

Menopausal transition: between physiology and psychology

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Abstract

Menopause represents one of the physiological periods in a woman's life, defined by a series of involutive processes (the cessation of reproductive and menstrual functions) and the transition from the reproductive phase to the non-reproductive phase (Contreras, & Parra, 2000). Natural menopause is confirmed after more than 12 months of amenorrhea, only in the absence of any other notable biological or physiological causes. In some specific conditions or under the action of unfavorable factors, menopause can become pathological and clinically manifested by the climacteric syndrome. Menopause is the spontaneous, complete and physiological stop of the menstrual cycle (Germaine, & Freedman, 1984). Sometimes, this complete stop is preceded by cycle disorders accompanied by physiological and psychological disorders, which represent manifestations of an inadequate secretion of estrogenic hormones.

Keywords: *menopause, psychological disorders, depression, hormones, perimenopause*

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I. INTRODUCTION

Menopause represents one of the physiological periods in a woman's life, defined by a series of involutive processes (the cessation of reproductive and menstrual functions) and the transition from the reproductive phase to the non-reproductive phase (Contreras, & Parra, 2000). It may be natural (physiological) or induced (Pedro, Pinto Neto, Paiva, Osis, & Hardy, 2003). Natural menopause is confirmed after more than 12 months of amenorrhea, only in the absence of any other notable biological or physiological causes. In some specific conditions or under the action of unfavorable factors, menopause can become pathological and clinically manifested by the climacteric syndrome. Menopause is the spontaneous, complete and physiological stop of the menstrual cycle (Germaine, & Freedman, 1984). Sometimes, this complete stop is preceded by cycle disorders accompanied by physiological and psychological disorders, which represent manifestations of an inadequate secretion of estrogenic hormones.

The age at which menopause occurs is on average 49 years of age, but individual variations may be large (Hawkes, O'Connell, Jones, Alvarez, & Charnov, 1998). The menopause diagnosis is usually obvious and does not require further medical investigation. Although it is a physiological state of the body, certain health issues may appear, among which the most common are: hot flashes (85% of women), psychological symptoms, especially depression and anxiety (65%), dyspareunia (60%), urinary mucosa atrophy accompanied by urinary symptoms (40%), dermatological problems (35%), and osteoporosis (20%). Additionally, the issue of sexuality in post-menopausal women should be viewed with much more delicacy and discernment (Chrisler, 2014). After menopause, women accuse a reduction in sexual appetite and discomfort of unpleasant sensations (Dennerstein, Koochaki, Barton, & Graziottin, 2006).

Receiving counsel from an endocrinologist that can offer a medical perspective of the matter and, likewise, support of a psychotherapist, from a psychological perspective, is desirable for a woman in time of menopause, not only due to the administration of hormone replacement drugs, but also through counseling on one's the state of mind, issues of affective symptomatology where it exists, or the negative idea that might install in one's mind in the situation of the above-mentioned stage (McCrea, 1983; Wilk, & Kirk, 1995).

Induced menopause is the consequence of surgical removal of ovaries (surgical menopause), radiotherapy or chemotherapy.

Surgical menopause is located in about 50-70% of women with small bowel organs interventions and total or partial ovariectomy (Rees, 2008). Ovarian function is maintained for a period of time in women with simple hysterectomy and can be restored to women of reproductive age who have received certain medication.

II. PHASES OF CLIMACTERIC PERIOD

There are several phases of the climacteric period: the premenopausal represents the reproductive period before menopause (Neugarten, & Kraines, 1965). The perimenopause, the period prior to menopause includes, according to the World Health Organization criteria, 2 to 8 years (according to some authors, 5 years) until the menopause and two years after menopause (Delanoë, Hajri, Bachelot, Draoui, Hassoun, Marsicano, & Ringa, 2012).

During this period, the following manifestations will occur: endocrine – the reduction of hormonal function of ovaries with symptoms of hormonal deficiency; biological – the reduction of fertility; clinical – the change of the menstrual cycle interval and disorders of adaptation processes in the neuroendocrine system.

Perimenopause begins at the same time as the symptoms listed above, but these clinical manifestations vary from woman to woman and therefore they cannot be considered an onset of perimenopause without identifying other causes, such as: local uterine pathology, pregnancy, thyroid gland pathology and so on (Burger, Woods, Dennerstein, Alexander, Kotz, & Richardson, 2007).

The menopausal transition is the interval preceding the postmenopausal period or the end of the menstrual period with increased variability of the menstrual cycle. Only in 10% of women, menstruation disappears abruptly, and for the rest of 90% there is a transition period with an average duration of 4 years (Pelinescu-Onciul, 2001). The postmenstrual period starts from the last menstrual cycle, regardless of the genesis of menopause – natural or induced. The average age of onset of menopause varies from 47 to 52 years in different countries (Cramer, Xu, & Harlow, 1995). The cessation of menstruation in women aged 35-45 years is considered premature menopause and at the age of 56-65 years is considered late menopause. According to some researchers, the lowest age of early menopause is 38-39 years or 2 years earlier than the physiological menopause, estimated for the reference population.

III. THE FEATURES OF MENOPAUSE

Menopause can be defined as a stage of development involving psychological changes. There is an increase in somatic symptoms (Hunter, 1993). On the other hand, menopause also tends to exacerbate pre-existing psychiatric disorders (Graziottin, & Leiblum, 2005). The interactions between psychological and biological factors determine the body's reactions to hormonal changes occurring in menopause (Elavsky, & McAuley, 2005). Some of the symptoms include: anxiety, irritability, depressive tendencies and difficulty concentrating. A more

pronounced negative attitude towards menopause can be correlated with the appearance of more severe symptoms (Stewart, & Boydell, 1993).

IV. PSYCHOLOGICAL DISORDERS COMMONLY ASSOCIATED WITH MENOPAUSE

The mood is often the first indicator of perimenopause, including depression, anxiety and lowered libido, associated with a growing incidence of premenstrual syndrome at this time (Slaven, & Lee, 1997). It is possible for women who have always shown a pleasant mood to suddenly become more apathetic, irritated or even sad. The same behavior may occur in the menopause period (Bromberger, Assmann, Avis, Schocken, Kravitz, & Cordal, 2003).

Depression reduces the body's ability to recover from illnesses and increases the risk of premature death – not just through suicide, but also by seemingly unrelated illnesses (Avis, Crawford, Stellato, & Longcope, 2001). Researchers studying this effect have associated it with stress, emphasizing that disturbing events – and especially stress on the long-term – can cause depression, anxiety and physical illness (Wassertheil-Smoller, Shumaker, Ockene, J., Talavera, Greenland, Cochrane,... & Dunbar-Jacob, 2004).

Long-term stress, as well as depression, seems to cause the earlier triggering of menopause, especially in women who have taken antidepressants (Gold, & Chrousos, 2002).

The type of personality and sexuality can influence the symptoms manifested during menopause. Women who are more involved in a professional activity are characterized by better health. Women who perform an activity with a higher stress level or with an increased intellectual demand use hormone replacement therapy more frequently (Pearce, Hawton, & Blake, 1995).

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