



Menopause Redefined: A New Era of Women's Health and Wellness

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ABSTRACT

Menopause is a unique and complex experience that affects each woman differently, necessitating personalized attention and care. The growing interest in menopause has led to significant advancements in women's health, resulting in improved physical and mental health outcomes. With increasing life expectancy, menopausal healthcare has become a critical concern. While menopause is not a disease, its symptoms can vary widely among individuals. In some cases, surgery, radiation, or medications can induce menopause. Fortunately, menopause hormone therapy (MHT), non-hormonal treatments, and lifestyle modifications under medical supervision can alleviate symptoms and improve outcomes. Moreover, menopause presents an opportunity to assess and mitigate risks associated with cardiovascular, bone, and urogenital health. It is essential to provide menopausal women with comprehensive and tailored options to enhance their quality of life.

INTRODUCTION

The topic of menopause has garnered significant attention in recent years, as women are increasingly demanding answers and solutions to the challenges they face during this life stage. Menopause is a universal experience that affects every woman uniquely, with diverse symptoms and experiences. Despite its ubiquity, menopause has long been shrouded in stigma and taboo, leading to a lack of open discussion and understanding.

However, times are changing, and menopause is finally emerging from the shadows. The growing interest in menopause has sparked a crucial conversation about women's health, challenging negative attitudes and prejudices that have long been associated with this life stage. Menopause is not a sign of aging or diminishing value, but rather a natural transition that marks the beginning of a new phase of life.

As hormone levels fluctuate during menopause, women may experience a range of physical and emotional symptoms that can impact their daily lives. While these symptoms can be challenging, they do not define a woman's worth or value. It is essential to recognize that menopause is not an ending, but a new beginning, and that women deserve respect, care, and support during this transition.

By breaking down the taboo surrounding menopause, we can work towards creating a more supportive and inclusive environment for women. It's time to shift the narrative around menopause and recognize it as a natural part of life, deserving of attention, care, and respect.

The Global Menopause Landscape

By 2025, the world will be home to an estimated 1.1 billion menopausal and post-menopausal women [1]. This significant demographic shift underscores the need for greater awareness and support for women navigating this life transition. Menopause often coincides with other significant life changes, including aging parents, children leaving home, and increased work responsibilities. Despite these challenges, many women are reluctant to seek medical help due to discomfort or stigma.

To ensure a smooth transition, it is essential for women to manage their symptoms effectively. In India, the menopause landscape presents unique challenges. With an average age of menopause at 47 years [2], Indian women may experience menopause earlier than their global counterparts. Additionally, co-morbidities such as non-communicable diseases (NCDs) may appear earlier, persisting into menopause.

According to WHO data (2018) [3], Indian women's life expectancy is 70.3 years, projected to increase to 77 years by 2050. However, NCDs account for 60% of deaths in India, highlighting the need for comprehensive menopausal healthcare. Unfortunately, India's limited support systems and menopausal healthcare schemes often leave women without access to proper guidance on menopausal therapies.

Defining Menopause

Menopause is a natural physiological process characterized by the permanent cessation of menstruation, lasting at least 12 consecutive months. This diagnosis is typically made retrospectively.

The onset of menopause occurs when the ovaries cease to produce reproductive hormones, resulting in estrogen deficiency. Typically, menopause occurs between the ages of 45 and 56, with the majority of women experiencing it around the age of 50 [3]. Symptoms of menopause can manifest several years prior to its onset, with vasomotor symptoms being the most common. However, menopause can also affect other systems, including:

- Urogenital health
- Bone density
- Cardiovascular health
- Mental health

Due to increased longevity, women now spend approximately 40% of their lives in the postmenopausal stage, equivalent to around 30 years.

Induced Menopause

In some cases, menopause can be induced by various medical interventions, including:

- Surgical removal of the ovaries (bilateral oophorectomy)
- Cancer therapy
- Endometriosis treatment
- Radiation therapy
- Certain illnesses, such as HIV
- Anti-estrogenic therapy

The Menopause Transition

The symptoms of menopause can begin several years before the final menstrual period and may persist for several months to several years after. The duration and severity of symptoms vary significantly among women. The menopause transition typically starts with perimenopause, a stage where hormonal changes begin, usually in the mid-to-late 40s.

Early menopause, which occurs between 40 and 45 years of age, affects approximately 5% of women. Premature menopause, which occurs before the age of 40, affects around 1% of women.

As women age, the number and quality of ovarian follicles decline, leading to a decrease in estrogen production. This hormonal shift causes a range of physical changes, including vaginal and vulval inflammation, characterized by erythema and friability. The vagina narrows, and the labia thin, while decreased estrogen levels lead to vaginal dryness and other symptoms.

Symptoms and diagnosis

Menopausal symptoms vary significantly among women, influenced by factors such as diet, lifestyle, ethnicity, medical history, and socioeconomic background. Common symptoms of perimenopause and menopause include irregular menstrual cycles, ranging from light to heavy periods, as well as vasomotor symptoms like hot flashes, night sweats, and flushing.

