Institute for Translational Neuroscience at Northwestern Medicine
The Asher Center for the Study and Treatment of Depressive Disorders
Introduction

Mental disorders touch countless individuals and their families and rank among the top 10 illnesses causing disability—more than 37 percent worldwide. Depression, which is often chronic and severe, is the leading cause of disability among people ages 15 and older. Nearly 40 percent of patients have their first depressive episode before age 18.

Depressive disorders are very complex diseases. At Northwestern Medicine, we embrace the need to focus on and expand the efforts of our basic and clinical scientists to develop more effective diagnostic and treatment methods. The Asher Center for the Study and Treatment of Depressive Disorders seeks to continually advance methods that lead us toward better diagnosis, treatment, and prevention of depressive disorders. With the distinguished leadership of Katherine Wisner, MD, MS, the Asher Center has an interdisciplinary team of faculty, staff, and trainees that includes psychiatrists, psychologists, and basic neuroscientists who have research collaborators in obstetrics/gynecology, neurology, pediatrics, genetics, chronobiology, pharmacology, epidemiology, and data management/statistics. Dr. Wisner is an internationally recognized expert in the treatment of mood disorders during pregnancy and the postpartum period.

Through the Asher Center, we are furthering cutting-edge research studies and clinical services that contribute to breakthroughs in the scientific understanding of depressive disorders and related diseases. As part of a leading academic medical center, it is the Asher Center’s mission and responsibility to be at the forefront of science and to launch research projects that explore new ideas. We foster an intellectual environment that stimulates innovation and creativity, improves diagnostic services, and develops novel treatment and prevention strategies for mood disorders.

A Focus on Women’s Mental Health -- Northwestern Medicine’s New Life Cycle Approach to Women’s Emotional Health

The Asher Center has a depth of expertise and a unique focus on understanding reproductive-related depression in women. Compared to men, women have twice the rate of depression. In fact, a striking 21 percent of women will have at least one episode of major depressive disorder in their lifetimes.

Contributing to the higher rate of depression in women are hormonal fluctuations that occur during reproductive milestones, such as the first menstrual period (menarche), before each menstrual cycle, and during pregnancy, postpartum, and the perimenopause. The normal (but substantial) fluctuation in hormones increases the risk for physiological destabilization and depression in women with elevated central nervous system sensitivity. Depressive syndromes occur during the dramatic reproductive events of women’s lives, affecting their function and health.

- Depression during the Menarche
- Premenstrual Dysphoric Disorder (PMDD)
- Depression during Pregnancy
- Postpartum Mood Disorders
- Perimenopausal Depression
- Pregnancy Loss
- Treatment Refractory Depression
- Consultation on Diagnosis and Treatment

What is clear is that women with vulnerability to depression during hormonal change are vulnerable at other times as well. For example, women with premenstrual dysphoric disorder are vulnerable to postpartum and perimenopausal depression. They also are likely to have episodes outside of reproductive events. With a life cycle approach that considers women at each life phase, preparation for wellness during future reproductive events is possible. This is an intriguing area of research that Dr. Wisner and the Asher Center are leading worldwide.

Many types of treatment have proven effective for major depression in women, including short-term psychotherapy, antidepressant medications, bright light therapy, regular exercise, and repetitive transcranial magnetic stimulation. While the ultimate goal is to achieve full remission, only about half of women treated with any modality reach this goal. There is a great need for additional research to improve treatment outcomes. Currently, almost no data are available specifically for women with treatment-refractory reproductive-related depressive illness, such as postpartum depression that does not respond to first-line interventions. Depression occurs in a woman’s life context, and her interpersonal relationships are an important element of support. The Asher Center includes a Father’s Clinic for partners and couples and/or family therapy.

“Mental health is fundamental to health. This statement captures the passion we share at the Asher Center to optimize mental health through clinical care informed by research.”

Katherine Wisner, MD, MS, director of the Asher Center for the Study and Treatment of Depressive Disorders and Asher Professor of Psychiatry and Behavioral Sciences
Leading with Expertise and Groundbreaking Research

At the Asher Center for the Study and Treatment of Depressive Disorders, we offer women the opportunity to participate in research studies. Our focus is on mood disorders across the female life cycle. Patients are invited to participate in research studies that will lead to knowledge that can help to prevent suffering in mothers and risks to the health development of their children.

