

Menopause and Problems encountered in menopause

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Menopause

- Is the **last menstrual period**.
- Greek words – mens means monthly
pausis means cessation
- The **average age** at menopause is
approximately **51 years**.
- .Menopause is a part of a woman's natural aging
process



- Ovaries produce lower level of oestrogen and progesterone when she no longer able to become pregnant.
- A family history of early menopause (heritability 30–70%), type 1 diabetes mellitus and smoking might cause earlier onset of menopause



Phases of menopause

Menopausal transition

Is the period of time from when the ovaries start to fail until the last menstrual period.

- lasts for about four years (shorter in smokers)
- Average at age 47.5 years
- 10% - will cease menstruation abruptly



Peri menopause or climacteric

- Greek word *klimakter*, meaning literally a rung of a ladder or, figuratively, a critical point)
- It is the time period from when the ovaries start to fail (and symptoms such as irregular periods or hot flushes may begin) until 12 months after the last menstrual period.



Menopause

- It is the end of menstruation
- Age of menopause ranges between 45-55 yrs.



Postmenopause

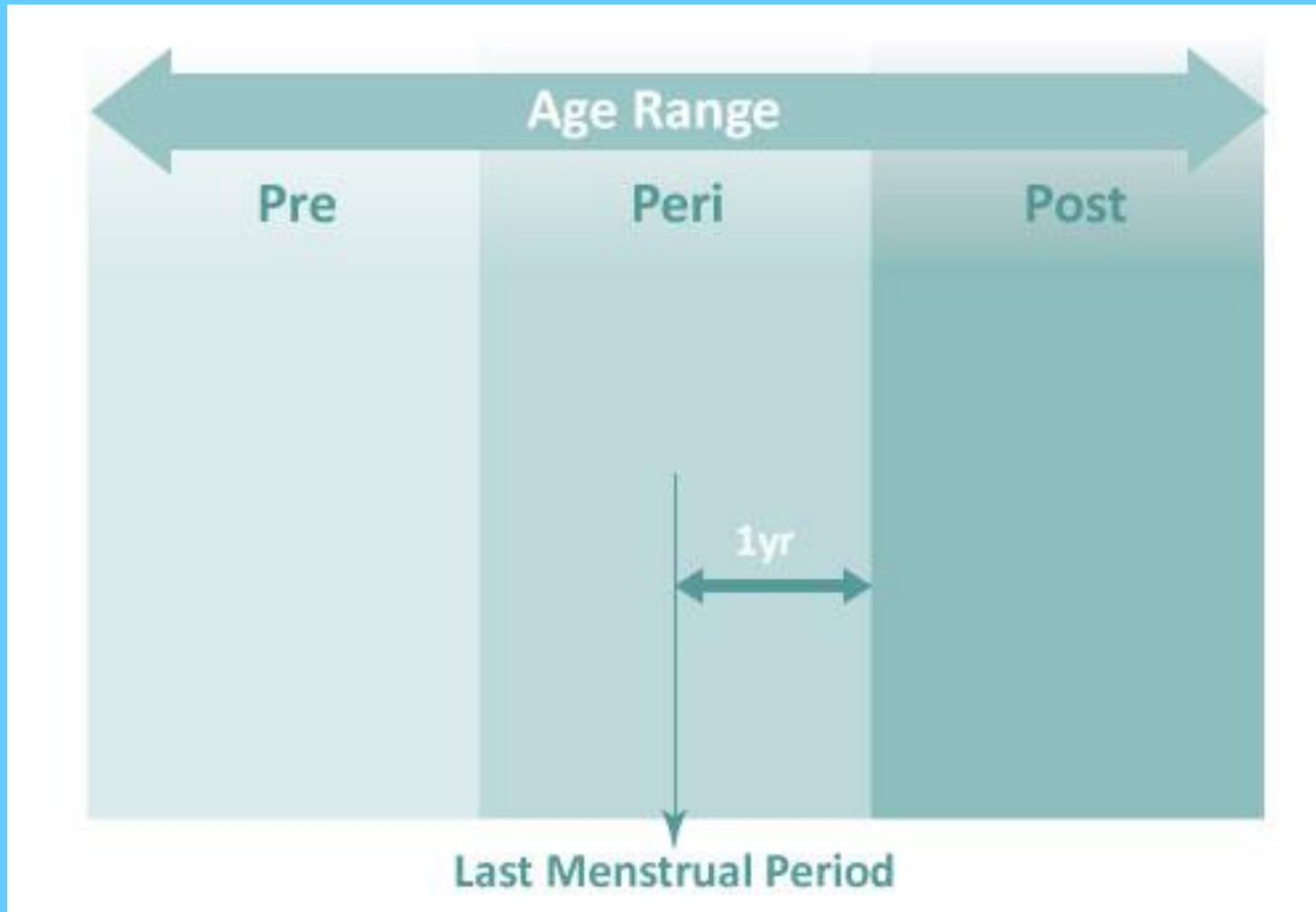
- Is the time after the complete cessation of menstruation.
- It can only be known with certainty after 12 months of amenorrhoea.



Premature menopause

- Is defined as menopause that occurs **before the age of 40 years**





The relationship between different time periods surrounding the menopause.

Physiology

- The menstrual cycle and hormone patterns begin to change many years prior to menopause.



- After 40

-  number and responsiveness of primary ovarian follicles.



-  estradiol (E2) levels

-  secretion of inhibin B



Inhibin B

Glycoprotein synthesised by granulosa cells of the growing follicles



FSH

produced from granulosa cells of growing follicles
is suppressed by the rising inhibin B level via a
negative feedback loop



increased FSH levels stimulate increased estradiol
release from the follicles

Amount widely variable between individual women
and between cycles in the same woman



After 45

↓ inhibin B levels (decreased number and/or sensitivity of ovarian follicles)

↓ negative feedback on FSH.

Higher FSH levels fail to increase estradiol
Production because of lower no of follicles

↓ relative drop in estradiol levels result in
menopause related symptoms.



