Menopause: A literature review

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Abstract

Menopause is an important stage of women's life, constituting a normal transition to an older age. Yet, transitioning through menopause for some women is difficult and is associated with various symptoms and health conditions that impact their lives greatly. Hence, it is essential to increase awareness and help women adapt better to menopause, by informing them how menopause is experienced internationally. The objective of this research study was to review the epidemiology and the basics of menopause impact, terms, and ways of coping.

In this review, Pubmed and NAMS website were searched, as well as other relevant sources of scientific literature.

Worldwide, there is an expected increase in numbers of middle aged women experiencing menopause. There are four distinct stages of menopause mentioned in literature, with various symptomatology in between, including vasomotor, psychogenic and urogenital symptoms. Hormone Replacement Therapy is a choice for women in order to relieve these symptoms and improve the quality of life, but the pros and cons should be considered carefully by health professionals. Health conditions, like cardiovascular disease, depression, osteoporosis, or dementia seem to be related with aging and menopause.

Menopause has disturbing effects in the quality of life, but it is important to know that this transition is unique for every woman and with better knowledge there are possibilities to have a quiet passage through it.

Keywords: aging, epidemiology, menopause, transition.

Introduction

Generally, menopause is considered to be the end of menses for a 12-month time span and is related to changes in ovulation and hormone secretion that prompt to a process of changes in the life of women (1). As indicated by the World Health Organization (WHO), natural menopause happens between the ages 45 and 55 years for the women around the world (2). It is for the most part acknowledged that the average age at menopause is about 51 years in industrialized nations, yet in developing countries it ranges from 43 to 49 years (3). In 1990, there were around 467 million women aged ≥50 years in the world. This number is expected to increment to 1200 million by the year 2030 (4). These figures imply that, in the future, there will be more menopausal women and there will be a need to inform and promote a good health for this age-group.

Stages of menopause

In the scientific literature, menopause has been described in distinctive phases, each of them leading to the understanding of the end of menstrual cycles. It is important to distinguish these particular timeframes, in order to understand how the body responds to less estrogen and how it can be managed. The 3-5 year time span before menopause when the estrogen and hormone levels start to drop is called perimenopause (5) and amid this stage are experienced a significant number of the symptoms of menopause, as for example, those portrayed by western medical models (6). At the same time, the WHO characterizes the menopause as starting with endrocrine, biological, and clinical changes and closing a year after the last menstrual period. It can be understood that during this phase women should report most of the symptoms. Instead, the term premenopausal is utilized to allude to a period of reduced fertility that may go before some other signs to refer that the "change of life" is beginning. Premenopausal women are generally in their mid-to-late 40s (7). Menopause denotes the last menstrual period, obvious by there being no feminine cycle for the following 12 successive months. Postmenopause begins following one year since the last menstrual cycle. It is the last stage amid which symptoms disperse and inevitably diminish altogether. Thus, menopause it is the middle point of a timeframe that starts in the mid-40, experienced with various symptoms and continues with the post-menopause years.

Menopausal symptoms and women's health

Research held in various countries regarding menopause phenomenon has acknowledged the experience of different symptoms during the climacteric. These symptoms are reported in different intensities and severities in the world as have been seen influenced by a number of factors. Specifically, physical and mental manifestations have been ascribed to the hormonal changes of menopause (8). Over 80% of women report these manifestations that ordinarily go with menopause, with fluctuating degrees of seriousness and life disruption (9). Many face these symptoms positively and virtually pain free; for others, the change brings crippling reactions, influencing the activities of daily living (10). Symptoms that have been appeared to be related with estrogen lack after the menopause are hot flushes and night sweats, sleeping disorders and vaginal dryness. Hot flashes are the most widely recognized complaint of peri-menopausal and postmenopausal women. Hot flashes have been accounted for in up to 70% of women experiencing characteristic menopause and in almost all women who have experienced surgical menopause. Vaginal atrophy and urogenital problems, for example, vaginal discomfort, dysuria, dyspareunia and intermittent lower urinary tract infections are more typical in women after the menopause (11). These symptoms cause distress for the individual and also contrarily impact sexual health (12). It has been assessed that half of all menopausal women encounter disturbing atrophic urogenital symptoms within three years of menopause (13).

