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The enigma of menopause and mental health issues

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Abstract: The menopause is a period in a woman's life when it is perceived that natural and social changes can affect mental health. A few pieces of research have investigated the connection amongst menopause and mental well-being, particularly depression, with varied outcomes. Partially, this is because of a significant congruency between depressive signs and those because of declining estrogen levels, causing challenges in an analysis. In any case, it creates the impression that pregnable women are at a speculation of surrendering to melancholy amid the menopausal change. This review paper proved to be instrumental in understanding the topic with more clarity and through a scientific approach. It also shed some light on several pieces of research carried out in this realm, their methodology, and conclusions.
Keywords: menopause, menopause well-being.

INTRODUCTION

Since ages, women were considered asexual after menopause. Today, the focus is on the greater potential for sexual pleasure, since menstrual issues and the chances of pregnancy no longer impede women‘s sexuality.

In some cases, for example, physical problems like vaginal dryness leading to dyspareunia, women may cease to enjoy sex, in spite of a change in attitude.

Krishna & Shah [1] reported that menopausal women undergoing firm vaginal dryness or dyspareunia voluntarily discuss this topic only if the medical practitioner initiates it. Estrogens with progestin supplement are the therapy of choice for menopausal dyspareunia. The addition of a vaginal estrogen ointment and a warm attitude on the part of the medical practitioner are both excellent adjuvants.

Menopause does not affect the well-being of an individual directly. Psychological health of women in the climacteric appears to be related to more social factors, pre-morbid functioning, and physical health than to the menopausal status. Various factors might contribute to amplified psychiatric morbidity at menopause including crucial life events such as death, inadequate physical health, varied roles, retirement or an unsatisfactory marital relationship.

According to Mohile [2], menopause is a physical endocrinopathy taking place due to the cessation of ovarian function. In clinical terms, menopause is a retrospective diagnosis. A woman is said to have reached menopause when she has not menstruated for 12 months without ceasing. Premenopause is the period of 5 years before and one year after the cessation of menses. The first 2 years of cessation of menses are sometimes termed as early post menopause.

Menopause can either be natural or surgical. Globally the age of natural menopause is somewhere between 45 to 55 years, the mean age being 50. In India, it is 43.5 to 48.5 years. Life expectancy at birth has increased substantially in the last five decades. It has increased from around 30 years at the time of independence to 61 years in 1992-96. As a result, huge numbers of women are reaching the age of menopause and many are having more than 20 years of post-menopausal life. The numbers of women in the post-menopausal age of 50-59 years are projected to increase from 36 million in 2000 to 63 million in 2020.

As the ovarian function ceases, a number of physiological changes take place

Various physical symptoms described in menopause are related to decreasing in levels of estrogen. These are predominantly in the form of flushing, bone pain (ostealgia) and vasomotor symptoms. Though it is well known that physiological symptoms occur quite often in the pre-menopause period, the statuses of the psychological syndrome of menopause are debatable.

A lot of them are a result of estrogen deficiency and some are a byproduct of the aging process. No two women react to menopausal changes identically. The social, cultural background, physical and emotional health and her perspective about menopause play a pivotal role in her acceptance of this change in her life. That she is now no longer likely to have an inception of pregnancy could be a comforting idea to some and an ordeal leading to depression to some. The cessation of 85 monthly bleeding cycles that impedes with her work may be an appreciable event to some, while to others this may signify a depletion of femininity. Additionally, the deficiency of estrogen may cause some short term as well as long-term problems. The short-term complications may be related to pre and postmenopausal uterine bleeding abnormalities, genital symptoms, vasomotor symptoms, urinary symptoms and psychological symptoms.

The long-term complications may be related to, cardio-vascular effect neurological symptoms, dentition effects osteoporosis, genital problems sarcopenia, ophthalmic effects, skin and hair effects and thromboembolic phenomena and varicose veins.

In 1998 Chandra outlined the following psychological symptoms in the climacteric: depression (20-30 %), anxiety (15-20 %), sexual dysfunction (10 %) and difficulties in concentration (5-8 %). Most of the data is from gynecological clinics, though general population studies deny assertions that menopause has a negative effect on mental health.

Nagar [3] focused on finding out the beliefs of middle-aged women about menopause and its repercussions. The sample consisted of thirty married women in the age radius of 39 to 52 years inhabiting in Baroda city. It was found out that there is a positive correlation between the sociopsychological and physiological problems related to menopause. The findings of the study suggested that women experienced problems like increased headache, backache, sleep disturbances and hot flushes, sadness, lack of concentration, impatience, nervousness, and a decrease in memory. A large number of women perceived their partners, mother-in-law, and friends as pillars of strength during the difficult situations due to menopause. Most of the women sought professional assistance for physiological problems related to menopause.

A handbook of endocrine disorders defines menopause as the stoppage of menstruation and involution of reproductive life. The age of menopause is usually between 45 and 50 years; in a majority of women, menstruation takes place at irregular intervals, becomes sustained and the flow gradually stops. A lot of women have no or just mild symptoms during menopause.

