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Optimizing quality of life in perimenopause: lessons from the East

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ABSTRACT

As global life expectancy improves, women are expected to spend more than one-third of their lives in the status of menopause. In China, many women suffer from menopausal symptoms during this period, which impacts their well-being and quality of life. However, most Chinese women simply endure menopausal symptoms. Since the Chinese Menopause Society was founded in 1999, several versions of the guidelines for menopause management and menopausal hormone therapy (MHT) have been published; international cooperation has strengthened; menopause-related activities have been advocated; and popular knowledge of menopause and MHT has gradually improved. Medical workers, menopausal women, and the general population have come to realize that MHT is the most effective treatment for menopausal symptoms and could improve quality of life. In addition to MHT, non-hormone management (traditional Chinese medicine, lifestyle changes, social/psychological interventions, dietary management, etc.) of menopausal symptoms is an important consideration, especially in situations when MHT is contra-indicated. This review summarizes the literature and research studies to help health care acknowledge the population and prevent underuse of effective therapies or use of inappropriate or ineffective therapies, which, in turn, is expected to improve public health management and women's quality of life. More efforts should be made to better disseminate the knowledge on perimenopausal management among Chinese women.

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Introduction

Quality of life is a multidimensional concept that refers to patients' self-evaluation of the impact of a health condition on daily life. It is the combination of a healthy status, a good mental status, and social adaptability¹. Menopause is a natural part of the aging process in women over 40 years old and is defined as 12 months after the last menstrual period, marking the final cessation of the menstrual cycles, which may have a negative impact on the quality of life². The average life expectancy of the world population has generally extended, and the life expectancy of Chinese women is more than 80 years. However, the overall median age for menopause remains at 50 years. After menopause, women will spend one-third of their lives in the menopause status.

Methods

This review used a variety of general and specific questionnaires to assess the different dimensions of quality of life in menopausal women. These include the Short-Form-36 Health Survey Scale, the WHO Quality of Life Brief, the Euro Quality of Life and Menopause Rating Scale, and the Menopause-Specific Quality of Life questionnaire. Several studies

evaluating quality of life in women during the perimenopause and the transition to menopause have been conducted in China.

Results

The Menopause-Specific Quality of Life questionnaire was used to evaluate the influence of menstrual status on quality of life using a community-based, face-to-face interview among perimenopausal women in Beijing, China. Mental quality of life, physical quality of life, cardiovascular system quality of life, and sexual quality of life were all found to be impaired with the progress of menopause status (Figure 1), which means that the quality of life of the women during that period of time was seriously disturbed by menopause symptoms³.

Our investigation also showed that menopausal symptoms are common in Chinese women during the menopausal transition and postmenopause. The prevalence of menopause-related symptoms in the Beijing area was around 60–70%, and menopausal staging and marital status may be related to menopausal symptoms. Of all menopausal symptoms, the five most frequent symptoms are muscle and joint pain, fatigue, insomnia, hot flushes or sweating, and irritability⁴.

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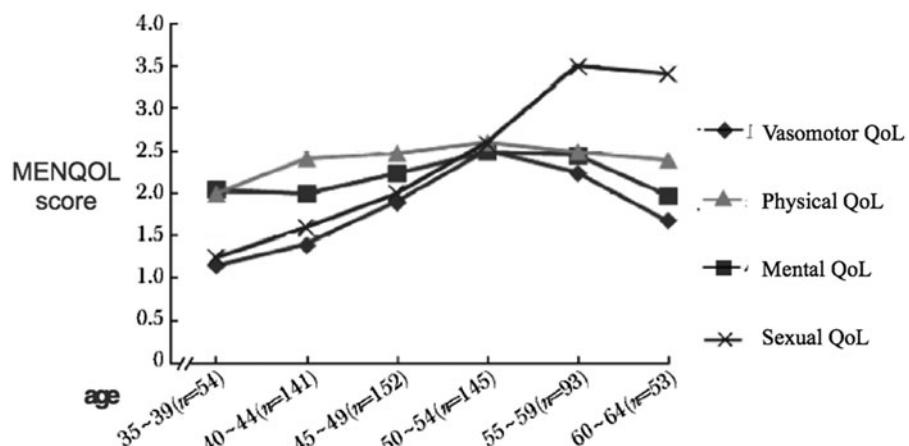


Figure 1. Mental quality of life (QoL), physical QoL, cardiovascular system QoL, and sexual QoL with the progress of menopause status. Note: Drawn from data in this publication³.