For decades, available treatments have been antidepressant medication and psychotherapy, which, as mentioned, are effective for about half of patients treated. We must explore causal mechanisms and improve therapies. Minimal data are available to direct treatment during childbearing. According to Dr. Wisner, “Pregnancy is the final therapeutic orphan.”

With 1 in 5 women suffering from major depressive disorder, the need for action is great. As these studies demonstrate, Dr. Wisner and her colleagues are dedicated to finding the underlying mechanisms for depression and offering the optimal treatment at the right developmental time to provide personalized medicine—and possibly preventing illness onset altogether.

They are studying genetic factors that predict the changes in medication doses that are needed to keep women well across pregnancy. The team at the Asher Center is committed to bringing the latest discoveries and tailored treatments to women and their families, both near and far, who struggle with dark bouts of depression and feel powerless in what type of day lies ahead of them.

Educating and Training

Each day, we proudly educate and train the next generation of clinicians and researchers in our unique and multidisciplinary setting. As part of our academic mission, Asher Center faculty members provide education and training at all levels—to medical students, residents and fellows. Through our residency and fellowship programs, we are training both clinical and research specialists within the area of mood disorders.

We believe that educating future generations and sharing knowledge gained through our research is key to better clinical outcomes related to depressive disorders. In our new fellowship program initiated in 2016, we mentor two psychiatrists who plan to specialize in women’s mental health.

Our faculty and staff and their areas of expertise include:

- **Cara Angelotta, MD**: Inpatient care, forensic psychiatry, and risk benefit decision-making for medication use in pregnancy
- **Inger Burnett-Zeigler, PhD**: Mood and anxiety disorders, access and engagement in mental health utilization, mindfulness-based approaches, wellness promotion
- **Crystal Clark, MD, MSc**: Pregnant and postpartum women with bipolar disorder, perinatal psychopharmacology, pharmacokinetic studies
- **Sheehan Fisher, PhD**: Fathers’ clinic, couples therapy, women with disorders, families coping with children with chronic medical problems
- **Jackie Gollan, PhD**: Behavioral activation psychotherapy, women’s mental health across the life cycle, neuroimaging
- **Suena Massey, MD**: Maternal empathy in addictive behavior change during pregnancy, substance use treatments
- **Emily Miller, MD, MPH**: Maternal-fetal medicine, inflammatory processes and depression in childbearing women, health services
- **Amy Rust, PMHNP, APN**: Transcranial magnetic stimulation, perinatal psychiatry
- **Dorothy Sit, MD**: Complex or treatment refractory depressive and bipolar disorders in women, light therapy/circadian rhythms
- **Katherine L. Wisner, MD, MS**: Perinatal psychopharmacology and women’s mental health across the life cycle
- **Women’s Mental Health Fellows for 2016-2017**: Dana Mahmoud, DO, and Lisette Rodriguez-Cabezas, MD
NORTHWESTERN MEDICINE

Northwestern Memorial HealthCare and Northwestern University Feinberg School of Medicine are seeking to impact the health of humankind through Northwestern Medicine. We aspire to be the destination of choice for people seeking quality healthcare; for those who provide, support, and advance that care through leading-edge treatments and breakthrough discoveries; and for people who share our passion for educating future physicians and scientists. Our commitment to transform healthcare and to be among the nation’s top academic medical centers will be accomplished through innovation and excellence.

Through the Asher Center, we have an unprecedented opportunity to catapult our world-class work and contribute new discoveries and knowledge that have a positive impact on the treatment and care of individuals who live with complex depressive disorders. We also have the mission and outstanding faculty here to train experts in the field who can make a difference across the world as providers of care, research leaders, and educators.

We recognize that every positive contribution we have made to discovery, care, training, and outreach in the field of depressive disorders has been made possible by donors who have continued to entrust us with their philanthropic support. We invite interested friends to join us in propelling the compelling research and training efforts of the Asher Center for the Study and Treatment of Depressive Disorders through gifts of outright support and endowment.

THROUGH NORTHWESTERN MEDICINE, WE ARE CREATING A NATIONAL EPICENTER FOR HEALTHCARE, EDUCATION, RESEARCH, COMMUNITY SERVICE, AND ADVOCACY.