The climacteric symptoms may not prevail for several years after the cessation of menses. Ionic irradiations or bilateral ovariectomy can result in artificial menopause. The symptoms can be psychological and miscellaneous, nervous and autonomic, psychological and miscellaneous and are, sweating ,hot flushes, palpitation, headaches, anginal pains, paroxysmal tachycardia, fainting spells or dizziness, tingling sensations, mental depression, lack of energy, lethargy, lack of concentration, vague aches and pains and some symptoms of arthritis. They may also suffer from ulcerative stomatitis, pruritus, atrophic vaginitis, leukoplakia vulvae, kraurosis vulvae, etc.

Mild to moderate hypertension, Obesity and hirsutism are likely to occur. Nominal symptoms of myxedema or thyrotoxicosis also show disturbed thyroid functioning. Generally, mild cases can be managed by readjustment, reassurance and small doses of estrogen.

Kahann, Kiyak, and Liang [4] found that in response to several kinds of survey, women believed that a little readjustment is a prerequisite during menopause in comparison with other life events. Kahann *et al.*, argued that the menopause was neither viewed with apprehension by young women nor remembered as a stressful period of transition by the elderly.

Flint [5] found that there is a little proof that menopausal symptoms bear some links to work attitudes and certainly to the vast social structure where the menopausal changes are experienced.

McKinley and Jeffery [6] specifically studied the positive facets of menopause. The survey conducted by them aimed at obtaining information on various aspects of the menopausal syndrome; two major questions on attitude were included in a questionnaire. Majority of pre-menopausal participants (77%) did not report any difficulties. Only around 13% of pre-menopausal and 9% of post-menopausal respondents expressed disappointment at the cessation of menses.

Van Keep [7] carried out a survey for an International Health Foundation measuring attitudes towards the menopause in various European countries including the statement that menopause marks the onset of old age‘. About 74% women in Britain disagreed with this. In other countries, the amount of disagreement was quite less, but overall the majority did not agree.

Psychological symptoms during menopause

In his ten-year prospective study in Sweden, Hangneel [8] did not find any evidence of an increase in psychological disorders throughout the climacteric. Interestingly, the mental disorders were found to be at

the peak at the age of 35 to 44 years and after which there was a remarkable reduction.

Ballinger [9] in his study compared women, of age range 40-55years and referred to a gynecological clinic with a non-clinic group found out a high degree of psychiatric morbidity among the clinic group. Moreover, the psychiatric disorders experienced by them were considered severe and much more of depressive nature.

In 1979, Weismann studied a group of women who were diagnosed as having major non-bipolar depression. He found no evidence of an increase in depressive signs during the menopausal years, as compared to the pre and postmenopausal years.

In a detailed survey in Australia, Wood [10] found no evidence of psychological symptoms with an increase in age and certainly found a decline with age in irritability and headaches. He also reported that women with mental health issues frequently look for medical help, at all ages. This congruency between psychiatric and gynecological issues partially unfolds the reason behind the clinicians' assumptions of a causal relationship between hot flushes, ovarian failure, and psychological problems.

Wood in 1979 listed out the ways in which psychological symptoms may become cognate during the menopause. First of all, psychological symptoms may have antedated the climacteric, may be occurring secondarily to hot flushes or may be an outcome of new stresses, which may happen at any age. Also, the tendency to relate multiple psychological symptoms to the menopause may arouse new anxiety; or it may make patients with chronic anxiety or depressive states to blame their situation on menopause. Conclusively, he reported that more knowledge about the common effects of aging, advantageous and disadvantageous, would put the menopause in a better light.

In their [10] study Wood, Larsen and William reported that when negative conditions are scrutinized, they are found to be very low in the elderly groups.

Bungay, Vessey, and McPherson in 1980 found that there was a significant decline in the irritability of women at about age 48, whereas no decline in menopause.

In 1980 Greene and Cooke conducted a survey using a (MAT) multivariate analysis technique, where it was found that life stress generally has more influence than the menopause on somatic and psychological symptoms.

There was found no significant evidence of an increase in overall life stress during the menopause and the eminent levels of both somatic and psychological symptoms were found in the age group of 35-44 years, following which there was a steady decrease.

An extensive study of women from all age groups found that psychological stress declined steadily from age of 35 to a minimum at the ages 50-59. The menstrual pain continued a steady decline with age during the menopausal passage

CONCLUSION

Hence, several studies were done within our country and all over the world proclaim the importance of taking care of women during this stage of ‘life. A woman's body is undergoing various psychological as well as physiological changes during this period and the magnitude of changes and variety of changes vary with every individual. Various studies quoted in this paper conclude that there is still a wide gap in the knowledge in regard to this facet of female life, as with differing physiological framework, psycho-social environment, and so on, the extent, intensity, and type of issues faced by every person differs to a great degree.

Thus, it becomes of utmost importance to carry out this kind of study which takes into scrutiny the awareness of women in regard to this facet of their present life and the issues came across by them are caused due to menopause, about which they may be unaware. The studies cited, indicate an interesting characteristic of menopause which could be recounted as:

M > Menses Cease
E > Estrogen Falls
N > Neurology Disables
O > Ovaries Fail
P > Palpitations Disturb
A > Amenorrhea Ensures
U > Uro-urgency Manifests
S > Sleep Lacks
E -- Eyesight deteriorates

Conclusively, the ongoing research hopefully may provide some new insight into the problem of women’s’ health & socio-psychological issues related to menopause.

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