The Euro Quality of Life five-dimensions questionnaire (EQ-5D) was used to investigate other areas in China. We discovered that quality of life decreases with aging and menopause status. Worsening of the EQ-5D index and EQ-5D visual analog scores was related to menopause⁵.

How should women address this problem? Doing nothing is, of course, not an option. Hormone therapy and non-hormone management are the two most common methods.

Menopausal hormone therapy (MHT) is considered an effective treatment for menopausal symptoms⁶. The use of hormone therapy began very late in China. In 1990, there was a very poor understanding at the time about menopause itself⁷. Although MHT is the most effective therapy for menopausal symptoms, its acceptance was only 1% in the menopause population during that time⁸.

In 1998, there was a slow improvement regarding the knowledge of MHT. More than 50% of people began to know something about menopause, and there was no obvious difference in knowledge between the urban and suburban populations ($p > 0.05$). However, while almost 8% of the population knew something about MHT, there was a significant difference between urban and suburban populations ($p < 0.05$). MHT users increased from 1 to 4% between 1990 and 1998, and there was also a significant difference between people from the city and those from the countryside ($p < 0.05$)⁹. The health of menopausal women was not very good, and their knowledge about MHT was very poor. Studies indicated that health care and education should be strengthened for this specific group.

In 2008, another investigation was carried out in women undergoing the menopause transition and in early menopause. The knowhow about MHT had further increased, and their source of such knowledge mainly came from obstetrics-gynecology (obs-gyn) doctors¹⁰.

The first version of the menopause management guidelines in China was published in 2006 and updated in 2009. The most recent version of the guidelines was published in 2012, and we formulated our own standardized diagnosis and treatment process in 2013. The Chinese Menopause Society encouraged the establishment of menopause clinics throughout China. Presently, there are

approximately 150 such clinics in total. In addition, doctors in the menopause clinics that were organized by the Chinese Menopause Society were educated regarding both China's menopause guidelines and the guidelines of the International Menopause Society¹¹.

In 2013, an investigation about the knowledge of MHT was conducted among medical workers, showing that they understood the benefits of hormone therapy with regard to prevention of osteoporosis and relief of menopausal symptoms. However, they also worried about the potential risks of endometrial cancer, breast cancer, and venous thrombosis¹². The study also indicated that Chinese ob-gyn doctors had better knowledge of MHT when compared to the general population. The routes of administration of MHT prescribed by ob-gyn doctors were mainly oral and transdermal. However, MHT use was still relatively low among ob-gyn doctors. The risks of MHT seemed to be overemphasized. Therefore, education needed to be promoted among Chinese ob-gyn doctors to improve the proper use of MHT in the general population¹².

Our own hospital, Peking Union Medical Hospital (PUMCH), also carried out an investigation to evaluate the extent of knowledge of menopause and MHT among PUMCH staff. Approximately one-third of the PUMCH staff used MHT after menopause. In the Department of Gynecological Endocrinology, the proportion of MHT users after menopause was approximately 70%, which is quite different from that in the entire staff population in the hospital. To further improve knowledge, we hold academic lectures approximately three times a year to educate our staff about menopause and MHT.

In our study of PUMCH staff, we also found that a large number of people used traditional Chinese medicine (TCM) to relieve menopausal symptoms. Therefore, we compared MHT with TCM (the use of a Kuntai capsule and Cohosh extract) and found that all of these medical treatments play a positive role in improving quality of life¹³.

