

Menopause And Mental Health - Piazza Of Midlife Issues

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I. INTRODUCTION

Menopause is one of the most significant events in women's life and brings in a number of physiological changes that affect the life of a woman permanently. Menopause is the permanent cessation of menstruation resulting in the loss of ovarian follicle development. The age at menopause appears to be genetically determined and is unaffected by race, socioeconomic status, age at menarche or number of prior ovulations. Factors that are toxic to ovary often result in earlier age of menopause; for e.g, women who smoke experience an earlier menopause, women who have had surgery on their ovaries, or have had a hysterectomy, despite retention of their ovaries, may also experience early menopause. There have been a lot of speculations about the symptoms that appear before, during and after the onset of menopause. These symptoms constitute the post menopausal syndrome. They are impairing to a great extent the health of women and management of these symptoms has become an important field of research lately. Some principal mental issues include depression, sleep disorders (insomnia), mood swings, irritability and memory issues(cognitive function). Also, an area of concern are the psychiatric disorders that may develop after menopause.

DEPRESSION- Although most women transition to menopause without experiencing psychiatric problems, an estimated 20% have depression at some point during menopause. Studies of mood during menopause have generally revealed an increased risk of depression during perimenopausal with a decrease in risk during postmenopausal years. The strongest predictor of depressed mood was a prior history of depression, along with fluctuations in reproductive hormone levels associated with depressed mood.

PROBLEM WITH SLEEP- Insomnia occurs in 40-50% of women during the menopausal transition, and problems with sleep may or may not be connected to mood disorders. Women with insomnia are more likely than others to report problems such as anxiety, stress, tension and depressive symptoms. Rates of a sleep apnoea increase with age, rising from 6.5% in women aged 30-39 years to 16% in women aged 50-60 years.

MOOD SWINGS- According to the North American Menopause Society (NAMS), close of 23% of women go through mood swings before, during or after menopause. Some of the symptoms of mood swings are sudden bouts of sadness, an inability to concentrate, lack of motivation, irrational anger and increased fatigue.

IRRITABILITY- It affects more than half of women in perimenopause and menopause. Irritability can cause confusion and frustration to menopausal women who find that they simply cannot control their irritability where once they seemed to have an evenness of temperament.

MEMORY (COGNITIVE ISSUES)- In one study of 205 menopausal women, 72% reported some subjective memory impairment.

OTHER PSYCHIATRIC DISORDERS ARE-

SCHIZOPHRENIA- After the first manifestation in young adulthood a second peak in the incidence of schizophrenia is noted among women aged 45-50 years.

BIPOLAR DISORDER- Exacerbation of mood symptoms during menopause has been noted in women with the pre-existing bipolar disorder. Research has suggested that women with bipolar disorders have higher rates of depressive episodes during the menopausal transition.

PANIC DISORDER- In a cross-sectional survey of 3369 postmenopausal women aged 50-79 years, panic attacks were most prevalent among women in the menopausal transition.

OBSESSIVE COMPULSIVE DISORDER- New-onset obsessive compulsive disorder (OCD), a relapse of OCD, or a change in OCD symptoms may occur during menopause.

The need of understanding these mental issues-

The average age of menopause in India is 47.5 years, with an average life expectancy of 71 years. Therefore, Indian women are likely to spend almost 23.5 years in menopause (Indian menopause society, 2007). Almost every woman experiences these mental issues after menopause but the level of understanding and coping with these issues depends on a variety of factors. Important being educational background, awareness and socioeconomic status. Also, it is important to recognize these

issues before time. In a study it has been found that higher number of illiterate women are in premature menopause as against those who are educated. Also, the women belonging to low socio-economic status had a greater prevalence of psychological symptoms. Many a times the women does not understand the changes in behavior that she is undergoing and keeps wandering in confusion from one physician to another. Hence, it is needed that women during 40-60 years of age should be given proper attention. Working women preferably may require more care due to dual role responsibility. It may become slightly difficult to manage all activities with the same efficiency as before. That may cause feeling of guilt, irritation, stress etc. , in these working women.

