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Menopausal symptoms and management methods

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Abstract

Menopause comes in a life of every woman when their period ends and ovaries start losing their reproductive functional ability. Last menstrual hemorrhage with its natural process experiences by all middle-aged women is referred to as menopause. It is associated with various problematic symptoms such as sleep problems, hot flashes, mood disorders, night sweats, sexual dysfunction, cognitive functioning decreases and weight gain. Objectives: To critically review existing literature on various methods for the treatment of menopause condition in women. Database: Google Scholar, PubMed, Research Hub, Research Gate, Springer Link with relevant English language vocabulary. Results indicate that there are varieties of alternative, pharmacologic and behavioral treatments available, and none are as effective and helpful in reducing the vaginal and VSM symptoms as HRT (topical or systemic). All women with post menopause stage should follow proper lifestyle measures. It is also essential to put attention over psychological impact due to early menopause.

Keywords: Menopause, premenopause, perimenopause, postmenopause, symptoms, estrogen, VSM symptoms, CAM, GSM, HRT, therapy, hypnosis

Introduction

Menopause is an adaptation process during which women go through a new biological state. It is a physiological phase that is characterized by the permanent cessation of menstrual periods in women due to loss of ovarian follicular function. Last menstrual hemorrhage with its natural process experiences by all middle-aged women is referred to as menopause. There comes a time in a life of every woman when their period ends and ovaries start losing their reproductive functional ability. Commonly, this happens among women with ages between 45 to 55 years, but in exceptional situations women may found with menopausal condition in age of 30 years, or even in younger age. This situation of early menopause is known as premature ovarian insufficiency or premature menopause. During fertility years of women, ability of egg production every month of women is related with releasing of reproductive hormones namely, oestriol, oestrone, and oestradiol (collectively these known as oestrogen). Ovaries produces oestrogen hormone, as women enters to older age their egg storage in ovary declines and conceive ability also become lesser. Around at 50 to 55 years of age, monthly cycle among women stops completely and due to this no more periods, ovulation and pregnancies occurs. This stage is known as menopause. Around 1.2 billion women in worldwide will be postmenopausal or menopausal by year 2030, with forty seven million fresh entrant each year. The purpose of this article is to critically review existing literature on various methods for the treatment of menopause condition in women. The database was searched from Google Scholar, PubMed, Research Hub, Research Gate, Springer Link with relevant English language literature.

Menopause Stages

The menopausal transition stages were defined in year 2001 by the experts at the STRAW (Stages of Reproductive Aging Workshop). Seven stages of reproductive aging continuum were recognized by the group. These three stages are explained by following manner:

- 1. Premenopause:** This stage is where the time up to commencement of perimenopause stage occurs, but also it is used to describe the time up to women's last menstruation period.
- 2. Perimenopause:** In this stage, time starts around menopause when endocrine and

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menstrual cycle changes occurs, but amenorrhea of twelve months duration has yet not occurred.

- 3. Postmenopause:** This stage commences during the last women's menstruation period, though it is also not predictable until after amenorrhea of twelve months.

Menopause Symptoms

According to Meeta *et al.* (2020), during menopause condition, several symptoms appear and are divided into somatic symptoms, VMS, GSM (Genitourinary syndrome of menopause), and neuropsychiatric symptom.

- 1. VMS (Vasomotor symptoms):** VMS, or night sweats and hot flashes, are sometimes considered as menopause cardinal symptoms. They are the events of abundant heat together with flushing and sweating, predominantly experienced around the chest, head, upper back, and neck. VMS may be reported in menopause transition, during first two years of post-menopause VMS reach to the maximum intensity and then declines gradually over time. Generally, VMS last for 6 months to 2 years, but in some woman it may be experiences for 10 years or longer.
- 2. Somatic symptoms:** During women's midlife, joint pain and aches are reported in common. Obese or depressed women may experience joint pain mostly. It is also associated with menopause status; joint pain is found more in post- and peri-menopause condition than that in premenopause condition among women.
- 3. GSM:** It appears due to urogenital atrophy as result of estrogen level decline and also may present as frequent urinary tract infection. Reduced vaginal blood flow and rugae, reduced vulval fat, leads to pale appearance, change in vaginal pH value, are some signs of the vulvovaginal atrophy.
- 4. Sexual Problems:** Dyspareunia may appear due to vaginal atrophy with aging causing sexual dysfunction. Due to testosterone therapy among those women may lead to acquired sexual desire disorder. In India, testosterone formulations for women use are not available. In this condition, tibolone considered as good option as it consists of androgenic activity and can treat to the problem of libido.
- 5. Mental Health:** Psychological functioning found to be comparatively poor among early menopausal women when compared with menopausal women at average age. Further, early menopausal women sometimes have difficulty in adapting the altered self-image, to fertility loss, and to sexual dysfunction associated with estrogen deficiency, and may benefit from referral to a psychologist or sex therapist. Other commonly reported symptoms include anxiety, mood lability, and cognitive changes. There is increasing evidence that depression is a menopausal symptom experienced by some women. Women found with depression history are more prone to report depressive mood during the menopause transition and are also likely to experience vasomotor symptoms.

