

What is menopause and what are its symptoms? When to consult the doctor?

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Submission date: 15-Jun-2021 10:55AM (UTC+0530)

Submission ID: 1606746721

File name: Elderly_Women_s_Health_Dr_Chandrika_3_May_Final.docx (18.33K)

Word count: 1328

Character count: 7098

Elderly Women's Health

- Dr Chandrika Anand

What is menopause and what are its symptoms? When to consult the doctor?

A woman is said to have attained menopause when she stops having her regular cycles at least for a year. Periods usually start to become less frequent over a few months or years before they stop altogether. The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age, as a woman's oestrogen levels decline. Most women can now expect to live at least 1/4th of their lives in menopause, therefore more and more interest has been given to the better approach of this period of women life. Menopause bring with it unique challenges and if one is prepared to handle the physiological and psychological changes of menopause it would go a long way in ensuring good quality of life.

The menopausal symptoms include hot flushes, mood swings, headache, generalised weakness which can be mild and need no treatment. Some symptoms like sleeplessness, dry vagina, irritability, difficulty concentrating, decreased sexual interest, mental confusion, urinary disturbance, depression, etc. can be disabling, reducing the quality of life and leading to social impairment and work-related difficulties. In such case it is advisable to consult a gynaecologist.

What are the problems associated frequently in elderly women?

Oestrogen is an important hormone produced during the reproductive age which helps in various other ways such as protecting the heart, bones and has an impact on memory. As women attain menopause the protective effect of oestrogen is reduced resulting in increased risk of cardiovascular diseases and osteoporosis (decreased bone strength). Osteoporosis, prolapse of the uterus, incontinence, depression and mood change, uterine cancer, breast cancer and arthritis are some of the most frequent problems encountered by elderly women. Then there is also increase risk of Diabetes Mellitus, Hypertension, High Cholesterol with age. A healthy lifestyle and regular treatment would go a long way in preventing the complications seen with these disorders. Though not conclusively proven, some studies have suggested a probable link between decreased oestrogen and increased risk of Alzheimer's disease and cognitive impairment.

What is ⁶Hormone replacement therapy (HRT)?

Hormone replacement therapy (HRT) is a treatment used to relieve symptoms of the menopause. The aim of HRT is to restore female hormone levels, which can bring relief to many women. Oestrogen also plays a part in controlling other functions, including bone density, skin temperature and

keeping the vagina moist. It is a reduction in oestrogen that causes most symptoms associated with the menopause, including: hot flushes, night sweats, vaginal dryness, loss of libido (sex drive), stress incontinence (leaking urine when you cough or sneeze), bone thinning – which can lead to osteoporosis and fractures.

Most symptoms will pass within 2 to 5 years, although vaginal dryness is likely to get worse if not treated. Stress incontinence may also persist and the risk of osteoporosis will increase with age. However, taking oestrogen alone as HRT on its own increases the risk of uterine cancer. However, if a woman has had a hysterectomy (uterus removed), she may not need progesterone and can take oestrogen-only HRT.

How to use HRT? What are the treatments available for local application?

HRT is available in the form of tablets, patches or implants. Tablets can be taken by mouth, a patch is stuck on the skin and in case of an implant – small pellets of oestrogen are inserted under the skin of abdomen, buttock or thigh under local anaesthesia. Oestrogen gel is applied to the skin and is absorbed. There are many different combinations of HRT, and advice of gynaecologist would be helpful in choosing the right one. If a woman is only experiencing vaginal dryness, she will probably be recommended oestrogen preparations that can be applied directly to vagina. Local oestrogens can be in the form of pessaries placed directly into the vagina, a vaginal ring, vaginal creams.

Who cannot use HRT? What are the side-effects of HRT?

HRT may not be suitable in case of women who have a history of breast cancer, ovarian cancer or uterine cancer, a history of blood clots, a history of heart disease, stroke, untreated high blood pressure or liver disease. Hormones used in HRT can have associated side effects like fluid retention, bloating, breast tenderness or swelling, vaginal bleeding etc.

How to decide whether to take or not take HRT?

The main benefit is that it is a very effective method of controlling menopausal symptoms, and it can make a significant difference to a woman's quality of life and wellbeing. HRT can also reduce a woman's risk of developing osteoporosis. However, long-term use is rarely recommended and benefits and risks should be discussed with the gynaecologist before initiation of treatment.

Uterine Cancer, Breast Cancer- How to identify, get screened and treated?

The risk of certain cancers such as uterine cancer unfortunately increases with age. Cancer cervix affects women in reproductive age more than the menopausal women. Any bleeding following menopause might be a warning sign of endometrial cancer and hence one must soon consult a gynaecologist. Breast cancer is the most common form of cancer among

women. More than half of breast cancer diagnoses happen among women aged over 60 years. The screening process for breast cancer is known as a mammogram. It is essentially an X-ray of the breast area and will help identify masses or tumours that haven't shown on the surface yet. The World Health Organization (WHO) recommends mammography every 1–2 years for women aged 50–69 years. Periodic self-examination is also important and it is advisable to consult doctor at the earliest in case you notice any lump. There are a range of treatment options for breast cancer depending on its invasiveness and its stage including surgery, radiotherapy and chemotherapy.

What is osteoporosis and how to improve bone strength?

Osteoporosis is a condition that weakens bones, making them fragile and more likely to break. The risk factors for osteoporosis include premature (before age 42) or early (before age 45) menopause, family history of osteoporosis, smoking, excess alcohol intake, poor dietary intake of calcium and lack of weight bearing exercise. Avoiding excess caffeine by limiting tea / coffee, regular weight bearing exercise, such as walking and having a healthy, varied, well balanced diet which is rich in calcium, e.g., from dairy products, green leafy vegetables benefits bone health. HRT can help to prevent bone loss and reduce the risk of fracture, and is particularly useful for prevention of osteoporosis in women who have had an early menopause and for those women with menopausal symptoms.

Urinary problems - Underreported quite often

Although many women may feel embarrassed talking to someone about your symptoms, it's a good idea to see a gynaecologist as this can be the first step towards finding a way to effectively manage the problem. The common urinary problems in elderly women include passing urine more frequently by day and night, discomfort on passing urine, urine infection, leakage of urine, vaginal dryness, discomfort, burning and itching. These symptoms are extremely common and can cause significant distress but, often due to embarrassment, are under-reported and hence under-treated. Local oestrogen preparations (vaginal tablet, creams, or vaginal ring) can be very helpful in relieving these symptoms. Non hormonal vaginal moisturizers can also be used.

Conclusion

The time of menopause can be considered as a change in life and as an opportunity to reappraise health and health-related behaviour patterns and make changes in them. Regular exercise, healthy eating habits including regular intake of calcium and vitamin D, meditation, quitting smoking and annually visiting a doctor would resolve most of the issues. Elderly women undergo intense changes and experience annoying symptoms which needs help from both the family and health services. The best way to manage it is

with good counselling to understand the changes they undergo and treatment to address the issue.

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