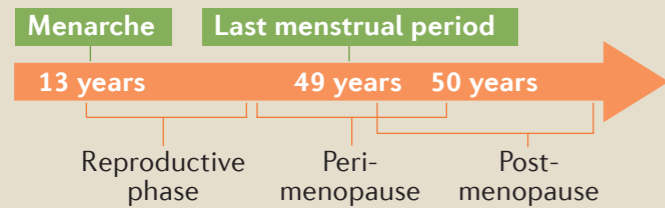


➔ Menopause is defined as the cessation of the menstrual cycle. Natural menopause is an age-related process involving the failure of ovarian function; secondary menopause is the consequence of iatrogenic interventions, such as the removal of the ovaries or chemotherapy.

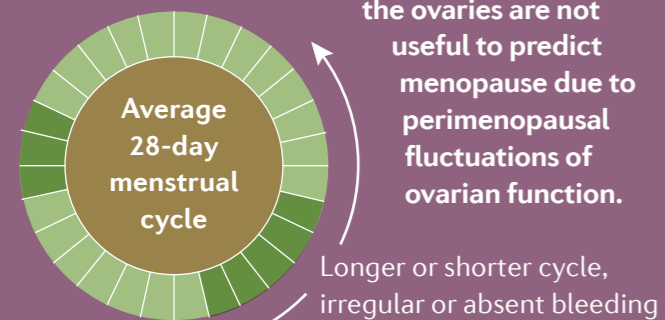
EPIDEMIOLOGY

Globally, natural menopause occurs in most women around the age of 49 years, although it occurs earlier in Africa, Latin America and the Middle East, and later in Europe and Australia. The last menstrual period is preceded by the perimenopausal phase during which hormone levels fluctuate and the first symptoms occur. Perimenopause ends 1 year after the last period, when it is very likely that no further cycles will occur.

