Women at War and a Brief Review of the Augmenting Effects of L-Methylfolate on Depression

Jan Fawcett, MD

This issue of *Psychiatric Annals* confronts us with two problematic areas. We learn the terms of war and the extent of women’s participation in the “Long War,” as well as the problems experienced by the 15% of active-duty military personnel who are women, as outlined by Col. (Ret.) Elspeth Cameron Ritchie, MD, MPH, in her opening piece, “Introduction to Women at War: Health Issues for Female Service Members in the Long War.”

This is followed by “Intimate Partner Violence and Military Women” by Glenna Tinney, MSW, DCSW, which defines the types of intimate partner violence and outlines the issues faced by military women confronted with this type of abuse. Next, an article by Marjan Ghahramanlou-Holloway, PhD, and associates on “Suicide Risk Among Military Women,” points out facts such as that female veterans are 79% more likely to die of suicide than civilian women.

In a special feature in this issue, Pat Rabjohn, MD, PhD, reviews the augmenting effects of L-methylfolate, which adds to both our “quiver” of treatments with different mechanisms of action and to our gradual move toward personalized medicine and systems biology medicine. We are finding that our diagnostic categories are actually made up of patients with different etiologies (requiring different treatments). As a result, our category of major depression, for example, may actually end up representing overlapping symptom clusters from five to 20 different causes, requiring different agents with varying mechanisms for their successful treatment. In this case, we might have reason to expect that a certain percentage of patients may have evidence of low methylfolate levels, limiting their response to usual treatment.

We have many problem areas to address that fall within the purview of psychiatry. In this issue, we are confronted by areas ranging from the mental health of women in the military to a possible biochemical defect in depression that may require specific treatment for the best results. We need more research studies in order to be more effective in both areas. In pondering the fate of the American woman serving in the military, just as in thinking about our future as physicians, we must ask ourselves: What will make things better? And furthermore, what can I do to influence the outcome?