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Bio-psychosocial phenomenon of ageing

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Abstract

Menopause begins when the menstrual cycle finishes. Menopause is a bio-psychosocial phenomenon in a women's life from being fertile to infertile. Most are either unaware or do not pay attention to these symptoms.

Aim: Aim of the research study is to determine the age and the symptoms of menopause

Keywords: bio-physical phenomenon, ageing, menopause

Introduction

Menopause (sign of Ageing) is a natural decline in reproductive hormones as ageing. Menopause is signalled by 12 months since last menstruation. During this period there is decline in estrogens level which causes many symptoms of permanent stop of menstrual periods. Menopause occurs when a woman hasn't menstruated in 12 consecutive months and can no longer become pregnant naturally. Menopause is defined as a lack of menstruation for one full year. Perimenopause occurs before menopause. Perimenopause is a time when hormones begin to change in preparation for menopause. It can last anywhere from a few months to several years. Many women begin peri-menopause some point after their mid-40 years of age. Menopause usually occurs between the age of 48 and 52 years. During peri-menopause, menstrual periods become irregular, periods may be late or may completely skip or lady may have one or more periods. Menstrual flow may also become heavier or lighter.

Menopause is a point in time of 12 months after a woman's last period. The years leading up to that point, when women may have changes in their monthly cycles, hot flashes, or other symptoms, are called the menopausal transition or peri-menopause. Post menopause refers to the years after menopause has occurred. Every woman's menopause experience is unique. The menopausal transition can bring hot flashes, trouble sleeping, pain during sex, moodiness and irritability, depression or a combination of these symptoms. Some may decide to talk with their doctor about lifestyle changes or medications to treat their symptoms and understanding the menopausal transition ^[1-5].

Menopause is further divided into

Premature menopause: When a woman hits the menopause phase at an early age like early forties, it is referred to as premature menopause. **Surgical menopause:** A woman who surgically removes her ovaries may suddenly hit menopause. Removal of ovaries is referred to as oophorectomy and this process is usually combined with hysterectomy, where the uterus is also removed.

Mechanism in systemic changes

It is observed that menopausal transition affects each woman uniquely and in various ways. The body begins to use energy differently, fat cells change, and women may gain weight more easily. Oestrogen is used by many parts of a woman's body. As levels of oestrogen decrease, one can have various symptoms and many women experience mild symptoms ^[6]. The severity of symptoms varies greatly around the world by race and ethnicity.

Here are the most common changes noticed at midlife

1. Change in period (periods may no longer be regular)-Period may be shorter or last longer. One might bleed more or less than usual.
2. Hot flashes: AROUND 80% women have hot flashes, which lasted for many years after menopause. They may be related to changing oestrogen levels.

Hot Flash: A hot flash is a sudden feeling of heat in the upper part or all of the body; even face and neck may become flushed. Around 36%-42% of women had Red blotches appear on the chest region, back, and arms. Heavy sweating, cold shivering and hot flashes lasted between 5minutes- 10 minutes. These happen, a few times a day, just once or twice a week

Bladder control: A loss of bladder control is called incontinence. One may have a sudden urge to urinate, or urine may leak during exercise, sneezing, or laughing. Around 10% women may have sudden urge to urinate and some may have it due to uterine prolapsed.

Sleep: Some women around 40%-60% started having trouble getting a good night's sleep.

Mood changes: Most women felt irritable around the time of menopause. Possibly due to stress, family changes such as growing children or aging parents, feeling tired could be causing these mood changes.

Body seems different

The lady may have larger, fat gain, become thinner, memory problems and stiff or achy in joints and muscles. In addition, for some women, symptoms may include aches and pains, headaches, and heart palpitations, vasomotor symptoms, vaginal dryness, decreased libido, insomnia, fatigue, and joint pain. Several symptoms bear an obvious relationship to the changing hormonal milieu associated with menopause, and most women make direct linkages between menopause and the common symptoms of hot flashes, vaginal dryness, and disrupted sleep (with or without associated night sweats).

During menopause, women may develop depressive symptoms and cognitive difficulties, which are more subtly and inconsistently linked to hormones. Depression and cognitive impairment can be burdensome for women and also compound the burden of medical illness aging female population.

Discussion

In 2005, a state-of-the-science conference on menopausal symptoms was convened, with a worldwide panel of expert evaluators who were tasked with determining which among the large set of midlife symptoms are most likely to be due to menopause. Symptoms were evaluated for their proximity to menopause, apart from the aging process, and the likelihood that oestrogen is effective in relieving symptoms [7].

It is clear that there are many other symptoms that are reported by menopausal women. These include joint and muscle aches, changes in body contour and increased skin wrinkling. Several studies have examined the associations between these symptoms and menopause. Given the methods of ascertainment, the subjective nature of the complaints, the likelihood that there is and their variation over time, it has been difficult to establish a true relationship between these symptoms and menopause.

Other symptoms, such as urinary incontinence (UI) and sexual function, have mixed data for efficacy of oestrogen treatment and linkage to menopause, apart from the aging process [8]. In the study done by Ominder (2011) in Amol, Iran the frequency of dyspareunia was 55.6%.

In the study done at Udipi by Bairy, 2009. 352 post-menopausal women attending the out-patient clinics in a tertiary care hospital in South India, were included in the

study. There was a high prevalence of aching in muscles and joints (67.7%), feeling tired (64.8%), poor memory (60.5%), lower backache (58.8%), feeling bloated (55.1%), and difficulty in sleeping (51.7%) among the menopausal respondents [9].

Puri (2008) conducted a study to ascertain the knowledge about menopause and post-menopausal bleeding in women of urban and slum area of Chandigarh, India. The most common menopausal symptom was vaginal irritation/discharge (42.7%). Less than half of females (38.7%) ever took treatment for menopausal symptoms. Calcium supplements were taken by majority 63%. In the current study, the most common symptoms found were emotional problems 80%, headache 70%, dysuria.

Conclusion

It clearly states that the prevalence of post-menopausal symptoms is definitely high among women in the current study setting.

Hot flashes are reported by up to 80% of menopausal women. Hot flashes are present in as many as 55% of women even before the onset of the menstrual irregularity that defines entry into the menopausal transition, based on an analysis of the Melbourne Women's Health Project, a longitudinal study that included 438 women. However, symptoms of lesser intensity may be present for a longer period. Approximately 25% of women continue to have hot flashes up to 5 or more years after menopause. A meta-analysis of 35,445 women taken from 10 different studies confirmed 4-year duration of hot flashes, with the most bothersome symptoms beginning about 1 year before the final menstrual period and declining thereafter. In addition to vaginal atrophy, narrowing and shortening of the vagina and uterine prolapse can also occur, leading to high rates of dyspareunia. Furthermore, the urinary tract contains oestrogen receptors in the urethra and bladder and as the loss of oestrogen becomes evident, patients may experience UI. Studies confirm that about 27% to 60% of women report moderate to severe symptoms of vaginal dryness or dyspareunia in association with menopause.

Menopausal hormone therapy (MHT) is an effective treatment of vaginal atrophy and dryness. For this purpose, systemic or vaginal estrogen can be used, although locally applied estrogen is recommended and can be administered in very low doses. These low doses are believed to be safe for the uterus, even without concomitant use of a progestin.

Sleep quality generally deteriorates with aging, and menopause seems to add an additional, acute layer of complexity to this gradual process. Women report more trouble sleeping as they enter into the menopausal transition. Other independent risk factors for the development of depressed mood during the menopause transition include poor sleep, stressful or negative life events

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