



GYNECOLOGICAL PROBLEMS IN GERIATRIC WOMEN

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ABSTRACT

Older women constitute the fastest growing segment of Indian population. As women age, they face a variety of co-morbid medical problems as well as gynecologic problems. Gynecological care is vital to women's health but utilization of gynecological care has been rarely addressed.

KEYWORDS : Gynecological Problem, Elderly, Geriatric Women, Menopause, Peri-menopause, Health Seeking Behavior

INTRODUCTION

Women are inherent part of our society. Today, we are aware that menopause has much wider implications than simply loss of fertility. It sets the stage for aging and accelerates the process of noncommunicable disorders. Although it is a normal physiological change but sometimes the symptoms of menopause can be so severe that they can hamper day to day activity and unfortunately most women are unaware of certain menopausal changes. During the transition to menopause, women may experience vasomotor, urogenital, psychosomatic, psychological as well as sexual dysfunction. These symptoms are mainly because of depletion of estrogen levels as the women approaches menopausal stage and even these symptoms can be experienced in premenopausal phase.

According to North American menopause society the worldwide estimates for the mean age of menopause range from 40-65 years. The estimated mean age of menopause is 46 years in India according to Indian menopause society (IMS), and is much lower than that of the western counterpart which is 51 years. Hence, the menopausal health and care demands greater priority in the present Indian scenario¹.

Incidence

A major challenge for the world in the 21st century is the ageing of its population. The world's elderly population is growing at a rate of 2.4% per year. According to the 2011 census of India, there were about 96 million women aged 45 yrs and above and this number is expected to increase to 401 million in 2026. As the life expectancy at age 45 is 30 yrs, women in India, on average, could spend approximately 30 years in post-menopausal stage of life².

Kerala is ageing faster than the rest of India with regard to demographic transition in the Economic Review 2019. Currently, 48 lakh people (projected figures of the population in 2018) of Kerala are 60 years and above; 15 per cent of them are past 80 years, the fastest-growing group among the old. Women outnumber men among the 60 plus and among them, the majority are widows. As per Census 2011, among the old age in the range of 60-69, 23 per cent are widows and among those above 70 years, it is 43.06 per cent. Kerala has got the highest life expectancy at birth of 72.5 years and 77.8 years for males and females respectively as per the SRS Report 2013-17³.

As the post-menopausal years are associated with health risks such as hypertension, heart disease, osteoporosis and decline in the overall quality of life^{4,5}, this group will present profound future challenges to public healthcare provision due to increase in life expectancy and growing population of menopausal women.

Even though there is National Health Mission services and RCH Phase II revolution, the quality of life of perimenopausal period is not up to the satisfactory levels in preventable morbidity like infection, detection of cancer and sexual health

problems.

Effective Interventions

Amenable causes of death among menopausal women that had been proposed by a group of Spanish experts includes breast cancer, cervical cancer and uterine cancer. New technologies provide more options for women that can increase comfort during the transition of perimenopause to menopause. Like any other health problem gynecological problems are amenable to effective intervention. There is no universal menopause syndrome;

- because not all women in their transition to menopause experience menopause-related symptoms and
- because symptoms are influenced by many factors (including health status, particular host characteristics, and race/ethnicity as well as menopausal transition stage) and may vary tremendously in different populations.

A better understanding of the role of host, sociocultural, and behavioral factors in symptom occurrence at midlife and related treatment preferences may help improve efficacy and guide better treatment choices⁶.

Accessibility and Utilization of Health Care Services

Most of the postmenopausal women do not take treatment for their symptoms as either they consider these symptoms normal with age or can't afford the treatment or with time they become accustomed with symptoms and some are not aware that treatment is available.

Several factors hinder effective utilization of Health Care Services; includes mainly institutional factors such as lack of infrastructure, equipment and staffing constraints; household factors such as cost of service and responsibility of decision making and other factors such as stigmatization and beliefs. Access and utilization of health care is poor for women in general and older women in particular⁷.

Treatment Gap and Need of Perimenopause Women Wellness Clinic

Treatment gap is huge in low and middle income group countries. There are many factors which prevent universal health coverage. Access to service and acceptability of services are important among them. We need to identify barriers and facilitation for health care access to older women with gynecological symptoms.

There is a great need of establishing wellness clinics for peri and post-menopausal women. These are needed to enable the individual to achieve an optimum state of health by delaying the signs of aging and menopause, so that she not only lives longer, but also has greater vitality and a better quality of life.

Also, to measure the indicators of biological age and the differences in relation to the patient's biological age, as well as factors likely to have a negative impact on her quality of life

– which may include lifestyle, nutritional, environmental and/or genetic factors, to combine expertise in natural therapies, oriental medicine, nutrition and the latest medical advances (in respect of both diagnosis and treatment) in order to reduce the effects and symptoms of aging and menopause in women and to teach new, healthy lifestyle habits to enhance the individual's general state of health and well-being.

CONCLUSION

The Management of gynecologic problems in women aged over 65 can be challenging. As women age, they face a variety of co-morbid medical problems as well as gynecologic problems that may differ from those of younger women. So, caring for these women in their reproductive years as well as in later life should be an aim for all health care providers. There is urgent need to develop dedicated geriatric units and to encourage women to receive routine gynecological check-ups in the early post-menopausal period that will enable early diagnosis and treatment.

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REFERENCES

- 1 Dhiman B, Sood N, Parul C. Gynecological disorders in geriatric women regarding their frequency, diagnosis and management in the state of Himachal Pradesh, India. *Int J Reprod Contracept Obstet Gynecol.* 2018 Jan 7(1): 297-302.
- 2 Population Projections for India and States 2001-2026. New Delhi: Government of India; 2006. Office of the Registrar General and Census Commissioner. [Google Scholar]
- 3 Kerala Ageing Faster Than Rest of India, Says Economic Review [Internet]. NDTV.com. 2021 [cited 28 January 2021]. Available from: [https:// www.ndtv.com/kerala-news/kerala-ageing-faster-than-rest-of-india-economic-review-2176338](https://www.ndtv.com/kerala-news/kerala-ageing-faster-than-rest-of-india-economic-review-2176338).
- 4 Nagata C, Takatsuka N, Inaba S, Kawakami N, Shimizu H. Association of diet and other lifestyle with onset of menopause in Japanese women. *Maturitas.* 1998; 29:105–13. [PubMed] [Google Scholar]
- 5 Aaron R, Muliylil J, Abraham S. Medico-social dimensions of menopause: a cross-sectional study from rural South India. *Natl Med J India.* 2002; 15:14–7. [PubMed] [Google Scholar]
- 6 Keenan NL, Mark S, Fugh-Berman A, Browne D, Kaczmarczyk J, Hunter C. Severity of menopausal symptoms and use of both conventional and complementary/alternative therapies. *Menopause.* 2003 Nov 1;10(6):507-15.
- 7 Ahlawat P, Singh MM, Garg S, Ramalingam A. Prevalence of Postmenopausal Symptoms, Health Seeking Behaviour and Associated Factors among Postmenopausal Women in an Urban Resettlement Colony of Delhi.