



Is this menopause?

Women in midlife – psychosocial issues

BACKGROUND Psychosocial influences have been found to impact on the symptoms a woman may experience as she moves through the menopause transition. Consequently any assessment of the menopausal woman should include an exploration and understanding of how the many psychosocial factors influence the experience of menopause and midlife.

OBJECTIVE This article describes the many psychosocial factors that influence the experience of menopause including midlife issues, role and purpose in life, interpersonal relationships, libido, personality, psychological history and present psychological functioning, body image and sociocultural issues. Case studies are included to illustrate the importance of including psychosocial factors in the assessment and treatment of the menopausal woman.

DISCUSSION Any assessment of the menopause experience should include psychosocial influences and the context of women's lives. In a consultation where both the physical and psychosocial issues are explored, we come closer to addressing the true needs of each patient.

Many women find that the menopause transition provides them with a legitimate opportunity to present to their doctor to discuss a myriad of symptoms and concerns. After careful assessment it often becomes clear that these concerns have actually been present before the hot flushes, vaginal changes and irregular periods even began. The following case studies illustrate the context in which women experience the menopause transition; the context of women's lives is vital to an understanding and assessment of the menopausal woman.

Case study – Jenny

Jenny is 49 years of age. She is married with two daughters aged 26 and 23 years. Jenny's husband works for a large corporation and is away for weeks at a time. Their marriage has not always been stable especially after he had an affair 5 years ago. They have tried to work through their problems but Jenny finds it difficult to trust her husband. Her eldest daughter has found a flat and announced she wants to move out of the family home (for the third time). Jenny works part time as a bank teller and hates her job. Her mother passed away 4 years ago from breast cancer and she now cares for her father who is 75 years of age. After work, housework and caring for her father, there is little time left for herself. She manages to attend a yoga class about once a fortnight and sees her friends for dinner and a movie about once a month. Jenny is struggling with the idea that she could even be going through menopause and does not want to get older.

Jenny has presented with hot flushes and night sweats which make sleep impossible. She has not had a period for 6 months. She is moody, irritable, anxious and is sure she is depressed. Her vagina is dry and sex is painful. Her libido is almost nonexistent and she doesn't even want to think about sex, but is worried her husband will stray again if she doesn't have intercourse with him. Is this menopause?



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Case study – Pam

Pam is 53 years of age. She divorced 5 years ago but is in a new relationship. Pam has one son aged 24 years. Her second child, a daughter, died 5 years ago aged 16 years. Pam experienced postnatal depression with both of her children. Pam works as a secondary school teacher and is thinking of retiring in 2 years. She is tired, depressed, feels very stressed, and can't find the motivation to get out of bed. She has occasional hot flushes, and hasn't had a period for 14 months. Pam has noticed that her vagina feels very dry and if she wants to masturbate or have sex, she has to use some type of lubricant. Pam doesn't really have an interest in sex and this is troubling her given her new relationship. Up until now she has tried to avoid hormone therapy, but now she thinks maybe she should try it. Is this menopause?

There is little doubt that both of these women have physical symptoms that could be related to the endocrine changes of menopause. Hot flushes and vaginal changes can be directly linked to menopause. What about the depression, anxiety, mood swings and low libido that both women experience? Are they because of menopause? The context of Jenny and Pam's lives illustrate how important it is to understand and assess what else is going on and how psychosocial factors may be influencing symptoms (Table 1).

Midlife and aging

How do women feel about aging?

Many women say something such as: 'I can't believe I have hit menopause; I don't know if I am happy or sad!' At the same time women become menopausal they are usually in midlife and it is often hard to separate the impact of these two factors. Some women see menopause and midlife as a time of transition, some look forward to the next stage of their life, and other women are negative and more likely to interpret it as a crisis. Research has concluded that the attitude women have to this time

of their life will influence their emotional wellbeing and their experience of mood disorders such as depression and anxiety.^{1,2} If women have a negative attitude to menopause and aging they are more likely to experience more menopausal symptoms which are more intense, and they are also more vulnerable to health problems.^{3,4} Jenny is struggling with this very issue and it may contribute to her symptom presentation.

Role and purpose in life

What role/s do women have, and do they perceive these roles as important to them?

Women who perceive their role in life to be of importance – particularly as it relates to family, interpersonal relationships and career – have higher levels of wellbeing, better objective health outcomes and often less intense menopausal symptoms.⁴⁻⁷ Jenny dislikes her job and Pam is thinking of retiring. The role of mother for both women is changing and this may also be impacting on mood. For Jenny, her role of daughter has altered as she now has to take care of her ailing father. It is important for both emotional and physical wellbeing that women have a number of roles in their life that make them feel valued and worthwhile.

Interpersonal relationships

Partners

Is there a partner?

Widowed, separated and divorced women have higher rates of depression than women in relationships regardless of menopause status.⁸ What is the relationship like? Does the relationship influence the symptoms of menopause or does the experience of menopause influence the relationship? Jenny's partner has recently had an affair and there are issues of trust and dissatisfaction that clearly need to be explored and discussed. It could be that Jenny's dissatisfaction with her husband may be making some of her menopause symptoms more intense. Pam's story is different; it could be that she is worried about the impact menopause may have on her new relationship. According to Abraham et al⁹ someone like Pam may turn to hormone therapy (HT) so that her symptoms don't negatively influence her relationship with her new partner. If a woman perceives there is a problem with her relationship she is also more likely to report symptoms of depression irrespective of the menopausal stage.¹⁰ It is vital to understand and assess the status, nature and quality of the relationships women have with their partner.