Perimenopause

Oestrogen production – **erratic**

Estradiol levels – **fluctuate**

Clinical history is more reliable than measurement
of FSH and oestradiol for diagnosis of
perimenopause



Postmenopausal stage

Main estrogen → from ovarian stroma
adrenal androstenedione → aromatised to
estrone (E1) in peripheral tissues (fat).



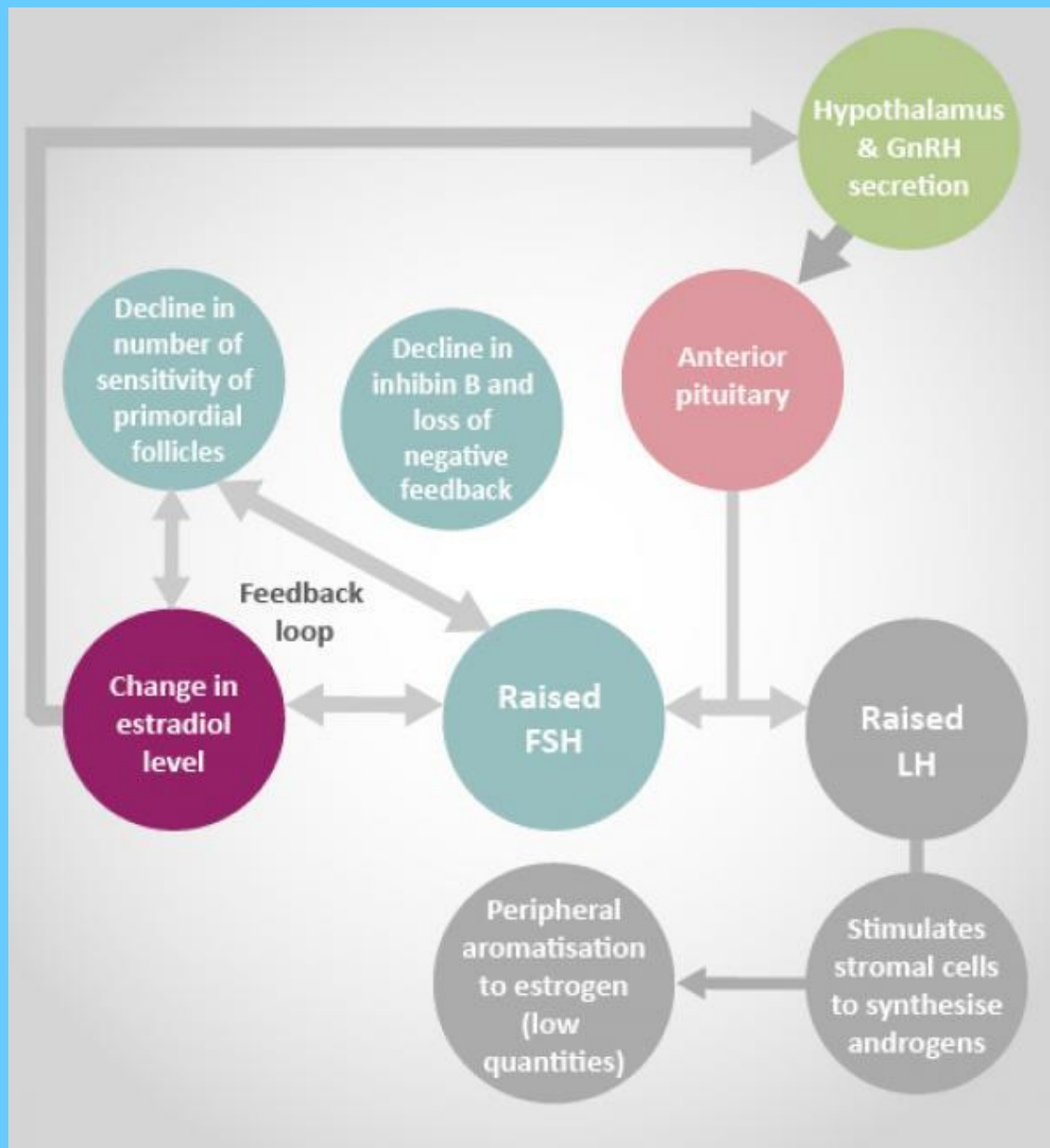
E1 is biologically less active than E2.

