Impact of sex and gender aspects in depression/Quiz

The guestions in the guiz refer to the article on depression.

O Certain subgroups of depressed men suffer from marked hypogonadism.

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O Depressed men have higher cortisol but lower testosterone levels compared to healthy control subjects.

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Point added for a correct answer: 1
Points for an incorrect answer: 0
Ignore the questions' coefficients: □
Shuffle questions
1
Which statement regarding affective disorders in men and women is false?
O More women than men suffer from unipolar depression.
O With manic disorders, no difference between the sexes in the prevalence statistics can be observed.
○ The depression rate between female and male sex seems to differ beginning in puberty.
O More men than women suffer from bipolar affective disorder.
2
Which statement is true?
O Hormones can never contribute to depression.
O An acute drop in gonadal hormones (e.g. postpartum) can promote the development of depressive symptoms.
O A low estrogen level can be considered a protective factor in depression.
O The somatostatin produced in the hypothalamus can promote depression in men.
3 Which statement is correct regarding the symptoms or behavior in depression?
 Depressive symptoms such as sadness, depression and anhedonia are reported by men and women almost equally
Men are more likely than women to react to depression with risk-taking behavior and aggressiveness and consum alcohol and drugs more often.
Women are more likely than men to react with atypical symptoms (e.g. increased appetite) or somatic complaints and pain.
 Women are much more likely than men to commit suicide as a result of depression.
4
In which of the following phases of life is there an increased risk of depression, especially in women?
○ Seniors in general.
O Mostly in the second pregnancy.
○ In primary school age.
O During menopause.
5
5. Which of the following is incorrect regarding the development of depression?
O During puberty, the increase in sex hormones could be directly related to negative affect in boys.
Obuble-blind studies provide the first indications of an anti-depressive effect of testosterone substitution therapy. The increased risk of prostate carcinoma however speaks against the broad clinical application.