

Menopausal Transition: A Call for Action

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Introduction

An important yet overlooked topic in Nepal is the topic 'menopausal transition'. According to 2021 census of Nepal, over 3.3 million women are either in the menopausal transition phase or post-menopausal.¹ The time from the onset of irregular menstruation with the appearance of menopausal symptoms is menopausal transition when women transition from a reproductive phase to a non-reproductive phase.² It typically begins in the mid-forties and may last anywhere from a few months up to a decade. Although this is a natural aging process when the ovarian functions start to decline, it can be very distressful and may significantly affect the quality of life in some women. Menopausal transition is marked by an array of symptoms like vasomotor symptoms viz hot flashes with or without night sweats, difficulty sleeping, mood changes, low energy levels, vaginal dryness and urinary symptoms.³

What Evidence Says

A systematic review looking into the global prevalence of menopausal symptoms among middle aged women identified 19 symptoms that were categorized into four domains: somatic symptoms (hot flashes, sleep problems, heart discomfort, headache, and joint and muscular discomfort), psychological symptoms (physical and mental exhaustion, depression, anxiety, irritability and mood swings), urogenital symptoms (sexual problems, vaginal dryness, and urinary problems) and others (forgetfulness, difficult concentration, formication, change in the appearance, texture, or tone of skin, increased facial hair, and drying skin).⁴ The study on global prevalence reported that the highest prevalence of over 65% menopausal symptom is joint and muscular discomfort, and the lowest is formication (20.5%).⁴ Other studies suggest that vasomotor symptoms are the most common experienced by 70 – 80% of the women.⁵⁻⁷ Although vasomotor symptoms particularly hot flashes and night sweats, are the most significant symptoms, genitourinary symptoms are found to be more debilitating, requiring medical attention.⁸ While physical symptoms are visible and women seek medical care, the psychological symptoms are hidden or ignored in our society. Conditions like anxiety and depression are some of the other symptoms of menopause. These symptoms unknowingly take a bigger toll on the individual.

Menopausal transition happens when a woman is at her most prime as well as vulnerable position in life in terms of family, society and occupation. A woman in her late fifties often go through several important life events such as death of loved ones and/or going through the empty nest syndrome. At professional front, women are at higher positions that demand more responsibility. These challenges of life are made more difficult by the signs and symptoms of menopause. This is reflected by the rates of suicide around menopause. A report by Pradhan and colleagues, suggests that the risk of suicide among women depends on age with an increased risk between 15 - 34 years, lower between 35 – 44 and increased again after 45 years which coincides with the age of menopause.⁹

Mid-life on one hand exposes women to these hormonal changes and the subsequent reduction in their quality of life, multimorbidity is another important condition that must be mentioned. Multimorbidity is defined as co-existence on two or more diseases

Online Access



Citation

Dangal G, Lama P. Menopausal Transition:
A Call for Action. Nep J of meson.
2026;1(1):I-II.

at the same time.¹⁰ The occurrence of multimorbidity increases with age, thus highlighting the need to address this among menopausal age group. Age at menopause is inversely associated with the development of multimorbidity whereby women who attain menopause early that is before the age of 45 are at a higher risk of developing multiple conditions like cardiovascular and metabolic disorders.¹¹

Conclusion

Menopausal transition is a natural process, but it is a difficult process that must be recognized by herself, her family, and the healthcare system. Adequate awareness, timely and proper management of symptoms will help improve the quality of life a menopausal woman and help them go through a smooth menopausal transition. Since different women respond differently to the changes in hormonal levels, the management approach must be developed specific to the individual.

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