

Health and wellness initiatives - Lunch and Learn

Managing Menopause

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Having to wear all this bloody plastic for work every day is hard enough, then Mother Nature gives you a little hot flush to go with it and I'm feeling like I'm in a sauna - get yourselves vaccinated people! I'm done!



Why the 'silence' on menopause?

- Western celebration of youth, ageism, and the 'shame' of growing old.
- Cultural taboos and/or feelings of embarrassment, helplessness, or other, in the woman.
- 'Invisibility' of older women
- Tendency for medical practitioners to minimise the symptoms and/or refer to it as 'pathophysiological' and medicate.
- **RESULT: Older women often 'suffer in silence'.**

What is Menopause?

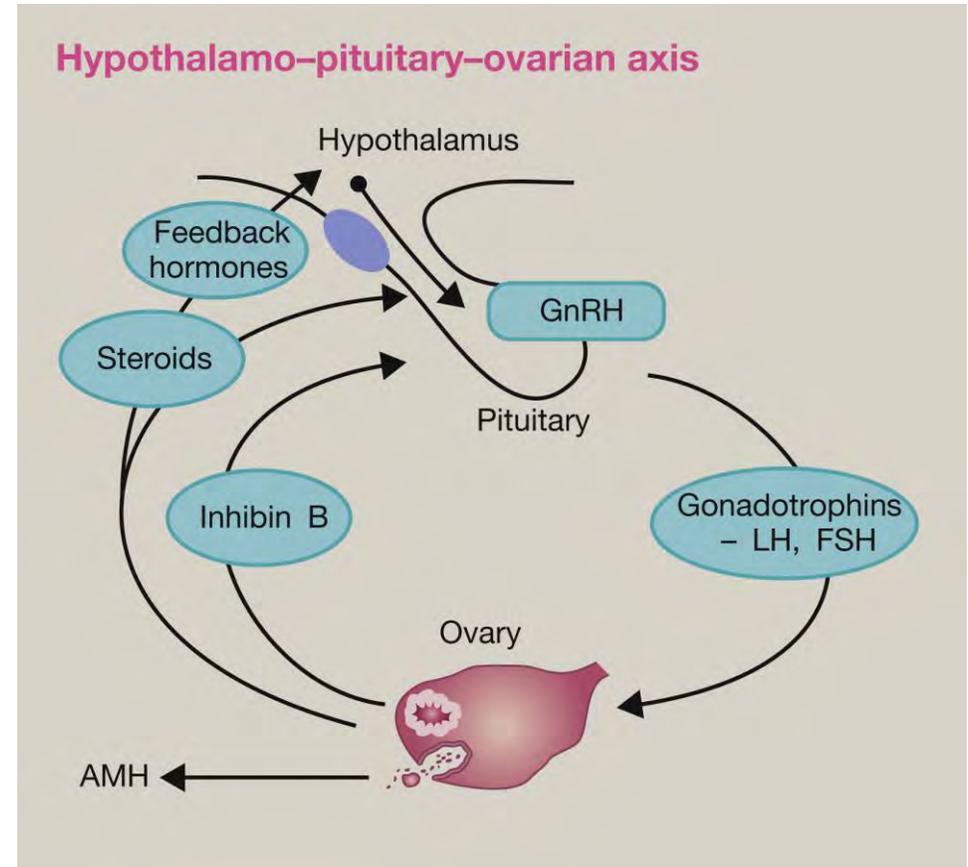
- Defined by the World Health Organization (WHO) (2007) as the absence of menses ('periods') for 12 consecutive months, resulting from a decline in oestrogen levels due to the normal ageing process.
- Usually occurs between the ages of 44-55 years of age, although 1 in 100 women may experience menopause prior to 40 years of age
- Can also be induced in women at an earlier age as a result of surgery, serious illness or medication

More definitions

- In Western countries, one-third of a woman's life can be spent in the **peri-menopausal**, **menopausal** or post-menopause phases of life.
- **Peri-menopausal phases** occurs immediately prior to menopause and includes lower frequency of the menses and some of the symptoms of menopause
- **Post-menopausal phase** occurs after the symptoms of menopause have ceased

Why menopause?

- Normal ageing process
- During reproductive years, gonadotrophins regulate the secretion of ovarian steroids (oestradiol [E2], progesterone and testosterone) and peptide hormones (inhibins A and B). Levels of inhibin B parallel the number of developing ovarian follicles. Anti-Mullerian hormone (AMH) is produced by ovarian granulosa cells independently of the gonadotrophins.
- Simply, menopause involves a decline in the number of ovarian follicles, which alters the feedback between the ovary and hypothalamic-pituitary axis, described above.
- **RESULT: A decline in the production of ovarian steroids.**
- The process is complex and still not well understood
- The process varies from woman to woman



Symptoms of Menopause

- All women, regardless of **ethnic origin, cultural heritage, and socio-demographic background**, experience similar symptoms of menopause.
- There are individual and also geographical variations in terms of the levels of discomfort caused.
- These symptoms are broadly categorised as:
 - **vasomotor**,
 - **psychosocial** (including mental health),
 - **physical**,
 - **Sexual**.

Common Symptoms of Menopause

- Hot flushes
- Night sweats
- Vaginal dryness and discomfort during sex
- Difficulty sleeping
- Low mood or/and anxiety
- Reduced sex drive (libido)
- Problems with memory and concentration
- Headaches
- Palpitations
- Joint stiffness, aches and pains
- Reduced muscle mass
- Recurrent urinary tract infections
- Increased risk of developing osteoporosis

Interesting facts

- United States women are more likely to report pain associated with muscles and joints;
- Australian women are more likely to report vasomotor symptoms (e.g. hot flushes) and sexual dysfunction
- Asian women are more likely to report an increase in depressive disorders
- European women are more likely to report higher incidence of sleep and depressive disorders.
- Reasons for these variations remain unknown.
- Regardless of culture, many woman report a sense of the loss of their reproductive facilities and diminished femininity

(Hardy et al., 2017).

Managing the symptoms of menopause

- **Hormone Replacement Therapy (HRT)** is the most effective treatment, particular for the vasomotor symptoms (hot flushes) (Tsiligiannis et al., 2020).
- HRT involves the use of synthetic oestrogen and/or progesterone (oral, transdermal, local) with the dose and route dependent upon the woman's individual symptoms and circumstances.
- HRT is prescribed by a medical practitioner or other health professional with prescribing rights.
- While positive effects have also been identified through the use of exercise, food supplements, herbs, and acupuncture, the relief produced from HRT is demonstrably superior (Abernethy, 2015).

HRT

Some women (e.g. me) choose not to use HRT. **Why?**

- Personal preference, 'unfriendly' general practitioners, 'self-empowerment'
- Type of symptoms experienced
- Degree to which the symptoms affect the individual,
- Concern about possible side-effects, including increased risk in the development cardiovascular disease, cognitive dysfunction, and depression (Takahashi & Johnson, 2015). **NOTE:** Researchers argue that these side-effects are **not** significant (Abernethy, 2018).

Non-pharmacological management

- Treating the symptoms (e.g. tracking triggers for hot flushes and avoiding those activities, use of lubricate during sex)
- Exercise,
- Food supplements,
- Herbs, and
- Acupuncture.

Discussion? Questions?

References

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Thank you