Testosterone levels ↓ 50% by the time of the
menopause



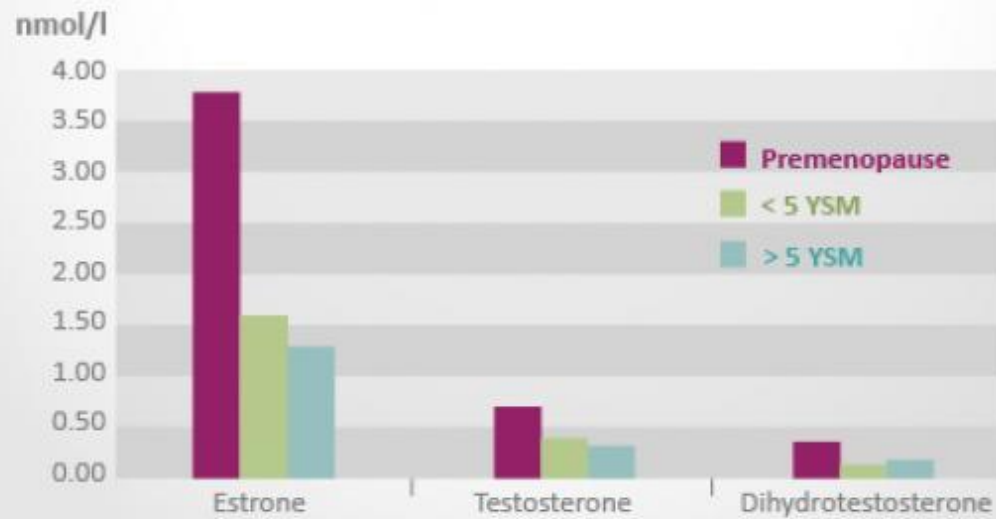
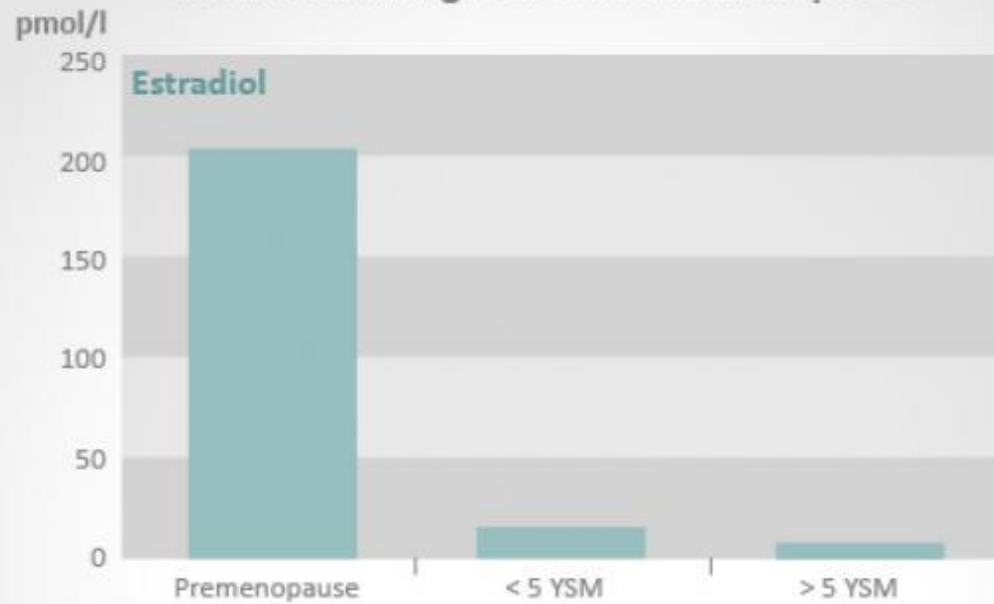
All gonadal steroid hormones are measured at a
very low level after the menopause.





The basic physiology of the menopause:

Hormonal changes around the menopause



Menopause

❖ The most striking event during the middle age in women and represents the **end of reproductive life**



❖ Universal phenomenon

❖ Unique stage of female reproductive life

❖ In present era- increased life expectancy- **facing long period of menopause** (1/3 of her life)



❖ Variation in age and manifestations of the menopausal signs and symptoms



- ❖ average age of menopause is 51years
(Western countries)
- ❖ Normal range 45-55 years



- About 467 million postmenopausal women are present worldwide and are expected to rise to 1200 million by 2030.



(WHO, 1996)



Menopause can be seen as a **natural transition** encompassing **not only** the **biological changes** but also the **social changes** associated with the natural aging process, including how a woman views herself and how she is viewed by society.

Hunt K, *Journal of the Royal College of General Practice* (2009)



taboo topic that represents

loss-loss of youth

loss of attractiveness

loss of possibilities.



These women may be inadequately prepared to

handle the physiological and

psychological changes of menopause.



The drop in gonadal steroid hormones



affects neurotransmitters

affects estrogen sensitive epithelial
surface

affects collagen fibres



- Menopause is linked to a variety of uncomfortable symptoms which are varied in intensity from mild to severe symptoms.
- These symptoms have marked impact on menopausal women's quality of life



Hunt K. "The basic social process of the menopausal transition". *Journal of the Royal College of General Practice* 38 (2009): 398-401.

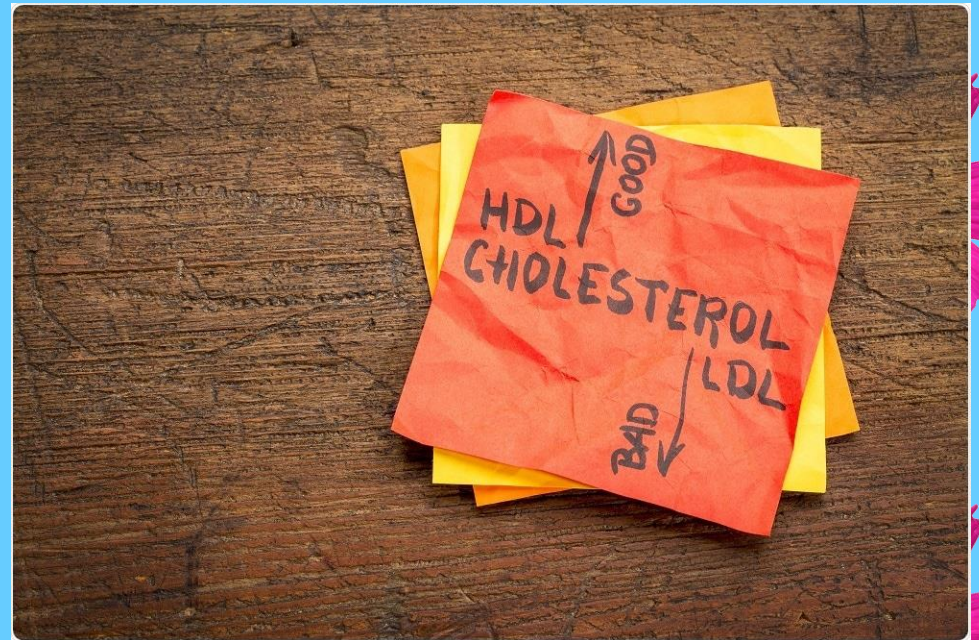


The lack of oestrogen and progesterone causes many changes in women's physiology that effect their health and well-being.



