

MENOPAUSE: A LITERATURE REVIEW

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ABSTRACT

Objectives: This review emphasizes results from population based studies in order to provide a reliable knowledge base and define major knowledge gaps for future research. **Methods:** The review systematically addresses the following aspects of menopause research: definition of menopause and menopause transitions; age at natural menopause and at inception of perimenopause; factors affecting timing and length of menopause transitions; concurrent hormone, menstrual and vascular changes. Under each substantive heading, available reports of original research are reviewed, assessed for reliability and summarized with respect to their contribution to the knowledge base. **Results:** From this review, the following reliable information can be summarized: median age at natural menopause in Caucasian women occurs between 50 and 51–55 years of age, is not affected by timing of surgical menopause and is affected by cigarette smoking, with current smokers having an earlier menopause by 1.5–2.0 years. No other factors appear to have an independent effect on age at menopause. There is no evidence of any secular trend in age at menopause. Evidence is accumulating that most physiological change associated with menopause either occurs or begins before the final menstrual period. **Conclusions:** We lack reliable information on the following: estimates of age at menopause from non-industrialized countries and diverse ethnic groups; information on perimenopause; differing perceptions of menopause, cross culturally; multi-disciplinary prospective data that can link various processes into coherent patterns.

KEYWORDS

Menopause, Risk factors, Menopausal symptoms.

BACKGROUND OF DATA

Menopause, as defined by the World Health Organization (WHO), is the permanent cessation of menstrual cycles for 12 months. The perimenopause is a period of transition during which women experience dynamic changes in their physical, emotional and mental health. Globally, in high-income countries, the age at which most women experience menopause is between 49 and 52. Is a phenomenon of increasing concern due to an increase in life expectancy. The number of postmenopausal women worldwide is expected to reach 1.2 billion by 2030. The term ‘menopausal transition’ can be used synonymously with the term ‘perimenopause’. The period of change in ovarian function from being fertile to becoming infertile, called menopausal transition, is a natural and inevitable change that affects all women. Although, menopause is considered to be a universal phenomenon it is affected by sociocultural norms, and women's experiences of the menopausal transition is consequently handled by women in different ways.

Nevertheless, menopause may result in extremely unpleasant physical symptoms such as atrophy of vaginal mucosa leading to vaginitis, pruritus, dyspareunia, and stenosis; genitourinary atrophy leading to urethritis, dysuria, urinary incontinence, and urinary frequency; recurrent urinary tract infections; and vasomotor symptoms such as hot flushes and night sweats. Besides gynecological health-related problems due to reduced estrogen levels, the menopausal woman has to deal with fatigue, weight gain, and emotional changes such as anxiety, sorrow, fear of illness, hypersensitivity, and irritability. Women may use “natural” ways to cope with menopausal symptoms, mainly non-pharmacological methods such as diet, exercise, and herbal products that help with hot flushes. There are reasons to believe that symptoms related to menopause are equally frequent regardless of geographic location, although Asian women report few menopausal symptoms. Thus, it may be that cultural conditions in Asian countries make the menopausal symptoms easier to handle, or that women suffer in silence.

INCIDENCE/PREVALENCE

In the United Kingdom the mean age for the menopause is 50 years 9 months. The median onset of the perimenopause is between 45.5 and 47.5 years. One Scottish survey (of 6096 women aged 45 to 54 years) found that 84% had experienced at least one of the classic menopausal symptoms, with 45% finding one or more symptoms a problem.

ETIOLOGY/RISK FACTORS

Urogenital symptoms of menopause are caused by decreased oestrogen concentrations, but the cause of vasomotor symptoms and psychological effects is complex and remains unclear.

PROGNOSIS

Menopause is a physiological event. Its timing may be genetically determined. Although endocrine changes are permanent, menopausal symptoms such as hot flashes, which are experienced by about 70% of women, usually resolve with time. However, some symptoms, such as genital atrophy, may remain the same or worsen.

SYMPTOMS

In the months or years leading up to menopause (perimenopause), you might experience these signs and symptoms:

Irregular periods, vaginal dryness, hot flashes, chills, night sweats, sleep problems, mood changes, weight gain and slowed metabolism, thinning hair and dry skin, loss of breast fullness

Signs and symptoms, including changes in menstruation can vary among women. Most likely, you'll experience some irregularity in your periods before they end. Skipping periods during perimenopause is common and expected. Often, menstrual periods will skip a month and return, or skip several months and then start monthly cycles again for a few months. Periods also tend to happen on shorter cycles, so they are closer together. Despite irregular periods, pregnancy is possible. If you've skipped a period but aren't sure you've started the menopausal transition, consider a pregnancy test.

CAUSES

Menopause can result from: Naturally declining reproductive hormones. As you approach your late 30s, your ovaries start making less oestrogen and progesterone the hormones that regulate menstruation and your fertility declines.

In your 40s, your menstrual periods may become longer or shorter, heavier or lighter, and more or less frequent, until eventually on average, by age 51 your ovaries stop releasing eggs, and you have no more periods.

