



A SYSTEMATIC REVIEW OF MENOPAUSE SYMPTOMS AND AVAILABLE TREATMENTS

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Abstract:

The following abstract is a summary of the 15 articles published in various medical journals on the topic of menopause. The purpose of the study is to critically analyze and evaluate the selected journal articles. In the Indian scenario, priority is needed in menopausal health. Most of them are unaware or do not give adequate attention to these menopausal symptoms. Menopause is a natural process that occurs naturally in mid-aged women around 50 years. If menopause happens before you turn 40, it is called premature menopause. Perimenopause is the first stage of menopause, which usually occurs around 10 years before menopause age. Menopause can be confirmed if the menstrual periods stop for more than 12 months. Menopause occurs when your ovaries stop making hormones estrogen and progesterone. Menopause leads to the post-menopause stage. One of the studies was an investigation of the severity of periodontal distraction among Malaysian women and a comparative study of the effect of menopause on 25 women each of menstruating and post-menopause women. Another study was to assess the significant difference between premenopausal and postmenopausal women, a group of 50 physically active as well as inactive women of the age group 40 – 65 years was conducted. The study revealed a significant difference present in physical component and mental component summary scores among both the groups. Menopause is a complicated period in women's life. Ovarian maturing and hormonal changes are characteristic of this period. The impacts of hormonal variances during menopause results in vasomotor disorders, vaginal dryness, rest issues, etc. Certain pharmacotherapies and serotonergic inhibitors may be of help to manage dietary adjustments and manage bone mineral thickness loss. Quality of life is a multi-dimensional health concept, married women undergoing menopause may experience changes in marital relations. One of the articles mentions endometrial hyperplasia, which is the thickening of the endometrial lining of the uterus and it may lead to a high risk of endometrial malignancy. Sonography scanning is utilized to ascertain the presence of endometrial hyperplasia. Psychological problems and coping strategy adopted by post-menopausal women reveals that 78% of women are adopting one or another coping strategy in their lives to minimize menopause symptoms. Treatment modality includes practicing yoga where various asanas (poses) are devised to benefit women in the perimenopause stage. The effectiveness of the autogenic relaxation technic is applied in depressive menopausal women.

Index Terms - Menopause, Peri-Menopause, Post-Menopause

I. INTRODUCTION

Menopause is defined as a complete stop of monthly menstrual cycles of a mid-aged woman due to hormonal changes in ovaries and is associated with various physical, psychological, and genitourinary tract diseases. Nowadays due to the increase in life expectations and population of menopausal women, the problems of menopausal symptoms have increased manifold.

Osteoporosis generally develops after menopause i.e., postmenopausal osteoporosis, the reason being the steep drop in estrogen levels. It will lead to bone loss. A decrease in Bone Mineral Density (BMD) leads to an increase in the risk of fractures. Menopause is due to natural causes and not physiologic and pathologic causes. Ovarian function declines with age leading to menopause. The natural production of estrogen decreases, with increasing levels of Follicle-stimulating hormones (FSH), which creates physical /mental troubles in menopausal women.

Hormone therapy is recommended for women less than 60 years or greater than 10 years. Post-menopausal, hormone therapy is not appropriate. The symptom studied were classified as lethargy, headache, joint pain, muscle pain, sexual problems, forgetfulness, dysuria, emotional problems, etc. Physical problems are mostly tackled by medical science but the psychological and stress aspect are not properly addressed due to the severity of the problems becoming high in the long term. A wide variety of Panchakarma treatment modalities from Ayurveda can be applied to minimize menopausal psychological problems.

A comparative study of 25 each woman in the menopausal age group of 55-65 married and unmarried was carried out and the depression level was statistically analyzed using SPSS. The result shows that compared with unmarried women the depression level in the married group was significantly less. More studies are on, to find out management strategies adopted by women in menopausal transition with marital status, education, and occupation and to know the correlation of knowledge on menopausal transition time and to know the health challenges, health-related quality of life.

II. SUMMARY AND REVIEW OF LITERATURE

Borker, et al. (2013) conducted a study to understand the prevalence of menopausal issues and awareness regarding menopause among rural Kerala, especially menopausal women. A community-based cross-sectional study was designed. House to house survey was conducted at Anjarakandy, a field practice area under Medical College Kannur. 106 post-menopausal women staying more than 6 months at Anjarakandy were taken for study.

Pre-tested questionnaire and a pilot study were conducted. Calculations were based on a sample size of 100. A random sampling method was used to find houses. SPSS 15 software was used for data analysis. Chi-square test, proportions, and percentage were used. The study revealed that every lady is suffering from one or more menopausal symptoms which require treatment. Attaining menopause age was 48.26 years (mean age). Emotional problems were higher at 90.7%, headache at 72.9%, lethargy at 65.4%, forgetfulness at 57%, etc. were mentioned in detail in this article.