Understanding The Risks These Mental Issues-

Changing hormone levels during menopause may affect your physical and emotional health. Also, the rapid drop in estrogen may not be the only thing affecting your mood. The following factors may also make developing anxiety or depression during menopause more likely:

- diagnosis with depression prior to menopause
- negative feelings toward menopause or the idea of aging
- increased stress, either from work or personal relationships
- discontent about your work, living environment, or financial situation
- low self-esteem or anxiety
- not feeling supported by the people around you
- lack of exercise or physical activity
- smoking

How to combat these issues-

Assessment of the risks versus the benefits of HRT has become a challenging task for the physicians. Many controversial issues have surrounded the status of HRT for postmenopausal women lately. So, if not HRT then other factors such as physical relaxation, emotional support and essential care needed for healthy living post menopause.

LIFESTYLE CHANGES-

Your doctor may prescribe lifestyle changes, medications, therapy, or a combination of these options.

Before attributing your mental issues to menopause, your doctor will first want to rule out any physical reasons for your symptoms, such as thyroid problems.

After making a diagnosis, your doctor may suggest the following lifestyle changes to see if they provide natural relief from your depression or anxiety.

GET ADEQUATE SLEEP-

Many women in menopause experience sleep problems. Your doctor may recommend getting more sleep at night. Try to follow

a regular sleep schedule by going to bed at the same time each night and waking up at the same time each morning. Keeping your bedroom dark, quiet, and cool while you sleep may also help.

GET REGULAR EXERCISE-

Regular exercise can help relieve stress, while boosting your energy and mood. Try to get at least 30 minutes of exercise a day, five days a week. For example, go for a brisk walk or bike ride, swim laps in a pool, or play a game of tennis.

It is also important to include at least two sessions of muscle-strengthening activities in your weekly routine. Weight lifting, activities with resistance bands, and yoga may be good choices. Be certain to discuss planned exercise routines with your doctor.

TRY RELAXATION TECHNIQUES-

Yoga, tai chi, meditation, and massage are all relaxing activities that can help reduce stress. They may also have the added benefit of helping you sleep better at night.

QUIT SMOKING-

Research suggests that menopausal women who smoke are at a greater risk of developing depression, compared to nonsmokers. If you currently smoke, ask for help quitting. Your doctor can give you information about smoking cessation tools and techniques.

SEEK SUPPORT GROUPS-

Your friends and family members may provide you with valuable social support. However, sometimes it helps to connect with other women in your community who are also going through menopause. Remember, you're not alone. There are others who are also going through this change.

SELF MANAGEMENT TECHNIQUES-

There are techniques which can be successful in helping to deal with depression, anxiety, stress and poor body image

COGNITIVE BEHAVIOURAL THERAPY (CBT)-

CBT involves recognising the unhelpful thoughts that influence depression and anxiety, replacing them with more helpful thoughts and using relaxation and breathing techniques to reduce the impact of the physical symptoms of anxiety. Recent research suggests that CBT can be used effectively to help manage hot flushes.

MINDFULNESS-

Mindfulness training teaches you to focus on the present moment and not get so caught up in your thinking. It is also important to reduce stressors as this can set off anxiety and depression. Mindfulness is a technique that can be learned and incorporated into your daily life to help manage anxiety and improve your wellbeing.

OTHER THERAPIES-

Severe depression and anxiety can respond to treatment with medication such as antidepressants in combination with 'talk' therapy from a registered psychologist or psychiatrist.

MEDICATIONS-

While estrogen replacement therapy may alleviate these symptoms and may also have a positive impact on mood, the use of estrogen has declined over recent years. There has been great interest in finding alternative strategies for the management of menopausal symptoms, and recent data suggest that selective serotonin reuptake inhibitor antidepressants (SSRIs) and the serotonin norepinephrine reuptake inhibitor (SNRI), venlafaxine, may be effective for the treatment of depression and vasomotor symptoms in peri- and postmenopausal women. In a study presented at the annual meeting of the American Psychiatric Association, Dr. Hadine Joffe and her colleagues at the Center of

Women's Mental Health presented data on the use of duloxetine (Cymbalta), a new SNRI, for the treatment of mood, vasomotor symptoms, and insomnia in postmenopausal women. Several herbal medicine are also under trial like Estro-G 100, Estrofoy, Menosense etc and have shown good results too.

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