Surgery that removes the ovaries (oophorectomy). Your ovaries produce hormones, including oestrogen and progesterone, that regulate the menstrual cycle. Surgery to remove your ovaries causes immediate menopause. Your periods stop, and you're likely to have hot flashes and experience other menopausal signs and symptoms. Signs and symptoms can be severe, as hormonal changes occur abruptly rather than gradually over several years.

Surgery that removes your uterus but not your ovaries (hysterectomy) usually doesn't cause immediate menopause. Although you no longer have periods, your ovaries still release eggs and produce oestrogen and progesterone.

Chemotherapy and radiation therapy. These cancer therapies can induce menopause, causing symptoms such as hot flashes during or shortly after the course of treatment. The halt to menstruation (and fertility) is not always permanent following chemotherapy, so birth control measures may still be desired. Radiation therapy only affects ovarian function if radiation is directed at the ovaries. Radiation therapy to other parts of the body, such as breast tissue or the head and neck, won't affect menopause.

Primary ovarian insufficiency. About 1% of women experience menopause before age 40 (premature menopause). Premature menopause may result from the failure of your ovaries to produce normal levels of reproductive hormones (primary ovarian insufficiency), which can stem from genetic factors or autoimmune disease. But often no cause of premature menopause can be found. For these women, hormone therapy is typically recommended at least until the natural age of menopause in order to protect the brain, heart and bones.

MANAGEMENT OF EARLY MENOPAUSE

Lifestyle interventions

Advice on healthy lifestyles should be a routine part of clinical interactions with health professionals and is particularly relevant for people experiencing early menopause or premature ovarian insufficiency. In these patients, the aims should be reducing cardiovascular risk (eg, through smoking cessation) and promoting bone health (eg, through weight-bearing exercise and a calcium-rich diet).

Non-hormonal pharmacological treatments are offered to people who have contraindications to oestrogen treatment (eg, individuals with oestrogen-sensitive breast cancer).

For vasomotor symptoms, the most widely used treatments are selective serotonin re uptake inhibitors or serotonin and nor epinephrine re uptake inhibitors.

Gabapentinoids and oxybutynin are less widely used, but neurokinin-3 receptor antagonists, such as fezolinetant, show promise in reducing moderate-to-severe vasomotor symptoms associated with menopause.

THE IMPORTANCE OF UNDERSTANDING MENOPAUSE

It is critical to see menopause as just one point in a continuum of life stages. A woman's health status entering the perimenopausal period will largely be determined by prior health and reproductive history, lifestyle and environmental factors. Perimenopausal and postmenopausal symptoms can be disruptive to personal and professional lives, and changes associated with menopause will affect a woman's health as she ages. Therefore, perimenopausal care plays an important role in the promotion of healthy ageing and quality of life.

Menopause can be an important transition from a social perspective, as well as a biological one. Socially, a women's experience of menopause may be influenced by gender norms, familial and sociocultural factors, including how female ageing and the menopausal transition are viewed in her culture. The global population of postmenopausal women is growing. In 2021, women aged 50 and over accounted for 26% of all women and girls globally. This was up from 22% 10 years earlier.[i] Additionally, women are living longer. Globally, a woman aged 60 years in 2019 could expect to live on average another 21 years.[ii] Menopause can offer an important opportunity to reassess one's health, lifestyle, and goals.

COMPLICATIONS

After menopause, your risk of certain medical conditions increases. Examples include:

Heart and blood vessel (cardiovascular) disease. When your estrogen levels decline, your risk of cardiovascular disease increases. Heart disease is the leading cause of death in women as well as in men. So it's important to get regular exercise, eat a healthy diet and maintain a normal weight. Ask your doctor for advice on how to protect your heart, such as how to reduce your cholesterol or blood pressure if it's too high.

Osteoporosis. This condition causes bones to become brittle and weak, leading to an increased risk of fractures. During the first few years after menopause, you may lose bone density at a rapid rate, increasing your risk of osteoporosis. Postmenopausal women with osteoporosis are especially susceptible to fractures of their spine, hips and wrists.

Urinary incontinence. As the tissues of your vagina and urethra lose elasticity, you may experience frequent, sudden, strong urges to urinate, followed by an involuntary loss of urine (urge incontinence), or the loss of urine with coughing, laughing or lifting (stress incontinence). You may have urinary tract infections more often.

Strengthening pelvic floor muscles with Kegel exercises and using a topical vaginal estrogen may help relieve symptoms of incontinence. Hormone therapy may also be an effective treatment option for menopausal urinary tract and vaginal changes that can result in urinary incontinence.

CONCLUSION

All women go through the menopause at some time in their life. Individual experiences of the menopause differ enormously, and how women choose to manage their menopause will depend on a number of factors including age at menopause, the presence of any symptoms and how these affect their quality of life. Risk factors for cardiovascular disease, cancer and osteoporosis will also inform their decisions. Some women prefer to take a more "natural" approach to menopause management whilst some women will choose to use hormone replacement therapy (HRT).

For all women dietary and lifestyle measures play an important part, particularly in the menopausal years: in reducing symptoms, promoting general well being, and in reducing the risks of health complications. Women should therefore ensure that they have adequate exercise and a healthy well balanced diet as part of menopause management.

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