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A REVIEW OF BIO-PSYCHOSOCIAL ASPECTS OF PERI-MENOPAUSE AND ITS IMPLICATIONS

Obstetrics & Gynaecology

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ABSTRACT

Women- the most important part of our society, are mostly discussed in aspects of fertility and the reproductive phase. While peri- menopause is a major phase in a woman's life, yet often less considered! There is a gross change in the biological, psychological and social domains during this transitory phase. Hence, we need a comprehensive insight to under the peri- menopausal period and its implications on a woman's life.

KEYWORDS

INTRODUCTION:

As per WHO, Peri-menopause is defined as the 2–8 years preceding menopause and the 1-year period after final menses, resulting from the loss of follicular activity [1]. There is an irregular production of hormones like- estrogen and progesterone. It is also seen that the levels of follicle-stimulating hormone increase until months after the last menstruation leading to diminishing fertility and menstrual irregularity [2].

Apart from the hormonal changes, there is a significant change noted in the psychological and social aspects of living associated with peri-menopause. Menopause is a transition phase in a woman's life. With the growing population and increased life expectancy in India, menopausal health demands priority there is a need for developing resources and educating women about menopausal symptoms and associated physical and psychological problems. This will not only help in the early recognition of symptoms, reduction of discomfort, and fears but also enable them to seek appropriate medical care if necessary [3].

There are two stages to the peri-menopausal transition:

a) Early transition: The cycles are mostly regular, with few interruptions
b) Late transition: The amenorrhea becomes more prolonged and may last for at least 60 days.

Hence, there are around 90% of women who may experience physical or psychological symptoms.

Bio-psychosocial Aspects Of Peri-menopause:

1) Physiological Changes:

There is a marked progressive change in hormonal levels during menopause. Studies have shown low circulating levels of estrogens (estrone, 17β-estradiol, estriol) and progesterone while there is elevation in follicle- stimulating hormone (FSH) and luteinizing hormone (LH) levels. Mathew K et al reported about following changes in this transition phase as noted: increase in abdominal obesity, triglycerides, total cholesterol and LDL cholesterol, fasting glucose, insulin resistance, and body mass index (BMI), and raised blood pressure [4].

In 2008, Burger HG, et al, studied about the inflammatory changes associated with estrogen decline in menopause; that leads to immune and metabolic dysfunction and neurodegenerative disease [5].

2) Vasomotor symptoms (Hot flashes):

One of the classic symptoms of menopause is hot flashes that are moderate to severely problematic for about 1/3 of women. It is seen that in a majority of women, the hot flashes are limited to just a year or two, while in others the experience might last for a decade or more. A small proportion of women might never experience these symptoms as well. It was also seen that there is geographical variations in severity of vasomotor symptoms across the globe. Avis NE et al found a prevalence of vasomotor symptoms to be- 25-60% and 30–75% in Europe and North America respectively; while it was only 5-10% in Asian population [6].

Guthrie JR et al (2003), Brunner RL (2010) et al- have reported about the association of psychiatric symptoms and hot flashes. It was noted that depressed women tend to experience worse hot flashes along with worse sleep [7,8]. These vasomotor symptoms need management with hormone replacement therapy and behavioural therapy.

3) Sleep Problems:

Sleep disturbances are not uncommon in peri- menopausal period and often associated with hot flashes. In a survey by Ohayon, done in a sample of 3243 adults in California; it was observed a variable prevalence of hot flashes- 79% in perimenopausal women, and 39.3% of postmenopausal women in association with insomnia rates of 56.6%, and 50.7%, respectively. It is hypothesized that there is a relationship between hot flashes and poor sleep i.e. the anticipation of hot flashes may influence a woman's ability to fall asleep [9]. This fact is even supported by the fact that women experience more sleep problems as compared to men. Even the most prominent SWAN Study supported this idea by the fact that- 9.8% of women in the cohort and 37.7% menopausal women reported difficulty in sleeping [10, 11].

4) Vaginal Dryness:

In one-quarter to one-third women, vaginal dryness is one among the most disturbing symptoms noted. Moreover, there is a constellation of symptoms apart from vaginal dryness; including- irritation, and dysuria, which has been named as Genitourinary syndrome of menopause (GSM) [12-15]. GSM are more problematic as they affect the sexual life of women, often leading to interpersonal- related issues as well.

5) Mood Changes:

Depressive and anxiety symptoms are often seen in peri-menopausal women. Studies by Bromberger JT et al (2013), Almeida et al., 2005; Halbreich et al., 1995; Rehman and Masson, 2005- have reported about increasing vulnerability of depression with decreasing levels of estrogen levels [16]. In the study by Almeida et al. (2005) it was also seen that in older postmenopausal women depression was associated with decreased serum E2 (below the threshold levels). There was also the presence of anxiety in peri- menopausal women that often affects the day-to-day functioning.

6) Occupational/ Vocational Implications:

Disturbance in physiological and psychological functions due to

menopausal changes affects the work efficacy of women. In a Brazilian study by Polisseni AF et al (2009), it was found that employment acted as a protective factor against depression and anxiety in peri-menopausal women [17]. Unemployment or job loss was seen to add to the risk of developing psychological problems in these women. While contrary to these findings of the West, in an Indian study done by Pradhan GP (2003); there was an absence of any association between occupation and psychiatric morbidity in the peri-menopausal women [18].

7) Social Implications:

Amore M et al (2004), found that there is a higher association of domicile and psychiatric morbidity in peri-menopause in rural areas as compared to the urban. Urban women have better literacy, understanding of symptoms, communication and family support and a better sexual life; as compared to women in the rural areas [19].

8) Genetics:

Women having a family history of psychiatric illness are more vulnerable to have some psychiatric morbidity in peri-menopausal period. Oztürk O et al (2006), Woods NF (2008) - reported about higher prevalence of psychiatric illness among the peri- menopausal having family history of some psychiatric illness unlike other control group [20-21].

9) Quality of Life:

It is seen that there is a difference in the quality of life in peri-menopausal period just like the variability of the peri-menopausal symptoms across different continents (Blumel et al., 2000). There is a complex interplay of bio-psychological and social factors to affect the quality of life in menopausal females [22].

CONCLUSION:

Peri-menopause is a hustling period for every woman. There is a complex interplay of biological, psychological and social factors that govern the functionality of women in this period. It is not only associated with changes in the body's physiology but also has an impact on mental health, social functioning and quality of life. Hence, a broader understanding and approach are needed to deal with this transitory phase.

Conflict of Interest: None.

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