Regarding non-hormone management, we first evaluated TCM. TCM considers the heart, rather than the brain, to be the emotional control organ. In the western world, people often use the term 'sweetheart'. However, sweetheart does

not mean the heart is sweet or soft, but actually refers to a function of the brain. Similarly, in TCM, we take the heart as the center for emotions. We also consider menopausal symptoms such as 'lily disease', 'metrorrhagia and metrostaxis', 'depression syndrome', 'palpitations', and 'insomnia', and have a concept of positive and negative as Yin and Yang. All of these concepts are included in TCM as it relates to menopause¹⁴.

We use different herbal medicines to manage menopausal symptoms. The Chinese-patented medicine Heyan Kuntai capsule is widely used to treat menopausal symptoms. A dual-center, randomized, double-blind, double-dummy, parallel controlled study was conducted for 3 months in which 147 women were enrolled and 123 completed the trial. Menopausal women were randomly divided into groups receiving either the Kuntai capsule or estradiol valerate. The modified Kupperman index, serum estradiol, and vaginal epithelial cell index were assessed as primary outcomes for evaluating treatment efficacy, and adverse events, such as vaginal bleeding and mastalgia, were also recorded. After treatment, both drugs reduced hot flushes in 92.3% and 96.5% of women, respectively, which was not significantly different ($p > 0.05$), suggesting that both Heyan Kuntai capsule and estradiol valerate were effective at alleviating hot flushes¹⁵.

Xiangshao granule is another TCM that was approved by the State Food and Drug Administration in 2002, and was specifically approved by the Administration for the treatment of the 'menopausal syndrome Yin deficiency and liver prosperity' in 2007. Many basic science studies have been performed to evaluate this medicine. Saikosaponin, the active ingredient of the radix bupleuri in Xiangshao granules, has anti-inflammatory and anti-convulsive effects and can extend sleep duration. It has also demonstrated good therapeutic efficacy against anxiety and depression, possibly by affecting serotonin activity in the central nervous system¹⁶.

We carried out a randomized, multicenter, double-blind, parallel controlled clinical trial to evaluate the efficacy of Xiangshao granules. Both the treatment and the placebo groups demonstrated some improvement in depression and anxiety symptoms, though improvement of the depression score was more significant in the treatment group than in the placebo group ($p < 0.05$).

Social/psychological interventions are very popular among Chinese women and include health promotion strategies, such as health education and health care, strategies to improve cognition, lifestyle changes, and actively seeking regular doctor visits. An increasing number of Chinese women are seeking to engage in social activities after retirement, which is quite different today when compared to the past. There are many popular activities for this age group such as public square dancing, Majiang, and Taiji, among others. These social activities increase communication and can play a positive role in relieving menopausal symptoms and improving quality of life. A study focusing on physical activity during menopause indicated that increasing physical activity may enhance menopause-related quality of life, albeit indirectly, via its effects on both physical self-worth and

menopausal symptoms¹⁷. When designing physical activity interventions, researchers and practitioners should incorporate strategies that help enhance women's physical self-perceptions and optimize symptom management as a way to maximize improvements in quality of life.

Discussion

Menopause guidelines that include components such as those listed are expected to help health-care personnel educate the population and help prevent the underuse of effective therapies or the use of inappropriate or ineffective therapies. This, in turn, should improve public health management, as well as women's quality of life. More efforts should be made to better disseminate information about perimenopausal and postmenopausal management among Chinese women.

Thus, social/psychological interventions, MHT, and non-hormone management can be used together to improve women's quality of life. It is the physician's responsibility and duty to show loving care toward promoting female health and quality of life.

Nonetheless, the proportion of hormone users among Chinese women remains very low. There is a long way to go. The cost, time, and effort involved, as well as the adverse effects, lack of long-term studies, and potential interactions with medications, all need to be carefully weighed against the potential effectiveness during decision-making.

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Conflict of interest The authors report no conflicts of interest.

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