Koyuncu, *et al.* (2018) that there were positive changes in the knowledge level about menopause, and further negative and positive emotional subscales found in attitude assessment scale of menopause. Therefore, it was stated that health education was found to be effective method in terms of positive change towards real rigorousness of symptoms of menopause and menopause-related attitude and knowledge levels.

Specific Health Risks

Barrett-Connor *et al.*, 1997^[3] published a book where it was stated that life should be enjoyed more by women and they should not also feel themselves as unattractive and boring personality during their post-menopausal period with estrogen use. It was observed that estrogen usage became more and hormone therapy became common among those who want to remain young and also to prevent various chronic diseases. Although, after the long term usage of these, various life threatening side effects were observed and demanded more comprehensive studies on the subjects. Some risks due to the side effects would include endometrium cancer, breast cancer, colon cancer, cardiovascular disease and thromboembolic event, liver and gallbladder diseases.

Various treatments for menopausal symptoms

Hormone Replacement Therapy (HRT): Pinkerton *et al.* (2009) mentioned that vaginal atrophy and vasomotor symptoms both are considered as common symptoms of menopause. Currently, hormone therapy is only treatment (FDA approved) for hot flushes among women, with lower doses found to be more effective. Neuroactive agents (SSNRs, SSRIs and gabapentin) found to have efficiency but more research to be done. Desvenlafaxine, venlafaxine, paroxetine extended release, clonidine, and gabapentin are considered as most promising agents. Further, for the treatment of vaginal atrophy, vaginal estrogen or local topical were used with lesser effectiveness when used with non-hormonal vaginal lubricants or moisturizers. Oral HRT was the initial treatment of choice for women experiencing menopause-related symptoms as it is the most effective means of controlling vasomotor symptoms related to menopause. Rachele Schwarz (2017) indicated that generally progestin is given to women with uterus with combination of Estrogen preparations to prevent endometrial cancer and endometrial hyperplasia.

Estrogen and Progestogen Therapy: Cynthia *et al.* (2015) indicated that for women with menopause of age 60 years or 10 years precedent menopause condition with difficult VMS without having contraindication or excess breast or cardiovascular cancer risk were willing found to take MHT (menopausal hormone therapy), further suggested to initiate ET (estrogen therapy) for those women who are without a uterus, and EPT (estrogen-plus progestogen therapy) for those women with a uterus.

Hypnosis: It is a mind-body therapy in which deep relaxed state of individualized mental imagery, focused attention and suggestions are provided to the patient. Johnson *et al.* (2019) indicated that body and mind practices found beneficial in reducing bothersomeness and stress of some symptoms of menopause. Mainly, hypnosis (mind-body intervention) has constantly shown with clinically significant effect for reducing the hot flashes.

Non-Hormonal Medical Treatments: The SSRI (selective serotonin reuptake-inhibitor), paroxetine, and only is the SSRI approved by FDA for the VMS treatment in menopause. Clonidine may be indicated in the hypertensive women with complaint of VMS related symptoms (Williams *et al.*, 2008). The role of the stellate ganglion in VMS is not well understood (Walega *et al.*, 2014). Vaginal lubricants and moisturizers are available readily for counter solution.

CAM (Complementary and Alternative Medicine): CAM should be advised with having caution due to insufficient data availability, especially in moderate to severe VMS. For menopause treatment, CAM interventions are divided into

two categories namely, natural products (such as, dietary supplements, herbs, minerals and vitamins), and mind-body practices (such as, CBT [cognitive behavioral therapy], hypnosis, relaxation, aromatherapy, biofeedback and meditation). Addition to these categories, there are various alternative medicine approaches such as, reflexology, traditional Chinese medicine, homeopathy and acupuncture. CAM consists of the herbal based therapies that are used commonly for the treatment of menopause symptoms. Herbal based therapies consist of herbal remedies namely, black cohosh or CR (*Cimicifuga racemosa*) and EPO (evening primrose oil) (*Oenothera biennis* L.). While Black Cohosh is commonly most prescribed over contradict medication for VSM symptoms, and very tiny information about its action mechanism is known. Other commonly prescribed supplements in menopause include evening primrose and ginseng. While evening primrose is a good source of prostaglandin E and γ -linolenic acid, it has not been found to have any effect on menopausal VMS.

Conclusions

The most effective treatment for VMS is MHT (Menopausal hormone therapy) at menopause transition. Low dose OCPs (Oral contraceptive pills) or progesterone may be used to relief the menopause symptoms (Meeta *et al.*, 2020).s Today, there are varieties of alternative, pharmacologic and behavioral treatments available, and none are as effective and helpful in reducing the vaginal and VSM symptoms as HRT (topical or systemic). Benefits may go beyond the risks for most of the symptomatic postmenopausal women (under 60 years of age or under ten years since menopause onset). It should be considered by the health care professionals that therapy or treatment should be based on patient preference and clinical factors. Women should be screened before initiating any further treatment for cardiovascular disease and breast cancer risk, and should recommend the most suitable therapy to the patient depending on the benefits or risk considerations. All women with postmenopause stage should follow proper lifestyle measures. Further, it is also essential to put attention over psychological impact due to early menopause.

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