Hot flashes, in particular, can persist for approximately 5.2 years, starting around a year before menopause and decreasing in frequency after menopause. Lifestyle factors, such as alcohol consumption, smoking, obesity, stress, and physical inactivity, can exacerbate hot flashes.

In addition to vasomotor symptoms, women may experience genitourinary symptoms, including vaginal dryness, decreased libido, and urinary incontinence. Neuropsychiatric symptoms, such as insomnia, depression, anxiety, and difficulty concentrating, can also occur. Furthermore, somatic symptoms like headaches, palpitations, weight gain, and dry skin may be present.

Diagnosis of menopause is typically based on age and symptoms, with laboratory tests, such as follicle-stimulating hormone (FSH) and estrogen levels, used to support the diagnosis. For women on menopausal hormone therapy (MHT), hormonal levels should be assessed after a 2-week cessation of therapy.

Maintaining a Healthy Lifestyle During Menopause

As women age, metabolism slows down, making weight management a significant challenge. A mindful, balanced diet plays a crucial role in reducing the risk of non-communicable diseases and enhancing overall well-being.

A holistic approach to eating involves incorporating protein, vegetables, and fruits into meals, staying hydrated, and avoiding overeating. Additionally, establishing healthy sleep habits is essential, as sleep disturbances can lead to various health issues, including chronic diseases and mental health problems.

To promote restful sleep, it's recommended to avoid triggering factors such as hot beverages, spicy foods, alcohol, stress, and hot weather. Relaxation techniques like deep breathing and massage can also be beneficial.

Ultimately, adopting a healthy lifestyle that encompasses good sleep, nutrition, exercise, relaxation, and quality time with loved ones is vital for maintaining physical and mental well-being during menopause.

Non-Hormonal Therapies for Menopause Relief

For women seeking alternative treatments, non-hormonal therapies offer promising solutions. Phytoestrogens, natural estrogens found in plant-based foods, can help alleviate menopausal symptoms. Isoflavones, abundant in soybeans, lentils, and chickpeas, and lignans, found in flaxseeds, whole grains, fruits, and vegetables, are two types of phytoestrogens that can be beneficial. However, it's essential to consult with a doctor before taking isoflavone supplements.

In addition, calcium and vitamin D supplementation can play a crucial role in maintaining bone health, making them a valuable addition to a menopausal treatment plan. These essential nutrients can help mitigate the risk of osteoporosis and fractures, promoting overall health and well-being during menopause.

Menopausal Hormone Therapy (MHT)

MHT is a highly effective treatment for managing menopausal symptoms, particularly vasomotor symptoms [4]. When initiated within 10 years of the last menstrual period or before age 60, MHT can reduce the risk of menopause-related complications. The duration of MHT varies individually, with the goal of relieving symptoms with the lowest effective dose.

Systemic hormonal therapy is available in various forms, including oral medications, sprays, gels, vaginal rings, and patches. It can be administered continuously or cyclically, using estrogen or progesterone alone, or in combination. For women with an intact uterus, adding progesterone to estrogen can prevent endometrial hyperplasia.

Bazedoxifene, a selective estrogen receptor modulator, can be used as an alternative to progesterone to reduce endometrial hyperplasia. It also helps prevent osteoporosis, reduces genitourinary symptoms, and alleviates sleep disturbances.

MHT should be used for the shortest possible time with the lowest effective dosage. While there are risks associated with estrogen, such as venous thrombosis and stroke, and combination therapy, such as breast cancer, these risks are minimal in women with early menopause.

Recent studies, including the ELITE Study [5] and the KEEPS study, support the 'Timing Hypothesis' for estrogen, indicating that MHT has a beneficial effect on cardiovascular health when initiated early [6]. Transdermal MHT has fewer effects on coagulation and inflammatory markers, reducing the risk of thrombosis.

A comprehensive pre-MHT workup is essential, including a detailed medical history, clinical examinations, and laboratory tests. Counseling and regular annual follow-up are also crucial. Contraindications for MHT include hormone-related cancers, liver disease, venous thrombosis, cardiovascular disease, suspected pregnancy, and undiagnosed abnormal vaginal bleeding.

Non-Hormonal Therapies for Menopause Relief

Several non-hormonal therapies are available to alleviate menopausal symptoms. Selective serotonin reuptake inhibitors (SSRIs), selective norepinephrine reuptake inhibitors (SNRIs), and gabapentin can help relieve vasomotor symptoms. While gabapentin is effective in reducing symptoms, it is not FDA-approved for this use.

Newer medications, such as fezolinetant, have shown promising results in clinical trials, with minimal side effects. Oxybutynin is also effective in relieving vasomotor symptoms.

Alternative therapies, including phytoestrogens, vitamin E, and omega-3 fatty acids, may be beneficial in alleviating symptoms. However, relaxation therapy, exercise, acupuncture, and certain supplements have not been shown to be effective.

Local Estrogen Therapy for Genitourinary Symptoms

Local estrogen therapy is recommended for menopausal women experiencing genitourinary symptoms (GSM), particularly those not on systemic hormone replacement therapy (HRT). Local therapy can increase blood flow, reverse vaginal atrophy, and improve vulvo-vaginal health.