Psychogenic symptoms (difficulty in sleeping,

absence of vitality, trouble concentrating, anxiety or pressure, sentiments of pity/ dejection) are the most announced manifestations of menopausal transition, as are nighttime hot flushes/sweats. Minor mood problems, insomnia, and hot flashes are reported frequently during perimenopause (14). In some women, these symptoms advance to a more extreme state of mind known as major depression. Statistics from Europe and the United States researchers demonstrate that in menopausal women, there are more than 50% individuals with mild depression. From 1%-3% experience serious dejection, among which about 15% have self-destructive behavior. This makes depression after the menopause a serious issue for public health, but still it should be taken into consideration other factors that may influence these episodes, which cannot be related to menopause.

In spite of the fact that menopause is not a disease, it is a significant cause of morbidity and acts as a risk factor for early mortality from ensuing chronic diseases, like ischemic heart disease and osteoporosis. Also associated with aging in general, it can promote the onset and progression of numerous chronic illnesses, including cardiovascular disease (CVD), stroke, osteoporosis, dementia, and cancer. CVD remains the main cause of death and an essential contributor to disease and disability among women: half of all postmenopausal women will have CVD, and 33% will die from it (15). Osteoporosis excessively affects postmenopausal women, in whom estrogen insufficiency can quicken the loss of bone mass and cause crumbling of bone quality. Fractures associated to osteoporosis can prompt to increased morbidity and mortality and can likewise bring critical expenses to the health services framework (16). For this matter, it is important to know how to prevent these diseases after menopause and to promote healthy living in the process.

Hormone Replacement Therapy (HRT)

Treatment decisions made while transitioning through menopause incorporate hormone therapy; diet, wellness, and lifestyle changes; and elective and homeopathic remedies. Hormone Replacement Therapy (HRT) was most readily accessible in the 1940s yet turned out generally more used in the 1960s, creating an important revolution in the management of the menopause. HRT, which comprises of supplemental estrogen or progesterone, was recommended commonly to menopausal women for the alleviation of their symptoms such as hot flushes, night sweats, sleep disturbances, mental and genito-urinary issues – urinary recurrence and vaginal dryness – and to prevent osteoporosis. The objective of hormone therapy as a treatment is to lessen menopausal symptoms like, vasomotor manifestations, sleep disturbance, vulvovaginal symptoms, diminished libido, by utilizing the minimal effective dose for the briefest amount of time. HT is successful in up to 90% of menopausal women for relieving hot flashes (17).

Although, there has been evidence of the benefits of hormone replacement therapy, some work has changed the way women thought about this kind of treatment. In the 1990s two of the biggest investigations of HRT patients were undertaken, one clinical randomized trial in the USA [Women's Health Initiative (WHI)] and one observational questionnaire study in the UK [the Million Women Study (MWS)]. The results of these two reviews during 2002 and 2003 raised concerns with respect to the safety of HRT and were oriented over two critical issues. Firstly, the broadened use of HRT may increase the risk of breast cancer and secondly the use of HRT may increase the risk of heart disease (18).These published results have led to a number of research studies on the effect of HRT in women's body, complementary therapies and evaluative studies on diet changes.

To support the evidence, physicians who are responsible for the care of women must consider the potential advantages and disadvantages of treatment for both treating side effects and potentially preventing disease with hormone replacement therapy. Suggestions regarding the

span of systemic hormone therapy should be individualized and rely on the end purposes of treatment. For women with premature ovarian failure or primary ovarian deficiency, or those with early menopause (before the age of 45 years), therapy can be proceeded until the average age of the natural menopause (early 50s), at which time the requirement for hormone treatment ought to be reassessed.

Conflicts of interest: None declared.

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