Increases cholesterol level in the blood

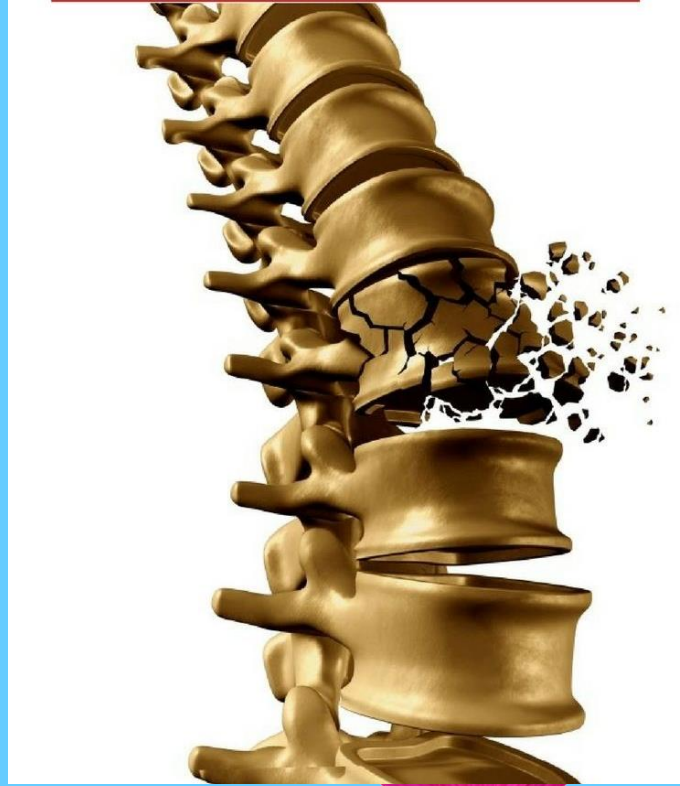
Hyperlipidemia is common. This leads to gradual rise in the risk of **heart disease** and **stroke** after menopause.



Osteoporosis

Calcium loss from the bone is **increased in the first five years** after the onset of menopause, resulting in a loss of bone density.

The calcium moves out of the bones, leaving them weak liable to fracture at the smallest stress.



Digestive system

Motor activity of the entire digestive tract is diminished after menopause. The intestine tend to be sluggish resulting in **constipation**.



Urinary system

Due to lack of oestrogen, tissue lining the urethra and bladder become drier, thinner and less elastic. This causes **urinary frequency** and prone to **UTI**.



Uterus

Small and fibrotic

Cervix

Smaller and flush with vagina

Vaginal and cervical discharge

Decreases in amount and later disappear completely.



Ovaries

Smaller and shriveled

Vagina

Vagina mucosa – thin and loses its rugosity

Decreased section- dry vagina

Sexual intercourse – painful and difficult



Vulva or external genitalia

Fat in labia majora and mons pubis – decreases

Pubic hair- spare



Breast

Flabby and pendulous.



Skin

Loses elasticity and thin (due to loss of elastin and collagen)



Weight

Increase is more likely to be the result of irregular food habit due to mood swing.



More deposition of fat around waist, hips and buttocks.



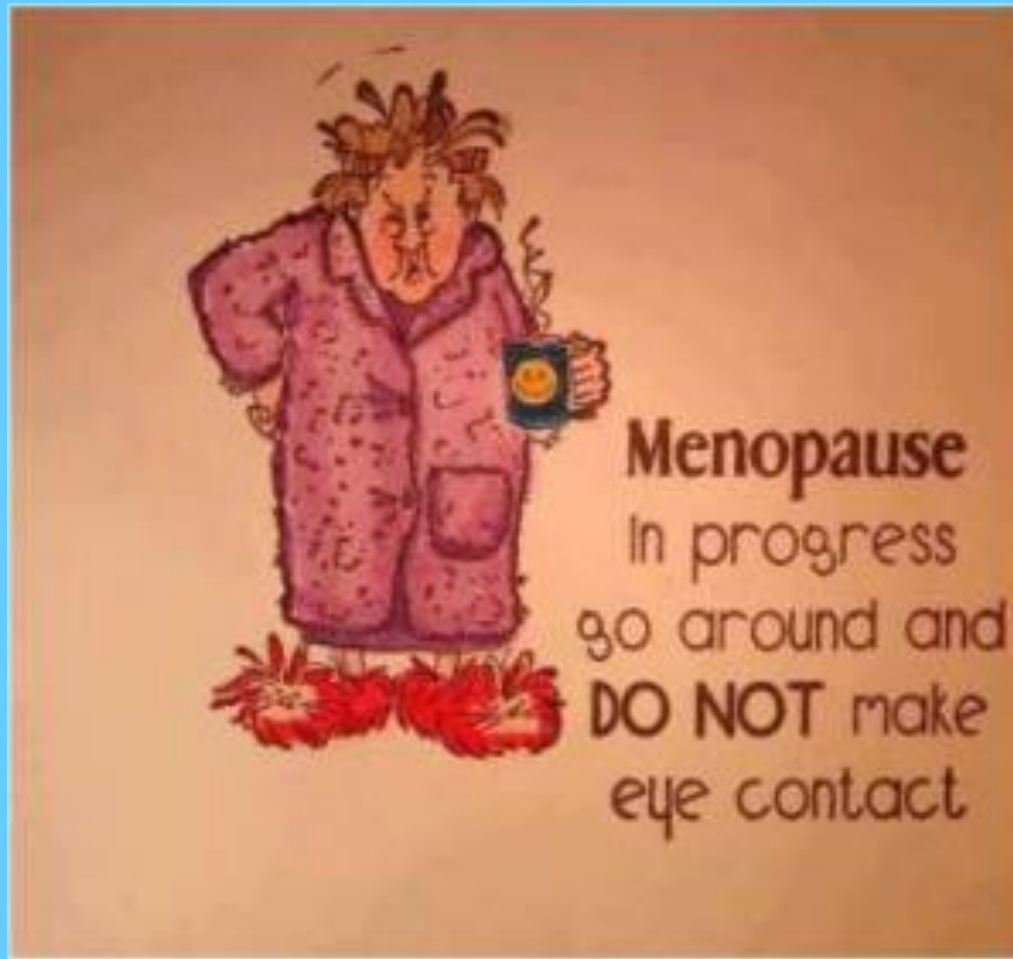
Hair

Dry and coarse. Hair loss due to decreasing level of oestrogen



Voice

Deeper due to thickening of vocal cord.



