? Have you on most nights been sleeping for only 2 hours or less due to sweating, hot flashes and night chills?

0	No sleep problems
1	Sleep broken by brief waking once or twice per night, but easily return to sleep
2	Sleep broken by waking several times per night, but easily return to sleep
3	Waking up three or more times per night due to hot flashes and sweating, plus difficulty returning to sleep
4	Sleeping two or less hours per night consistently. Sweating, hot flashes, feeling hot then cold, interrupting sleep all night

I – WEIGHT

Have you gained weight (in comparison to pre-menopause weight)?

Prompt questions Has your weight changed at all? Have you gained a moderate amount of weight despite no change in diet or exercise? Have you continued to gain weight despite engaging in strict dieting or increased exercise? Have you had a major weight gain of 6kg or more?

0	No change in weight
1	Mild weight gain (1-2kg)
2	Moderate weight gain despite no change in diet or exercise (3-6kg)
3	Continuing weight gain and abdominal fat deposition, despite dietary restriction and increasing exercise
4	Major weight gain (>6kg) with abdominal, breast, hip and thigh fat deposition

J – SEXUAL INTEREST

Over the past 2 weeks have you experienced a decreased libido?

Prompt questions: Have you had decreased libido? Has your libido diminished significantly? Have you had discomfort with sexual activity in addition to a decreased libido? Have you lost all interest in sexual activity?

0	No change in libido
1	Mild decrease in libido
2	Diminished libido
3	Decreased libido and discomfort with sexual activity
4	Loss of interest in all sexual activity

K – MEMORY

Over the last 2 weeks have you noticed any memory related difficulties?

Prompt questions: Have you had mild problems remembering simple things like names and numbers? Did you need to make lists in order to function at work or at home? Did memory problems lead to dysfunction or impairment in any way?

0	No memory problems
1	Mild problems remembering names and numbers
2	Need to make lists to function at work or home
3	Impaired memory leading to dysfunction
4	Severe loss of memory leading to inability to function

L – CONCENTRATION

Over the past 2 weeks have you experienced problems concentrating?

Prompt questions: Did you have difficulty reading or holding a conversation? How severe were these problems? Were you unable to focus on any task for a suitable period of time?

0	No concentration difficulties
1	Mild problems with concentrating on reading
2	Mild problem with concentration on reading and watching TV/films
3	Marked problems concentrating on reading and watching TV/films
4	Unable to focus on any tasks

SCORING

Points are indicated as the numerical value of each possible symptom area (A-L) – then the total is added.

The minimum score is 0 and the maximum is 48 points.

Between 20-24 points is considered to denote mild perimenopausal depression, needing onward monitoring.

Between 24-32 points suggests moderate perimenopausal depression needing treatment.

At 32 points and above, the woman is considered to have severe perimenopausal depression needing treatment.