Intra-vaginal dehydroepiandrosterone and oral ospemifene are also available for treating local vaginal symptoms. However, ospemifene is not recommended for women with breast cancer or at risk of thromboembolism.

Selective estrogen receptor modulators (SERMs), such as raloxifene and tamoxifen, may be used to alleviate symptoms. Paroxetine is an FDA-approved medication, but it cannot be used concurrently with tamoxifen.

Treatment of Osteoporosis

The FDA has approved systemic menopausal hormone therapy (MHT) for osteoporosis prevention, but not treatment. Instead, bisphosphonates, denosumab, calcium, and vitamin D supplements are recommended.

Bisphosphonates are safe and effective but may lead to atypical bone disease with long-term use. Therefore, timely discontinuation is recommended, as bone density is retained for several years.

Denosumab reduces osteoclastic activity, decreasing bone resorption and increasing bone density. Administered via subcutaneous injection every six months, denosumab helps reduce fractures in women with osteoporosis.

The World Health Organization (WHO) has developed the OSTA score, a risk assessment tool based on age and body weight, to identify women at risk for osteoporosis.

The Stages of Reproductive Aging Workshop (STRAW) has devised a +10 staging system [7], which considers menopause as stage 0. The system includes five stages before the final menstrual cycle and two stages after. These criteria rely on menstrual cycle patterns and follicle-stimulating hormone (FSH) levels.

The menopausal transition stage is characterized by varying menstrual cycle durations and FSH levels >25 IU/L. Vasomotor symptoms may occur during this stage. Post-menopause is divided into four stages (+1a, +1b, +1c, and +2), each with distinct FSH and estradiol levels.

Long-Term Complications of Menopause

Menopause is associated with an increased risk of developing long-term complications, including cardiovascular disease and osteoporosis. Cardiovascular disease, in particular, is a significant concern, with coronary heart disease rates being 2-3 times higher in postmenopausal women. To mitigate this risk, adopting a healthy lifestyle is crucial, including a balanced diet and regular exercise. Osteoporosis is another major complication of menopause, characterized by a decline in bone density and an increased risk of fractures. To prevent osteoporosis, it is recommended to avoid smoking, ensure adequate calcium and vitamin D supplementation, and engage in regular physical activity. Non-hormonal therapies, such as bisphosphonates and denosumab, can also be effective in preventing osteoporosis.

In cases where first-line treatments are ineffective, second-line therapies such as teriparatide and romosozumab may be considered. These medications have been shown to be effective in increasing bone density and reducing the risk of fractures in postmenopausal women with osteoporosis.

The Menopause Transformation: A Critical Life Transition

Menopause is an inevitable part of life, marking a significant transition for women. While it is a physiological process, menopause is often accompanied by morbidities that can severely impact quality of life. The stigma surrounding menopause, coupled with a lack of knowledge and understanding, can exacerbate the challenges women face during this transition.

The menopause transition is characterized by significant bodily changes, including shifts in metabolism, hormonal levels, and overall health risks. Women may experience cognitive decline, including forgetfulness, delayed verbal memory, and impaired verbal learning. These changes can be debilitating, affecting not only personal relationships but also professional lives.

Despite the severity of these symptoms, many women do not receive adequate treatment or support. In fact, menopausal symptoms are often understudied and undertreated, with many women feeling ignored or dismissed by healthcare providers. This neglect can have far-reaching consequences, emphasizing the need for a multidisciplinary approach to managing menopausal symptoms, including mental health support.

To address the complex needs of menopausal women, there is a growing recognition of the importance of education, awareness, and community support. Workshops, online learning webinars, and individually tailored programs can empower women to take control of their health and well-being during this transition.

The menopause transition is often marked by a mid-life crisis, which can slow down metabolism, leading to weight gain and decreased muscle mass. However, with the right support and resources, women can navigate this transition with confidence and resilience.

In recent years, there has been a growing movement to break the silence surrounding menopause, encouraging women to speak openly about their experiences and seek support. Celebrities and public figures have played a crucial role in raising awareness, helping to create a more inclusive and supportive environment for women to discuss their menopausal experiences.

The International Menopause Society (IMS) and the World Health Organization (WHO) have designated October as World Menopause Awareness Month, with October 18 being celebrated as World Menopause Day. Initiatives like 'Menopause Champions' and 'Menopause Moments' aim to promote awareness, education, and support for women navigating the menopause transition [8]. Ultimately, the goal is to shift the narrative surrounding menopause, moving from a culture of stigma and silence to one of empowerment, inclusivity, and support. By promoting awareness, education, and community support, we can help women navigate the menopause transition with confidence, resilience, and hope.

CONCLUSION

Menopausal women require comprehensive counseling and individualized therapy. Lifestyle counseling, including smoking cessation, healthy diet, and physical activity, is crucial. Menopausal Hormone Therapy (MHT) is recommended for relieving vasomotor symptoms, using the least effective dose for the minimum duration.

A healthy lifestyle is a cost-effective strategy for maintaining overall health. Providing menopausal women with access to suitable therapies empowers them to take control of their health.

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