Hot flushes

Incidents where the women in menopause gets a sudden feeling of warmth and flushing that starts in the face and quickly spread all over the face and the whole body. This hot flushes can occur at any time of the day or night. They vary in number from 1 in every hour to 1 in every 15 minutes. Hot flushes are often associated with profuse sweating.



Night sweat



Closely related to hot flushes and both usually occur simultaneously. Sweat can occur any time of the day or night but more common at night. The sweat can be severe enough to wake up the women from a sound sleep and may make it difficult for her to go back to sleep. The sudden waking up from sleep can cause palpitation and sometimes panic attacks.



Psychological changes

- Headache
- Irritability
- Fatigue
- Depression and insomnia

Although these are often said to be due to hormonal levels, they are more likely to be related to loss of sleep due to night sweats.



Diminished interest in sex

- Emotional upset
- Painful intercourse due to dry vagina



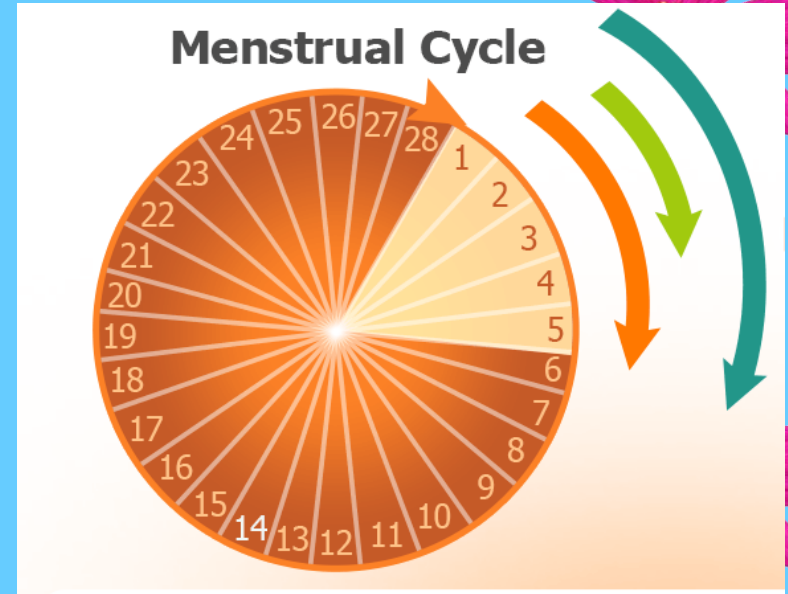
- The feeling that a woman holds about herself and her social relationship as well as the symptoms she experiences can be defined by the culture in which she lives.



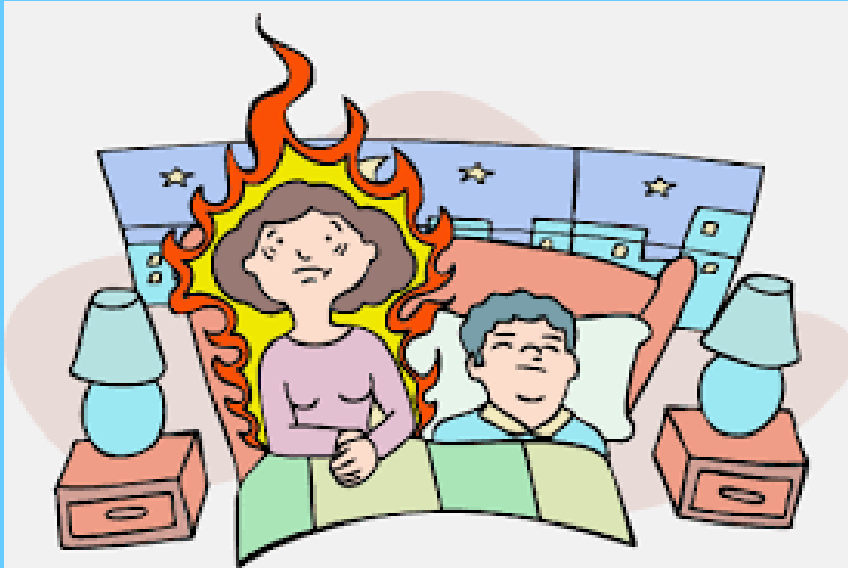
Acute clinical manifestations

Changes in menstrual pattern

- Cycle length shorten to every 2–3 weeks or lengthen to many months
- Amount of blood loss – alter, may increase slightly



Hot flushes and night sweats



- Affect 70-80% of women
- Median duration is about 7 years
- 38% will continue to experience vasomotor symptoms up to 14 years

