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Perimenopausal Symptoms and Its Coping

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Abstract: ***Perimenopause and menopause are significant phases in a woman's life, marked by physical, psychological, and hormonal changes. This transition period, which includes the gradual end of the menstrual cycle, brings various symptoms such as mood swings, hot flashes, sleep disturbances, and more. While some women cope effectively, others face challenges and require support. Studies have shown that many women lack knowledge about menopause and its management, yet simple lifestyle changes and coping strategies can improve their quality of life. Education, social support, and medical advice can help women better navigate this natural life stage.***

Keywords: perimenopause, menopause, symptoms, coping strategies, women's health

1. Introduction

Life of a women is very dynamic with many ups and downs which she faces while adjusting with her physical and psychological changes at different ages. At very young age she adjusts with menarche and then with menstrual cycle throughout reproductive life. In between pregnancy, lactation are major events with which a brave woman wins and settles her family and children. When she is leading her life with grown up children, some signs of perimenopausal symptoms peeps in her life. Some women try to cope with these symptoms while some even don't realize these. This perimenopause gradually leads women towards menopause -- final cessation of menstrual cycle.

As per the menstrual changes menopause is literally defined and is said to have occurred when there has been one year without a menstrual period, but endocrine changes occur over a number of years. The stages of menopause transition and postmenopause are based on menstrual patterns. Premenopause is defined as regular menstruation, perimenopause is the phase immediately prior to the menopause.

Perimenopause is an ill - defined time period that encompasses the latter years of a woman's reproductive life in women. It begins with the first occurrence of menstrual irregularity and concludes after one year of amenorrhea, denoting the final menstrual cycle. The phases of menopausal transition are early transition, and late transition. The menstrual cycles are irregular with few interruptions during early transition, where cycles are mostly regular, with relatively few interruptions, and the late transition, where amenorrhea becomes more prolonged and lasts for at least 60 days, up to the FMP.1

The perimenopause is associated with considerable biopsychosocial changes. The majority of women manage to adjust with these changes and cope well with the shift from reproductive to non - reproductive life. However, some women develop burdensome physical and psychological symptoms during the perimenopause.2

Menopause is one of the most significant events in a woman's life and brings several physiological changes that permanently affect women's lives. In India, menopause is considered a normal phenomenon. Women themselves may not seek medical help for their problems associated with ageing. India reveals that the number of women aged 45 years and above is expected to reach 401 million in 2026 from 96 million at present. Menopause is not a disease but a natural transition in a women's life that results from a decrease in the ovarian production of sex hormones such as oestrogen, progesterone and testosterone. By loss of reproductive potential and transition into later life, she may become a victim of physical and psychological problems.

Knowledge regarding peri - menopausal symptoms and its management was assessed by Parab S and Joshi A at Kolhapur. While assessing effectiveness of information booklet, result of pretest knowledge score shown that 3% were having good knowledge, 83% were having average and 13% were having poor knowledge where as in post test 47% women were having good and 53% average knowledge.3

Middle - aged women's commonly reported menopausal symptoms and coping strategies were assessed by Sophia CM, Marngar J, Mol S et al at Father Muller Medical College Hospital, Mangaluru. A descriptive survey design was used, and 100 menopausal women aged 45–60 years were selected and interviewed to assess the menopausal symptoms and coping strategies followed to overcome the same. The results showed that 63% of the subjects had moderate symptoms and 30% had severe menopausal symptoms; these were assessed through the menopausal rating scale. The coping strategies show that 54% of women use a cooler environment to face the hot flash and sweating, 55% of women sit in a comfortable place to relieve their heart discomfort, 47% of women have milk in the night to manage the sleeping problems, 60% women use hot water to relieve Joint and muscular discomfort. Hence, there is a need for improvement of menopausal health status and application of various coping methods, including the establishment of social networks, is warranted to enhance menopausal women's behaviours in different aspects.4

Dr. Anastasia Osipova, MD, OB/GYN, OSF Health care, has advised in an article "How to cope with perimenopause" published in health news letter that perimenopause is a natural phase of life. There are many things can done to mitigate the symptoms and how much they impact daily living.

"Not everything that is normal needs to be medically treated, " she said. "A lot of people don't like to hear that, because they want an easy fix, but we can't medically treat something when the treatment's harm exceeds the benefits. "Lifestyle changes which can adopt to help control

symptoms include are to Increase calcium and vitamin D intake, decrease calories, exercise regulary and to eliminate – or at least reduce – carbonated beverages, caffeine, alcohol and smoking.5

An online survey was designed to evaluate attitudes and knowledge of the menopause in women older than 40 years. The survey was generated with Qualtrics XM® and promoted via social media. The data was collected from 947 perimenopausal women. Responses of women for "how they felt about perimenopause/menopause" reveals that in all, 61% of women were accepting, looking forward to, or feeling neutral about the menopause, but 31% were dreading it. Regarding perimenopausal symptoms 68.9%, were having mood swings, brain fog (68.3%), fatigue (66.8%), irregular periods (66.6%), and difficulty concentrating (63.9%). Night sweats were reported by 58.6% and hot flashes by 45.3%. Low sex drive was noted in 49.1% (and loss of sex desire in 30.0%.79.1% of women reported effects on their desire for sex. Vaginal dryness was noted in 27.4% (247/900) and vaginal problems in 9.0%.