Field practice area (FPA) was adopted by the Department of community medicine, Kannur medical college (KMC) for a survey and intensity program. A pilot study was done among 10 ladies of postmenopausal women with necessary consent from the participants and local administration; the same modus operandi was used for a detailed study. Those with severe symptoms were advised to meet a gynecologist and mild symptoms were advised at the primary care level. Demographic factors studied were age, religion, occupation, and education. They were asked what may be the cause of symptoms and the answer was analyzed to conclude their awareness. Unscientific explanations of the symptoms were considered to be inappropriate.

Dr. Jaya Bharti, et al. (2021) conducted a study to identify and assess the cause and symptoms of menopause and the effect of menopause on the psychological health of women to identify the three stages of transition in menopause namely perimenopause, menopause, and post menopause. Symptoms such as hot flashes, immortal changes, insomnia, discomfort during sex, vaginal dryness, etc. Some women may experience speedy heartbeats pain in joints and muscle aches, weight gain, memory loss, hair loss, headache, etc.

Menopause is an inevitable and natural transition process in a woman's life, usually between the ages of 45 and 55. Hormonal changes trigger menopause symptoms; greatly vary according to the women's age, hereditary medical condition, etc.

Hafizul Taufiq bin Zulkeple et al. (2016) conducted a study with proper ethical approvals from the concerned committees. The patient was verbally informed of the purposes and their written consent was obtained before participation. Good study design with two groups namely non-menopausal and post-menopausal females, 25 each.

Females excluded from the study as per exclusion criteria were those with a history of other diseases, age criteria <30 and >65 years old, those with concomitant medical therapy, pregnancy /lactation, smoking, etc. Two sets of females (25 each) were taken for the study control group (non-menopausal) range from 30-45, while the other group (called the test group) range from 50-65. From the questionnaire, they have taken demographic data and menstruation history. Clinical examination was well measured on BOP (Bleeding on probing).

- PD (Pocket Depth)
- REC (Gingival Recession)
- CAL (Clinical Attachment Level)

While referring to menopausal issues, usually we see discussion related to hot flashes, mood swings, bone issues, etc. Usually, dental issues have not noticed. Awareness among people is a minimum of the subject: i.e., chronic periodontitis hence a detailed explanation is desirable. The underlying relation between clinical causes, i.e., the absence of hormones due to menopause and the presence of chronic periodontitis is uncovered during the study.

Shalini Menon, et al. (2021) states that Health-Related Quality Of Life (HRQOL) means the general well-being of individual and society. How a health condition impacts an individual efficiency to function and his / her perceived well-being in physical, mental, and social domains of life (Hays and Morales-2001) (1).

There are four stages in menopause namely pre-menopause, peri menopause, menopause, and post-menopause. In this study, they selected subjects, 100 each from premenopausal and postmenopausal women from Bilaspur and Raipur districts.

- HRQOL Variable was selected
- Physical Component Summary
- Mental Component Summary

Tools used were the SF-36 Questionnaire and International Physical Activity Questionnaire (IPAQ), SF-36 health survey includes a multi-item scale measuring eight health concepts. Physical functioning, bodily pain, social functioning, etc. In the IPAQ questionnaire, every subject was asked to fill out the questionnaire to assess their physical activity level. The study resulted in a clear difference established in the physical component summary and mental component summary among premenopausal and postmenopausal women.

The variables were higher in premenopausal women.

Vijayasree K V (2022) conducted a study to find out management strategies adopted by women in menopausal transition with marital status, education, and occupation and to know the correlation of knowledge on menopausal transition time and to know the health challenges, health-related quality of life. The Author has described now the peri-menopausal and post-menopausal issues influence the mental and physical health of the affected ladies and how hormonal treatment can be useful in managing the complications.

Clinical assistance can help perceive early signs and symptoms of menopause to offer treatment to alleviate the manifestations. In this study, a cross-sectional survey design was adopted with 420 women 40-55 years of age, randomly selected from a selected panchayat of Kozhikode district, Kerala using a cluster sampling technique with necessary permits from authorities concerned.

A semi-structured interview schedule was adopted having three parts

- Section A –Socio Personal variable
- Section B- Reproductive marital and clinical data
- Section C – Knowledge of menopausal transition.

SPSS software 18 version was used to analyze data. She recommends the need for empowering women in effective management of menopause symptoms, which will provide a sense of worth and well-being and will help in general improvement of overall health as suggested by the author, however, the need for more social camps is apparent to increase awareness among the masses.