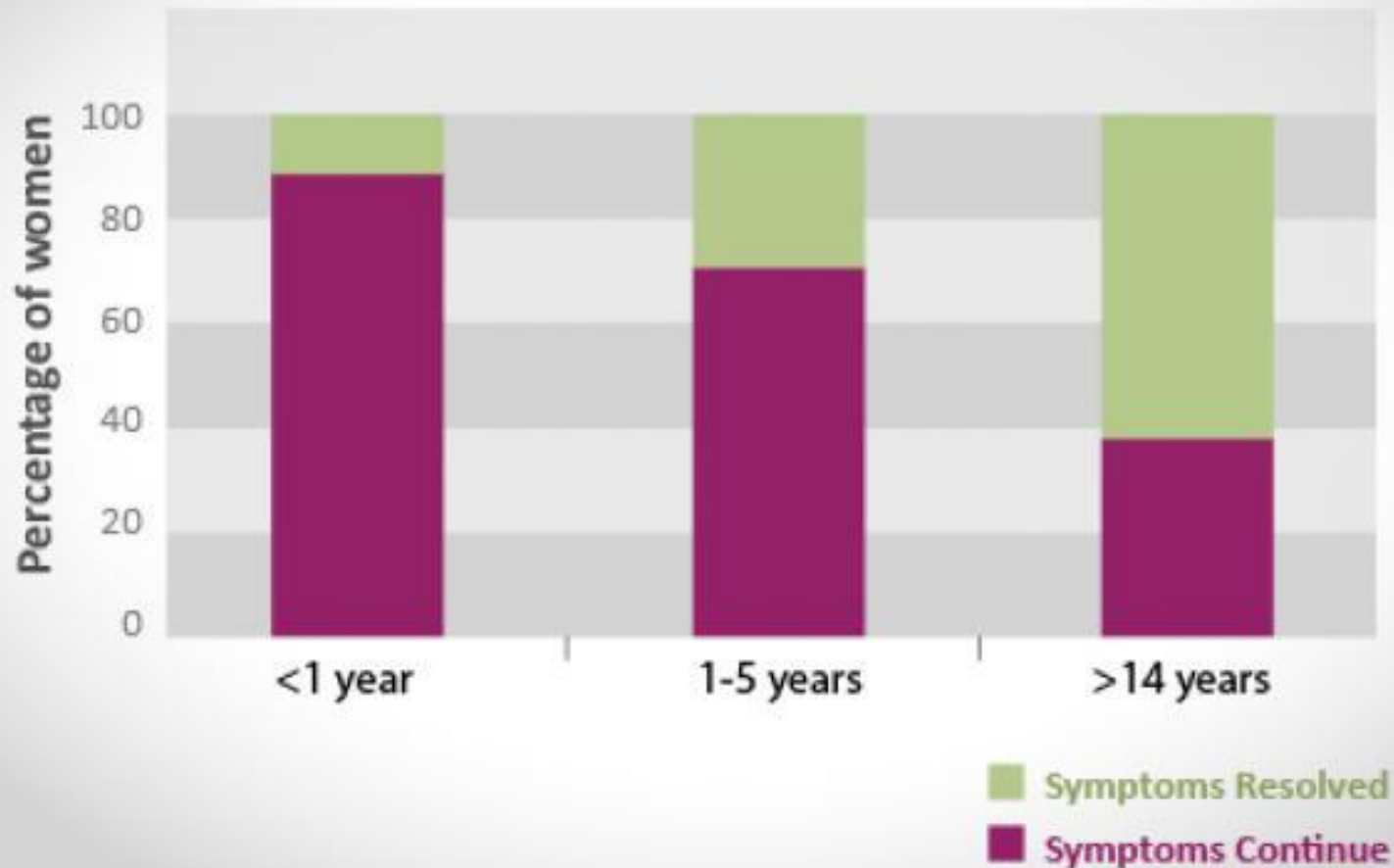
- symptoms are frequently distressing and may interrupt night sleep resulting in tiredness and irritability
- in general self-limited, usually become less intense and less frequent without treatment after about 5 years





mood swings, panic attacks, depression,
forgetfulness, reduced verbal memory and fluency
difficulty concentrating and headaches.

Vasomotor Symptoms



The average duration of vasomotor symptoms:

Medium term symptoms

occur **between 5 and 10 years** of the menopause

- ❖ Vaginal dryness
- ❖ Dyspareunia
- ❖ reduced libido (dyspareunia, testosterone deficiency)
- ❖ recurrent urinary tract infection (raised vaginal pH enhances enterobacterial growth)



❖ stress and urge urinary incontinence

(due to atrophic urethritis, diminished urethral mucosal seal, loss of compliance, and irritation)



❖ reduced estrogen and androgens levels causes

➤ thinning of skin

➤ hair loss

➤ brittle nails

➤ generalised aches and pains



Long term health implications

- ☐ fragility fractures
- ☐ cardiovascular disease
- ☐ degenerative arthropathy
- ☐ cancer



- Some women, symptoms of the menopause are mild and of short duration may not require hormonal treatment.
- Other women – symptoms distressing, may require treatment with hormone replacement therapy (HRT)



- Consulting women about the menopause is the opportunity to advise on lifestyle adjustments, education on healthy ageing and reassurance.



- During menopause - (QoL) is often related to menopausal symptoms (hot flushes, night sweats and vaginal dryness or pain).
- However, it is important also to recognize other perspectives of QoL-related issues such as health status, life satisfaction, coping and psychological functioning.



Utian WH. "Quality of life (QOL) in menopause". *Maturitas* 57.1 (2007): 100-102.



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Article · December 2017

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Menopausal Symptoms and Women's Quality of Life Outcomes: Literature Review

