Menopause: The Journal of The North American Menopause Society
Vol. 26, No. 10, pp. 000-000
DOI: 10.1097/GME.0000000000001414
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EDITORIAL

An opportunity to enhance health and well-being in menopausal women: educate their male partners!

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> Give them wisdom and devotion in the ordering of their common life, that each may be to the other a strength in need, a counselor in perplexity, a comfort in sorrow, and a companion in joy.
>
> — On Marriage, The Book of Common Prayer

In ''The MATE Survey: Men's Perceptions and Attitudes Towards Menopause and Their Role in Partners Menopausal Transition'' in this issue of *Menopause*, Parish et al[1] sent men, whose partners were 45 to 64 years old and had one or more of the following symptoms: hot flashes, night sweats, sleepless nights, difficulty sleeping low libido, mood swings, pain during sex or vaginal dryness, a 35-question survey from an online research marketplace (Clint requiring Internet access) that included multiple choice and open-ended questions in which respondents could select more than one answer. Couples either lived together full-time, or if living separately, resided together regularly two or more times a week. More than 60% of the couples had been in the relationship for more than 21 years.

Of the 1,356 surveys sent, 33% responded (for which they received a small rewards incentive). The sample represented a broad range of incomes: 30% made $100,000 or more, 38% made $50,000 to $99,000, 22% made less than $50,000. Their US location was distributed fairly equally: about 22% from the Midwest, 19% from the Northeast, 36% from the South, and 23% from the West. Questions of race, ethnicity, or occupation were not included in the survey. Women's partners were not surveyed simultaneously. Same sex couples were not queried. The authors reported descriptive statistics, but not comparative analyses.

Eighty percent of the men were between 50 and 69 years of age, 90% were married and not separated, and 97% lived with their partner full-time. The most frequent symptom the men identified in their partners was sleepless nights or difficulty sleeping (54%) followed by tiredness and lack of energy (49%), low libido and less desire for sexual contact (48%), mood swings (47%), and hot flashes (46%). They attributed these symptoms to menopause (26%) or aging (22%). In those men affected by the symptoms (63%), 77% reported these symptoms negatively impacted them, 70% reported they negatively impacted their partners, and 56% reported they negatively impacted the relationship. Approximately 10% of the men thought the symptoms had a positive influence on them, their partners or relationship (in what way was not specified). It was upsetting or frustrating to 11% of the men to see their partners going through the menopausal transition. A majority of the men (72%) discussed menopausal symptoms with their partners, and 75% believed they were somewhat or very influential in influencing their partner's decision to seek treatment or make lifestyle adjustments (only 6% thought they had no influence at all). Most of the men (74%) thought that their partners were coping fairly to very well with their symptoms, whereas 22% responded that their partners were not coping well, and 4% felt they were coping ''not well at all.'' As a result of their partner's symptoms, 31% of the men tried to be more patient, supportive or compassionate, 11% tried to avoid their partners, give them more space or stay out their way, 10% performed online research regarding menopause and treatment options, 8% asked how they could make them feel better, and 8% recommended that their partners seek medical attention. Less than half (46%) were aware that there were treatment options for menopausal symptoms, but a majority (65%) indicated that they would feel comfortable in discussing available options with their partners. Only 28% of men reported that their partners were using some type of treatment or had made lifestyle changes to help alleviate the symptoms.

Poor sleep, fatigue, lack of energy, and low mood were amongst the most common symptoms that men reported in their partners. These symptoms are cardinal manifestations of depression, are the most common residual symptoms after treatment, and the best predictors of relapse and recurrent episodes.[2] Having multiple symptoms impairs functioning and increases the risks of further decline.[3] Sleep problems occur in 40% to 60% of women during the menopausal transition,[4,5] more often related to sleep disorders or anxiety symptoms than to vasomotor symptoms.[6,7] Sleep disruption adversely affects daytime focus, attention, social, and academic/vocational performance, contributing to errors and

Received July 12, 2019; revised and accepted July 15, 2019.
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Funding/support: None reported.
Financial disclosure/conflicts of interest: None reported.
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accidents. Left untreated, chronic insomnia decreases quality of life and exacerbates medical and psychiatric illness (including bipolar and depressive disorders, suicidality, posttraumatic stress disorder, Alzheimer disease, and alcohol/drug use).[8-13] Poor sleep impairs physical activity, predictive of reduced longevity, brain aging, and increased risk for cardiovascular and cancer-related mortality.[14,15] Left untreated, affective lability can lead to depression, the number-one-ranked disease worldwide in women aged 5 and older, and the leading cause of disease burden.[16,17] In the United States, almost 12.4 million women experience a depressive disorder each year, nearly twice the rate for men.[18] Untreated depression at menopause exacerbates psychiatric and medical illness: it may become more severe and disabling, developing into suicidal[19] or psychotic depression, and increases the risk for insomnia (associated with a more persistent and recurrent course of depression),[20] cardiovascular disease, Alzheimer disease, and osteoporosis.[21-29] In middle-aged women, depression increases the risk of dying from heart disease by 50%.[30]

Given the untoward adverse consequences of untreated sleep, energy and mood disturbances during the menopausal transition, it behooves patients and clinicians to find ways for women to access treatment more readily. The remarkable finding of this study is that women's male partners, who generally are eager to help and feel they can be very influential in encouraging women to seek treatment options, are not very cognizant of the treatment options available. As the authors emphasize in the Introduction, ''. . .male partners may influence how women cope with and manage their menopausal symptoms'' and in the Discussion, ''This may represent a unique opportunity to provide important health information about menopause to men, so that they can better support their partners in the management of their menopausal symptoms.'' One of women's strengths may be their moral and interpersonal sensitivity as described by Carol Gilligan in her cardinal book on psychological theory and women's development, *In a Different Voice*.[31] To maintain the support and connectedness of their relationship with their partner, rather than ''suffer in silence,'' women may be motivated to seek treatment for their menopausal symptoms with the influence and encouragement of their male partners. If we can educate men about menopausal symptoms, the data from this study indicate that a majority of men are willing to discuss treatment options with their partners, an approach more optimal than just trying to avoid them. The venues for this approach listed by the authors include brochures, websites, and materials at doctors' offices. This educational training for men could benefit both menopausal women and their male partners in coping during the menopausal transition.

The limitations of this study include that women's perceptions were not assessed to compare with those of their male partners. They likely could be very different: As the poet Robert Burns describes, ''Oh would some power the gift give us, to see ourselves as others see us.''[32] Further demographic information on the survey to determine cultural or ethnic influences would be valuable. Given the propensity of mood, sleep, and energy disturbances associated with depression that may exacerbate vasomotor symptoms of menopause, it is a noteworthy omission not to have included any queries about seeking help from a mental health professional in the survey. Readers also will be eager in future studies to see the results of statistical analyses on the available data.

As noted in the opening quote, educating men about menopause would serve to ''give them wisdom and devotion in the ordering of their common life,'' allowing them to be ''a strength in need, a counselor in perplexity, a comfort in sorrow, and a companion in joy.''[33] This approach also would be consistent with the prophetic words of Kahlil Gibran on Marriage: ''. . .Fill each other's cup, but drink not from one cup. Give one another of your bread but eat not from the same loaf. . ..''[34]

Acknowledgments: The author is grateful for the assistance of Charles J. Meliska, PhD for review of the manuscript and Luis Fernando Martinez, BA in formatting and referencing the manuscript.

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