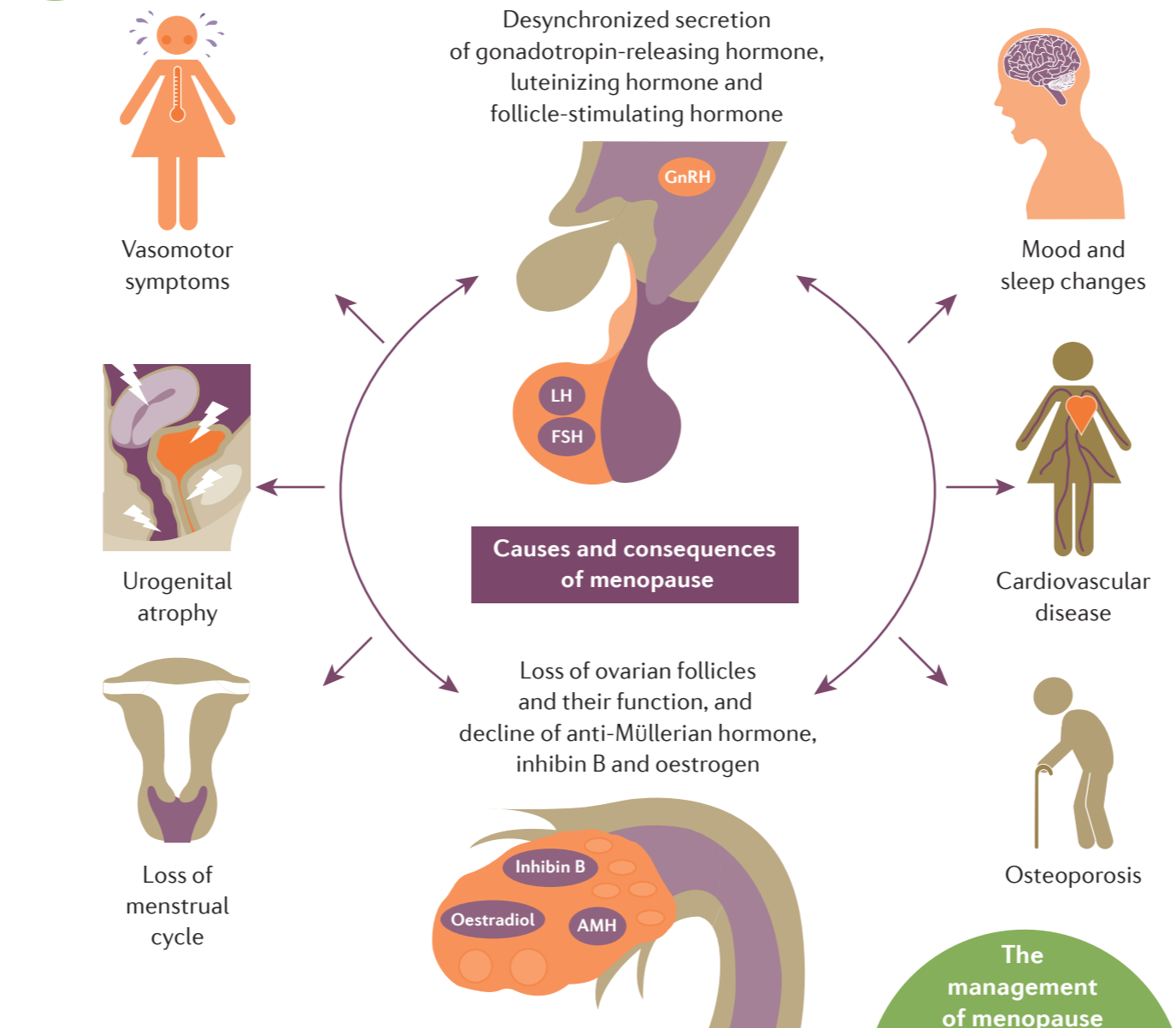


SCREENING & PREVENTION

Menopause is a clinical diagnosis that is based on the history of menstrual cycles. It is not yet possible to predict the age of menopause, although it would be helpful for family planning. Measuring hormone levels and ultrasonography of the ovaries are not useful to predict menopause due to perimenopausal fluctuations of ovarian function.



MECHANISMS



Rx MANAGEMENT

Aside from lifestyle and diet modification, a wide range of hormonal and non-hormonal therapies are available to manage menopausal symptoms. To combat the effects of declining hormone levels, oestrogen — sometimes in combination with progestogen — can be given. Long-term systemic oestrogen therapy mandates careful evaluation of benefits and risks, such as cardiovascular and cancer risks. Tissue-specific selective oestrogen receptor modulators and low-dose or local oestrogen therapy can mitigate these risks.

The management of menopause must take into account symptom severity and the personal preferences of the woman, as well as individual risk factors.

QUALITY OF LIFE

The impact of menopause on quality of life depends on the presence and intensity of symptoms. Vasomotor symptoms, such as hot flashes and sweating, are among the most common, with up to 75% of women affected. Urogenital atrophy and its consequences, as well as mood changes and sleep disturbance, are frequent too. The longer menopause and its symptoms last, the more quality of life is affected and the more medical consultations are needed. Several hormonal and non-hormonal treatments have been shown to effectively decrease symptom severity and, in turn, to increase quality of life.

The duration of the menopausal transition correlates with decreases in physical and emotional wellbeing.

OUTLOOK

Menopause is a complex, multifactorial process and the exact steps leading to the loss of ovarian function are incompletely understood. More research and a better understanding of the underlying mechanisms would be helpful to develop new diagnostic and therapeutic options. Unfortunately, menopause is not a priority on the agenda of many pharmaceutical companies and funding agencies. Menopause affects all women, some of them for decades, and more safe and effective therapies are needed.

Investment in the research, diagnosis and management of menopause will translate to health benefits for up to half of the lifetime of women who are alive today.