Rezarta Lalo*, Fatjona Kamberi and Ela Peto

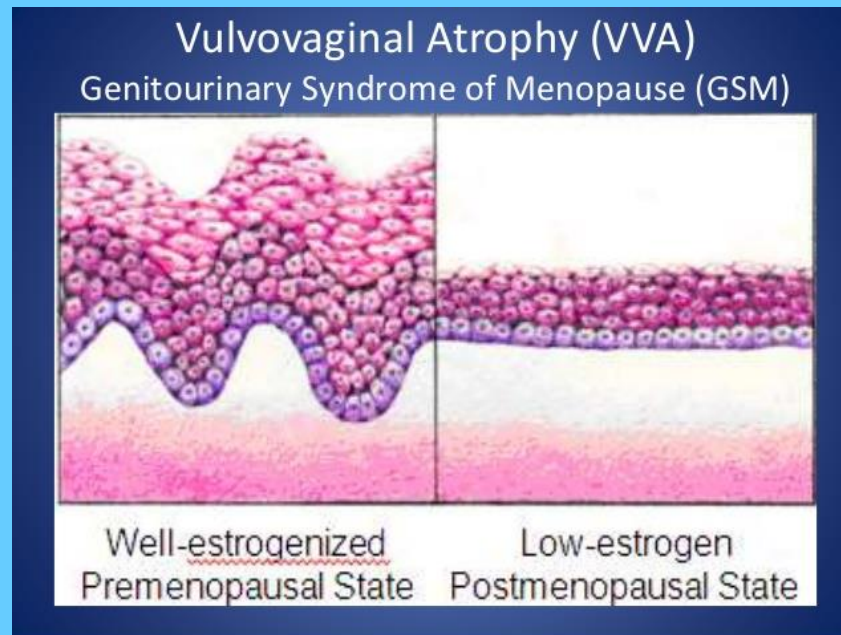
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Author and Year	Methods	Main findings
Krajewska., <i>et al.</i> (2010) [18]	The study was conducted among women over 40 years of age, from Poland (241), Belorussia (119), Greece (100), and Belgium (79). For the purpose of this research, the Polish, Russian, Belgian and Greek versions of the MRS were used.	Belgian women exhibited a more impaired quality of life due to a higher rate and severity of urogenital and sexual symptoms ($P = 0.0381$).

European women have higher rate and severity of urogenital and sexual symptoms.



Mishra., <i>et al.</i> (2012) [19]	695 women from age 47 to 54 years Nationally representative cohort study. England, Scotland, and Wales Check-list of health symptoms developed by researcher.	Findings revealed that five symptoms such as trouble sleeping, aches and pains in joints, hot flushes, vaginal dryness and difficulties with sexual intercourse showed increased prevalence
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UK - trouble sleeping, aches and pains in joints, hot flushes, vaginal dryness and difficulties with sexual intercourse



Jennifer Whiteley., <i>et al.</i> (2012) [20]	A cross-sectional study that included 8,811 women 40–64 years from USA. Data from the 2005 United States National Health and Wellness Survey were used.	Women experiencing menopausal symptoms reported significantly lower levels of HRQOL and significantly higher work impairment, and healthcare utilization than women without menopausal symptoms. Depression, anxiety, and joint stiffness were symptoms with the strongest associations with health outcomes.
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USA - Depression, anxiety, and joint stiffness



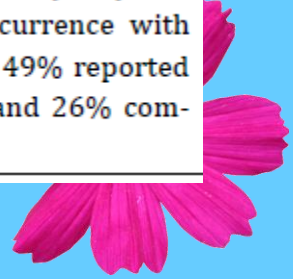
Omaima M Esmat., <i>et al.</i> (2013) [4]	A descriptive research design that included 200 married women randomly selected from Faculties of Ain Shams University in Egypt. An interviewing questionnaire was used to collect data based on literature review.	81% and 79% of perimenopausal women had physical and social health complaints, while 74% and 71% of them had sexual and psychological complaints respectively.
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Egypt- 81% and 79% - physical and social health complaints

74% and 71% sexual and psychological complaints



Nabarun Karmakar, <i>et al.</i> (2017) [22]	Descriptive cross-sectional study 100 peri and post-menopausal women (40–60 years) in Dearah village of West Bengal, India during February–March 2014. The Menopause-Specific Quality of Life Questionnaire MEN-QOL azi	Occurrence of vasomotor symptoms was average with 60% of them reporting hot flushes and 47% sweating. Most prevalent psychosocial symptoms reported were feeling of anxiety and nervousness (94%) and overall depression (88%). Physical symptoms were quite varying in occurrence with some symptoms such as feeling tired 49% reported of avoiding intimacy with a partner and 26% complained of vaginal dryness.
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India - Occurrence of vasomotor symptoms was more common

Miranda Hajdini, <i>et al.</i> (2017) [13]	The study was conducted in Tirana and some rural areas around in 2016. Sample included 1207 women aged 45-64 years old and for data collection we used a self-administered questionnaire	As all around the world, in Albania women report various symptoms that can influence the quality of life, but with a lower prevalence. The most frequently reported symptoms include forgetfulness (26.3%), hot flushes (25.9%), frequent headaches (23.3%), aching joints (21.6%) and stomach bloating (21.0%).
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Albania women report various symptoms mostly vasomotor and neuropsychiatric



- The results of these 8 studies reveal that there are **significant ethnic differences** in the total number and total **severity** of the physical, psychological, and psychosomatic symptoms.
- **European women** exhibited a **more impaired quality of life** due to a higher rate and severity of hot flushes, night sweats, urogenital and sexual symptoms.



- **Intensity** of menopausal symptoms was found to be **lower** among **Albanian** women with predominance of somatic symptoms.
- **Indian and American women –psychosocial symptoms** (anxiety and nervousness and depression)
- women from **Arabia - joint and muscle pain**



- It is evident that there is **great diversity** in symptom frequencies **across the cultures** and **ways of coping** adopted by these women.



- Health care provider's need to consider individual women's differences, needs and **believes**, when developing the treatment plans for menopausal women.





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RESEARCH ARTICLE

PERCEIVED HEALTH PROBLEMS OF MENOPAUSE

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ABSTRACT

Background: Menopause is the most striking event during the middle age in women and represents the end of reproductive life. Although menopause is a universal phenomenon, there is a considerable variation among women regarding the age of attaining menopause and the manifestations of the menopausal signs and symptoms. This study aimed to assess the perceived health problems of menopause among the post-menopausal women.

