

Menopause: A Matter of Good Health

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Introduction

Menopause is an important milestone in the life of a woman. Diagnosed when amenorrhea occurs for least 12 months, natural menopause occurs at about 51 years of age.¹ It is well documented that Asian women generally report lesser prevalence of physical and psychological symptoms of menopause.² This does not necessarily mean that Asian women experience less symptoms. Significant sub-ethnic differences have been reported in the prevalence of various menopausal complaints. This may be due to differing attitudes and perceptions, and varying impact on functionality.

Culture and menopause

In a study of American Asian menopausal women,³ Indian women reported more symptoms than Chinese or Koreans, but less than Filipina women. The most frequent symptom reported by Indian participants was loss of sexual interest. The most severe symptoms were exhaustion or fatigue. While other subethnic groups preferred to consult a doctor or took medicine, Indian women reported "being mentally strong" (59.7%) as their preferred mode of management.

Similar variation is to be expected within South Asia. The wide spectrum of ethnic, cultural, social and educational backgrounds encountered in our part of the world suggest that there will be an equally diverse array of health care-seeking and health care accepting behaviours in society.

Menopause in Pakistan

Multiple studies have explored the clinical features of menopause in Pakistan. A large cross-sectional study from rural Punjab⁴ reported a mean age of 49±3.6 years (median 50 years), with 66.2% respondents experiencing sudden cessation of menses. Symptoms included lethargy (65.4), forgetfulness (57.7%), urinary complaints (56.2) and agitation (50.8%). Hyderabad, Sindh,⁵ reported a mean age at menopause of 52.17±6.02 years, with

body ache (81.7%), hot flushes (66.3%) lack of energy (68.8%) and decrease in physical strength (66.3%) being predominant symptoms.

In Karachi, the mean age of menopause was reported to be 44.5±0.8 years, with hot flash (82%) being the predominant symptom.⁶ From the same city, other authors have reported a mean age of 47.1±4.7 years.⁷ Symptoms of premenopause included lack of sleep (25%), fear of infertility (13%) and urinary incontinence. The authors noted that 82% of menopausal women had consulted a physician, and 47% wanted their menses to continue. Relatives (35%), television (18%), neighbours (17%) and friends (17%) and were chief sources of information, as compared to health care providers (14%). This contrasts with a report from Lyari, Karachi,⁸ where only 29% women consulted a physician for relief of symptoms, though 74% were bothered by them.

Opportunity and optimism

Menopause, however, does not have to be viewed through the prism of ill-health and disease. Menopause must be considered an opportunity to promote, and achieve, optimal health. Being a biologically and socially accepted milestone of life, it should be relatively easy to establish and popularize menopause clinics.

Gynaecological, medical and metabolic care, along with psychological and social health can be addressed in menopausal clinics. Creation of simple checklists can facilitate assessment and addressal of most commonly encountered complaints by paramedical staff. Examples include management of anaemia, vitamin D deficiency and genitourinary infections. Menopause can be utilized as a signal for routine metabolic screening, thyroid screening if required, and adult vaccination if indicated.

Availability of safe and effective menopause hormonal therapy (MHT) has made it convenient and easy to prescribe.⁹ MHT can be offered as topical or systemic preparations, for symptom-driven or long term outcome-driven purposes. Earlier fears of the adverse effects of MHT can be minimized by smart, swift and short term use of the drug. An understanding of the reason for prescription, e.g., resolution of vasomotor or

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genitourinary symptoms, helps plan MHT with informed and shared decision making.

Comprehensive health

Sensitivity towards the psychosocial environment of the person allows mitigation of marital and domestic discord, thus influencing health positively. Coping skills training¹⁰ can be made an integral part of menopausal care, helping women cope with the unique social and psychological pressures faced during this phase of life.¹¹

A menopause clinic staffed by socially sensitive health care providers, can easily provide multidisciplinary promotive, prevention and curative care. While the primary beneficiaries are peri-and post-menopausal women, the health education imparted to them indirectly influences their family and community members.

Management with our medicalization

At the same time, we must ensure that menopause is not 'medicalized', or converted into a pathological condition. Menopause is, and will always remain, a physiological stage of life. Optimal menopause care does not seek merely to prevent premature cessation of menses; rather, it aims to and alleviate symptoms and prevent disease related to menopause. This goal can easily be achieved if health care professionals work

together, within a person-friendly health care system, to promote the concept of menopause management.

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