Kaur Harsimran, et al. (2020) states that the most common skeletal disorder is osteoporosis which is characterized by a decrease in bone mass resulting in fractures involving the spine, hip, humerus, and forearm. Vertebral deformities are asymptomatic and may result in decreased lung capacity, gastrointestinal symptoms, and impaired balance. Proper risk identification in the high-risk category of individuals is an important aspect of osteoporosis management. It is a complete medical journal that provides detailed medical aspects of osteoporosis in connection to menopausal women. A cross-sectional study of 3-month duration was done.

Women also above the age of 45 years and postmenopausal women also consider their willingness to participate, excluding those who are not willing to participate. The sample size is approximately 50 patients. The study area is Adesh hospital, Bathinda. In this article they explained about risk factors of osteoporosis in postmenopausal women, that is previous fragility fracture, family history of fracture in a first-degree relative can have double risk, body habits like low weight <57kg, recent weight loss 4.5 kg or more and hormones, lifestyle factors like smoking, poor nutrition, heavy alcohol consumption, insufficient physical activities.

They recommended lifestyle changes, calcium, and vitamin D. Also suggests food supplements for post-menopausal women, like dairy products, fish, nuts, and fruits. Prevention is better than cure in this case of osteoporosis. The loss is irreversible.

Dr. Prasad Narhar Kulkarni, et al. (2021) states that due to increasing life expectancy, a major part of the menstrual women population has post-menopausal syndrome. Women looking for a better solution through treatment. In the post-menopause stage health concerns are urogenital, Atrophic changes, osteoporosis, dementia, heart disorders, and Alzheimer's disease. The treatment schedule includes hormone replacement therapy which has side effects like breast cancer, endometrial cancer, and abnormal genital bleeding, liver or gallbladder disease.

Hence certain Ayurvedic remedial measures are worth considering in place of hormone replacement therapy. Mixtures of symptoms are reported, these include, hot flashes, night sweats, irregular menstrual, headaches, dry vagina, etc. This article suggests *Panchakarma* treatment to minimize the post-menopausal symptoms. It is a well-described article about Ayurvedic treatment methods through *Rasayana Chikitsa*, *Ashtanga-yoga*, *Pranayama*, *Dhyana*, and *Satvajaya Chikitsa*. Psychological circumstances are well thought out in Ayurveda to treat psychological instabilities.

Ayurveda also mentions *Rajonivrutti* (menopause) around the age of 50 years. In this article, they mention the above psychological disturbance and stress of menopause. Menopausal symptoms are classified as depression, anxiety, insomnia, *vata dosha*, anger, and hot flashes are *pitta dosha*. *Kapha dosha* is weight gain and physical heaviness.

In this article, they have explained *panchakarma* treatment for menopause. It is based on the theory of *vata*, *pitta*, and *kapha* and *Panchabhuta* theory. It is a holistic psychological system based on the balance of *tridosha* theory. Treatment modalities in the ayurvedic lifestyle are based on principles of natural lifestyle discipline and control with medication. Following are the treatment:

- *Abhyanga*
- *Shiro abhyanga*
- *Udvartana*
- *Shirodhara*

Rajonivrutti is a sign of *jara*, that is getting old. It will help to improve psychological and physical symptoms with no adverse reactions.

Sony Varghese, et al.(2020) states that menopause is the permanent cessation of menstruation. Females have a high chance to suffer when compared with males due to issues in menopause. The production of two hormones estrogen, and progesterone reduces but follicle stimulation hormones (FSH) and luteinizing hormone (LH) rise. The average age of menopausal stage among South Indian women is 48.7 years.

The following physical and psychological symptoms and characteristics of menopause: hot flashes, irregular menstrual period, night sweats, palpitation, thinned vaginal mucosa, mood swings, insomnia, anxiety, depression, forgetfulness, urinary incontinence, formication, vertigo, melancholia, weakness, and arthralgia, etc. In this article, they explained the physiological and psychological effects of hormonal imbalance, i.e. the decline in estrogen and progesterone production and the rise in FSH and LH.

In this study subjects were postmenopausal women. 25 each married and unmarried group of age 55-65 years. Random sample selection from the outpatient department of the hospital and research center, Angamaly. In this study, they used Goldberg's depression scale and married and unmarried women over a period of 6 months. The study helped to assess the depression level among married and unmarried women. This study reveals that unmarried women experienced significantly more depression than married women due to reasons like absence of social support, loneliness, and lack of self-esteem.

Dr. Ajmari Sharmin, et al. (2021) conducted a study on 213 post-menopausal women of Bogra in January-December 2017 to collect data on coping strategies namely social, spiritual, and medical by giving a questionnaire developed by Methodist College, Ghana on the age group of 45-50 years. The transition into the menopause stage is associated with raised FSH levels and missed menstrual cycle. A coping strategy access scale was used. An extensive statistical study with a piece of good information on the coping strategies adopted by postmenopausal women.