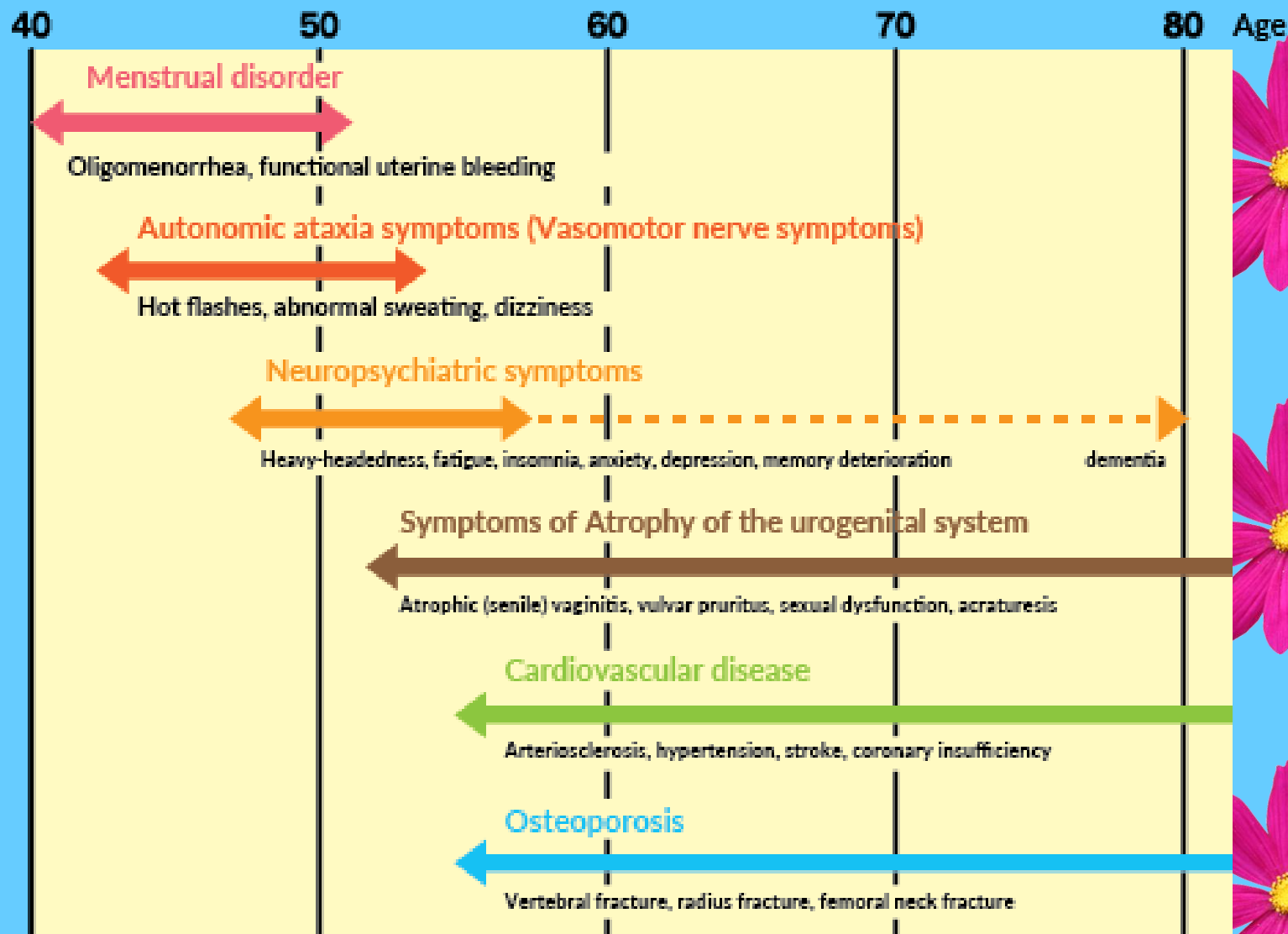
Methodology: Cross sectional descriptive survey design was used. All post-menopausal women accompanying patients at WCH OPD, JIPMER were considered as the population of the study. Convenience sampling was used and 250 participants participated. Menopause rating scale (MRS) was used for data collection through interview.

Results: The findings of the study revealed that the 98.4% of women had perceived health problems

Key words:

Menopause,
Post-menopausal Women,

Symptoms that appear after menopause

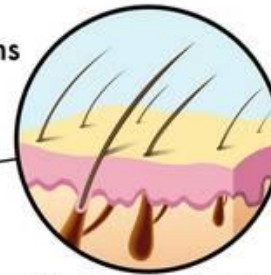


Menopause

Symptoms and Complications



Changes in mood and irritability



Thinning of scalp hair



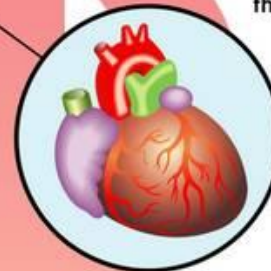
Loss of elasticity and thinning of the skin



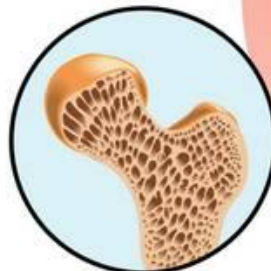
Loss of firmness of the breast



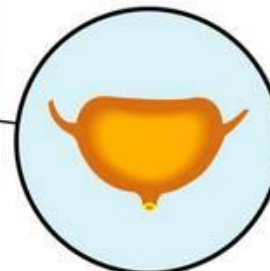
Amenorrhea and increased risk of vaginal infections



Risk of heart damage



Osteoporosis risk



Urinary incontinence and increased risk of urinary tract infections



Points to remember

- The menopause marks the end of reproductive life.
- The menopause marks the transition to an estrogen deficient state for the rest of the woman's life.
- The time of menopause can be considered as a change in life and as an opportunity to reappraise health and health-related behavior patterns and make changes in them.



- Menopause is linked to a variety of uncomfortable symptoms which are varied in intensity from mild to severe symptoms.
- These symptoms have marked impact on menopausal women's quality of life.
- Quality of life is noteworthy. The presence of menopausal symptoms significantly reduces the quality of life, and with more severity, worsens the quality of life. In addition, they may lead to social impairment and work-related difficulties



- So it is imperative for the health professionals to identify the magnitude of post-menopausal health problems to help the women to understand and manage the menopause associated health problems to lead a physically, psychologically productive life.





Thank you

