MANAGING MENOPAUSE
— THE ROLE OF THE GP

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Menopause is a natural event in women, characterised by the permanent cessation of menses due to the ovaries’ loss of function. While most women transition into menopause with few or no issues, some may experience bothersome symptoms, which can be alleviated through medical assistance and intervention.

NATURAL MENOPAUSE

Natural menopause is defined by the permanent cessation of menstruation for 12 consecutive months. The diagnosis is retrospective and laboratory tests are only required to exclude other medical causes that may mimic menopause symptoms. These can include thyroid problems, tumours, and medication such as niacin, calcium channel blockers and nitroglycerin.

In Asia, the age range for menopause is 45-55 years, and the average age for natural menopause is 50 years. In Singapore, the average age for natural menopause is 49 years. While genes play an important role in determining the age at which a woman undergoes menopause, smoking has been shown to bring forward the age of menopause by about 2.5 years. Chemotherapy and surgery involving the pelvic organs can also cause women to reach menopause at an earlier age.

In 2012, close to 30 percent of the local population was aged between 45 and 65 years. As approximately 50 percent of women going through menopause will experience some symptoms, the number of women seeking consultation for issues relating to menopause is expected to be substantial.

Concordantly, the Menopause Unit at KK Women’s and Children’s Hospital (KKH) is seeing a 30 percent increase in women seeking consultation for issues relating to menopause, in recent years. In addition, more women are presenting with vasomotor symptoms of hot flushes compared to those seen in previous studies1,2.
SYMPTOMS AND MANAGEMENT

Women undergoing the menopause transition most commonly seek medical advice for hot flushes, irritability and sleep disturbance.

Hot flushes
Hot flushes can start to occur about two years before the final menstrual period and peak about a year after the final menstrual period. The usual experiences of hot flushes are short-lived, lasting between five to ten minutes per episode. The frequency of hot flushes can vary from once every few days, to two to four times an hour. Hot flushes also occur in varying levels of severity, necessitating different types and combinations of intervention (Table 1).

Irritability and sleep disturbance
The menopause transition is often associated with irritability and sleep disturbance. However, these symptoms appear to be strongly associated with hot flushes – if severe hot flushes occur during sleep, they can often cause sleep disturbance, and thus irritability. Otherwise, the menopause transition appears to have no effect on sleep or association with irritability. Menopause can trigger depression in women with a previous history of depression or life stressors.

Common measures to alleviate irritability and sleep disturbance include improved sleep hygiene, stress management, mind-body therapies and maintaining an active and supportive social life.

The primary care physician can lead the patient in identifying and addressing other potential causes, which may include depression, anxiety, joint pain, back ache, stress and caffeine consumption.

SEX AFTER MENOPAUSE

A decreased oestrogen level following menopause can lead to changes in a woman’s sexual functioning. This can lead to sexuality issues such as dyspareunia, and intimacy and libido issues. Vaginal dryness can also occur and may increase in severity with time.

Female sexuality issues following menopause should be addressed by the primary care physician through a holistic assessment of the patient’s sexual, medical and psychosocial history.

Measures can be taken to improve psychological well-being and intimacy, while medication and substances that can aggravate vaginal dryness should be avoided. The use of vaginal lubricants and topical oestrogen can also be considered.

WARNING SIGNS DURING MENOPAUSE

Menopause is a natural life stage that all women will experience. However, a woman should see her doctor if her menopausal symptoms are affecting her life and activities.

In particular, symptoms that would require tertiary management include post-menopausal or unexplained vaginal bleeding, pelvic mass or any other medical issues that may require surgical intervention.

Table 1. Severity and management of hot flushes

<table>
<thead>
<tr>
<th>SEVERITY</th>
<th>SYMPTOMS</th>
<th>MANAGEMENT</th>
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</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Sensation of heat without sweating</td>
<td>Lifestyle management</td>
</tr>
<tr>
<td>Moderate</td>
<td>Sensation of heat with sweating</td>
<td>Trial of lifestyle management</td>
</tr>
<tr>
<td></td>
<td>Able to continue activity</td>
<td>Hormone therapy if lifestyle measures fail</td>
</tr>
<tr>
<td>Severe</td>
<td>Sensation of heat with sweating, causing cessation of activity</td>
<td>Lifestyle management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hormone therapy after weighing the risks and benefits</td>
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</tbody>
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Lifestyle management measures, such as stress management and exercise, can often improve symptoms for mild to moderate hot flushes. Women with severe symptoms, or those who do not see improvement with lifestyle management, may consider hormone therapy, which remains the most effective treatment for hot flushes.

Women who experience hot flushes for more than 30 minutes per episode should also seek medical advice to exclude medical conditions such as hyperthyroidism and brain tumours.

References