Violet Nicola Ghattas, et al. (2019) states that menopause is a natural process among women. Quality of life is a multidimensional health concept, menopausal married women may experience changes in marital relations and general quality of life. In this study, they collected data through a structured interview, Greene climacteric scale, Dyadic adjustment scale, and quality of life scale. Menopause is negatively affecting the quality of life and marital status. In this study, they explained menopausal stages.

Dr. Niti Gahlot, et al. (2022) states that post-menopausal symptoms progressively affect the well-being of women and their quality of life. They conducted to study on the prevalence of QOL (quality of life) among postmenopausal women and to access factors for the poor QOL. A community-based cross-sectional study was carried out among the age group 42-60 years. The standardized menopause QOL questionnaire (MENQOL) and IPAQ (International physical activity questionnaire) were used as tools. In their study, the most common symptoms of physical aspect were reduced physical strength, declining stamina, etc. Menopause is associated with QOL that is it can be improved by early recognition. Social background also may aggravate the symptoms.

Aqsa Hafeez, et al. (2021) states that their study is a combined analysis of 15 studies conducted on 11935 peri-menopausal and post-menopausal women using ultrasound sonography scanning. The objective of the study was to evaluate the sonographic finding. Oestrogen and progesterone hormones play important roles in the menstrual cycle and pregnancy but in some cases, estrogen is more and progesterone is not enough, such a situation will also happen. Sonography is used as an effective tool to find abnormal thickening of the uterus.

Nutan Potdar, et al. (2014) states that the variation in hormonal level during the menopause period leads to physical, psychological, and social effects. The psychological changes may differ from one person to another. The survey was conducted on 100 menopausal women selected by convenience sampling method using a stretched questionnaire. Their study aimed to assess the psychological problem and coping strategies among post-menopausal women in the selected area of Pune city. The survey approach is based non-experimental descriptive design. The symptoms of depression are similar. They suggest yoga for managing menopausal issues.

Dr. Usha, et al. (2020) states that menopause is a transition stage in life that occurs between the age of 40-60 and have hormonal, physical, and psychological change. They aimed to assess the effect of menopausal symptoms and psychological problems. They have selected subjects randomly .100 middle age office-going post-menopausal women age group 45-55 years. Tools for used GHQ28 (Goldberg and Hillier and mental health checklist by Kumar P). The study observed moderate to high levels of anxiety, depression, and sleep disorder in middle-aged working women factors were comparatively higher in post-menopausal women.

Gracy Mathew, et al. (2019) state that the effectiveness of autogenic relaxation technic in depressive menopausal women a simple random sampling was used to select 50 persons (Experimental group) and 50 persons (controlled group) among menopausal women residing in Sadar Batti and Kishangarh, to find out the effectiveness of autogenic relaxation technic. Most menopausal women are suffering from moderate depression and the autogenic relaxation technic was found to be effective in reducing the depression level.

III. CONCLUSION

All the 15 articles on Menopause related symptoms, their cure, etc, have been reviewed and found to be quite informative. Very detailed statistical data were provided in almost all the articles, barring a few. A clear difference is established in physical as well as mental component summary among pre-menopausal and post-menopausal women. The need for empowering the women in effective management of menopause symptoms will provide a sense of worth, and well-being and will help in general improvement of overall health. The need for more social camps is apparent in increasing awareness among the masses. Every lady is suffering from one or more menopausal symptoms which require treatment.

The paper on osteoporosis is a piece of medical-oriented information with well-defined reasons and cures for diseases. There is a statistically significant difference between the quality of life and the severity of menopausal issues. They have recommended extensive propaganda through mass media, and television on health education programs. Menopause is associated with quality of life, i.e., it can be improved by early recognition. Social background also may aggravate the symptoms, for which awareness is needed. Biological changes happen in menopausal and post-menopausal women which affects their mental, physical and social well-being. A high level of anxiety, depression, social dysfunction, and sleep disturbance is observed to be high level in middle ages working women.

IV. ABBREVIATIONS

- BMD - (Bone Mineral Density)
- CAL - (Clinical Attachment Level)
- FPA - (Field Practice Area)
- FSH - (Follicle - Stimulating Hormones)
- HRQOL - (Health Related Quality of Life)
- IPAQ - (International Physical Activity Questionnaire)
- KMC - (Kannur Medical College)
- LH - (Luteinizing - Hormones)
- MENQOL - (Menopause Quality of Life Questionnaire).
- PD - (Pocket Depth)
- QOL - (Quality of Life)
- REC - (Gingival Recession)

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