Women were asked if they had been taught about the menopause at school and were given three options: not at all, some basic information, and very detailed – 90.2% (812/900) said not at all and 9.8% (88/900) said some basic information. None had been taught very detailed information.6

A cross - sectional study was done by Nateri NS, Beigi M, Kazemi A, et al. to determine the relationship between women coping strategies toward the process of menopause and sexual dysfunction in menopausal women. Samples were 233 married menopausal women which were in the first 5 years after cessation of menstrual cycle. The method of data collection was a demographic characteristics form, sexual function questionnaire of Rosen et al., along with a researcher - made coping strategies questionnaire. The frequency of sexual dysfunction in menopausal was 67.42%, which has a significant relationship with coping strategies of people towards menopausal such that the mean score of the avoidance strategy in the people with sexual dysfunction was significantly higher than the group without disorder. ($P < 0.001$). The mean score of the avoidance strategy in people with impaired phases of desire, arousal, lubrication, orgasm, satisfaction, and pain was significantly higher than the group without disorder through the independent t - tests, Chi - square, and Mantel Hansel tests. However, the avoidance strategy seeking social support, problem - solving, and target replacement in people with impaired phases of desire, arousal, lubrication, orgasm, satisfaction, and pain was lower than the group without disorder. According to the results of this research, problem - oriented strategies such as social support, problem solving, and target replacement are the best strategies to improve performance or increase sexual satisfaction, whereas emotion - oriented strategies such as avoidance are associated with increased sexual dysfunction.7

Woods NF, Mitchell ES have reported in an article about 'published evidences of the prevalence of menopause - related symptoms'. Data from published community - based longitudinal studies of the menopausal transition were reviewed as an evidence for questions - symptoms reported during the perimenopause, and how prevalent are these symptoms as women traverse the menopausal transition? How severe are symptoms and for how long do they persist? To what do women attribute their symptoms, and do their attributions match findings from epidemiologic studies of community based populations? How significant are these symptoms in women's lives? It was reported that women at midlife report hot flashes and sweats, depressed mood, sleep disturbances, sexual concerns or problems, cognitive symptoms, vaginal dryness, urinary incontinence, and somatic or bodily pain symptoms.

The prevalence of hot flashes among women who had not begun the menopausal transition ranges from 6% to 13%. As women progress from the early to late menopausal transition stages the prevalence of hot flashes increased (late reproductive, 4% to 46%; late menopausal transition, 33% to 63%).1, 14 For women who had completed menopause the prevalence rose as high as 79%. The prevalence of depressed mood symptoms (e. g., feeling sad or blue) ranged from 19% to 29%.
It was 28% to 29% in the early or late menopausal transition stages, 24.5% to 29% for menopausal women and 23% to 34% among postmenopausal women. Estimates of sleep disturbances range from 31% for women in the reproductive stage to 45% for women who are 3 years postmenopausal.

Data for sexual symptoms revealed that menopausal status was related to experiencing lowered sexual desire, believing that interest in sexual activity declines with age, and that being postmenopausal was associated with decreased arousal when compared with women's own experiences in their 40s. Postmenopausal women reported a lower degree of desire and less arousal than women who were in reproductive stages or in a menopausal transition stage. The prevalence of urinary symptoms was reported as 17% in women in the late reproductive stage, 12% in women in the early menopausal transition, 14% in women in the late menopausal transition, and 14% in women who were postmenopausal. Regarding cognitive symptoms forgetfulness were reported by 31% of participants in the reproductive stage, 44% in the early menopausal transition stage, 44.8% in the late menopausal transition stage, and 42% in postmenopause.8

Bracy K has mentioned activities to cope with menopausal symptoms in an article 'Coping With Menopause'.

1) Emotions - It is advised to meditate for emotional impact, 15 minutes a day of meditation can effectively alleviate stress and make it easier to cope. To reduce stress regular exercise is helpful. The hobbies or activities can be listed to accomplish and planning can be done to pursue at least one goal. Social support is a healthy response to stress because it helps establish a social support network.
2) Hot flushes - Dress in layers so that one layer can easily be removed clothing if there is hot feeling. Controlled breathing (slow and deep) helps to shorten the severity. Drinking 8 - 10 glasses of water in day helps to regulate internal temperature. Hot places can be avoided. Flaxseed or flaxseed oil may decrease hot flashes and have the added benefit of reducing joint and muscle pain for some women.

3) Insomnia - For good sleep temperature of bedroom can be kept cool. Meditation before going to sleep keeps mind calm. Taking warm bath can regulate temperature.
4) Vaginal dryness can be managed with use of lubricants and kegal exercises strengthen the pelvic floor muscles and improve sensation during intercourse and reduce urinary incontinence.

Weight Gain - - Regular exercise achieves good health. Set a goal for your target weight. Use weight training as an exercise to get stronger, prevent osteoporosis, and step up resting metabolism. In cardio exercise, such as walking or running, vary the speed and enjoy interval training. These weight - bearing exercises can improve metabolism and build bone mass

Memory Problems - - Eat plenty of colorful fruits and vegetable for antioxidants and vitamins. Stop use of alcohol, sugar, and caffeine as it improves ability to remember.

Explore memory strategies like use acronyms to remember lists of names or streets (such as POMB for a sequence of streets like Pine, Oak, Main, and Broadway). Associate one thing with another—for example, a green clover to remember a person with the last name Green. Implement external supports: For example, hang keys in the same place every time come into the house, or put important information into cell phone so it can easily accessed.9

2. Conclusion

The one or two years leading up to a woman's last menstrual period is called perimenopause or pre - menopause, and the time afterwards is referred to as post - menopause. Her body gets used to the new balance of hormones during this time. The transition takes a few years. The age of menopause is probably genetically determined. The phenomenon of menopause brings multiple physiological changes in the body. Women hardly express her health issues, feelings, attitude towards menopause. Many women tries to adjust or cope with the perimenopausal symptoms, but many are unaware about this. If they are given proper guidance it can make her life more easier and joyful.

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