Children

Does a woman have children?

Menopause for some women is interpreted as the end of fertility, the end of the chance to be a mother. As approximately 30% of women over the age of 35 years don't yet have children (and may never) and some women wait until their 40s to have their first child, more women will hit menopause either childless or with less children than they anticipated.¹¹ For some this is positive and accepted, and they are delighted they do not have to worry about contraception. For other women however, menopause is seen as the final curtain on fertility and they become very distressed and even depressed.

What age and stage are the children?

Many past studies following the influence of menopause on children considered the effects of the 'empty nest' syndrome. Today, each woman is likely to have children of differing ages and stages at menopause. Some will have adult children, others will have teenagers or young children. While one may experience children leaving the nest, another will hit menopause the same time her daughter has her first period. The role and influence of children is important to consider. Pam is very distressed that her only daughter died 5 years ago and menopause for her has made her question all the dreams and plans she had about her future, about being a grandmother and sharing her daughter's adult life. She is not as close to her son and does not feel he even needs a mother.

Friends and social support

If a woman has quality friendships and a supportive network of friends she is less likely to be depressed and more positive about menopause.¹² Recent studies have found that social isolation, lack of social support, and depression are significant risk factors that contribute to coronary heart disease.^{13,14}

Libido

'I am just not interested in sex. My partner thinks maybe it is menopause and if I get that fixed our sex life will return to normal! I have read lots of things about testosterone, should I get some?'

Libido – or sexual desire – is influenced by a range of factors including menopause. Biological changes such as hormones, disease and medications will impact on desire. Psychosocial factors such as previous sexual history and behaviours, relationship status and satis-

Table 1. Possible questions for assessment

- What is your attitude to menopause, midlife and aging?
- Do you have a role or purpose in life that gives you satisfaction or makes you feel good about yourself?
- Are you in a relationship? How do you feel about this relationship?
- Do you have children? How do you feel about the relationship you have with your children?
- Do you have friends that you can talk to and who are there for you if you need them?
- If a lack of social support is detected – Have you thought about joining a group or maybe doing volunteer work? There are great websites to access such as www.govolunteer.com.au
- Do you think menopause has impacted on your sex life? Were any of these issues present before menopause, or do you think other factors such as your relationship or partner's health may be contributing also?
- Have you experienced depression or anxiety before? Do you have any other stressors in your life at the moment? Are you still smoking? Tell me about the amount of exercise you are getting at the moment?
- How do you feel about your body and the changes that have come with menopause?
- Are there particular beliefs that you think might be related to your cultural background which influence how you see your experience of menopause?

faction, attitude, self esteem, body image, personality and mood, will also influence how much a woman is motivated to pursue sexual activity.¹⁵ Interestingly, many women present around the time of menopause describing problems with their libido. Menopause provides a legitimate opportunity to get help for what some women find is an embarrassing and awkward problem. Physical changes to hormones and the vagina will impact on sexual desire, however, often it is much more than this. Many women will say they just don't feel like sex anymore and then add, 'but I don't really love my partner like I used to' or 'I think my partner has a number of sexual problems also but he thinks it's me and menopause'. Jenny's low libido may be related to menopause, but it could also be because of her husband's affair, relationship difficulties and body image issues. Pam is tired and possibly depressed consequently impacting on her libido. Taking a thorough sexual history often provides an insight into just how much the changes of menopause can account for lowered libido and just how much other influences may be impacting also.

Mood

Do the endocrine changes of menopause cause depression?

Many women present to their doctor saying they are depressed, anxious, irritable and moody because of menopause. The endocrine changes of menopause do not appear however, to be directly responsible for true clinical depression and anxiety. The only exceptions to this are for women who experience a surgical or early menopause.¹⁶ If a woman is depressed or suffering from anxiety then this is far more likely to be because she experienced a prior depression or anxiety, she has a negative attitude to aging and menopause, she smokes, she has multiple stressors in her life, is dissatisfied with or has no partner, and she does not exercise.^{2,10,17,18} Women in the perimenopause stage may experience more intense mood swings because of hormone changes, but this is not necessarily a clinically diagnosable depression.^{19,20} Pam experienced postnatal depression and the loss of a daughter. These factors may be impacting more on her depressed state than menopause. Jenny is very negative about the menopause transition and aging and also has many stressors in her life; this may be impacting on her mood more than menopause.

Mood and domino effects

Often the physiological changes experienced with menopause such as hot flushes impact on sleep, which in turn makes women feel lethargic with little motivation and low mood. Hot flushes may also be misinterpreted as anxiety or panic attacks. Women who score highly on anxiety measures have been found to have more hot flushes,²¹ and those women who take hormone therapy have lower scores on anxiety measures.²² It is often helpful to ask women to keep a mood and menopause diary. This can be used to distinguish between what is a physical and what is an emotional symptom.

Body image

What does a woman think and feel about her body?

Physical changes to the body because of menopause include fat shifting from the lower to the central body, drier skin, decreased muscle tone, hot flushes, and for some, osteoporosis. How this makes each woman think and feel about her body will impact on her self perception and self esteem.^{23,24} Some women talk

about losing control of the body they always thought they could rely on. Other women discuss how wonderful it is to get to an age and stage where they don't have to spend so much time worrying about their body because they can't fight some of these changes. Jenny cannot undress in front of her husband because she is disgusted with the changes her body is going through. She has tried numerous diets to rid the fat that seems to be creeping on to her waist and becomes more distressed with each failed attempt.

Sociocultural influences

What social and cultural background is the woman from? How does this influence her experience of menopause and how she sees herself at this time of her life?

Some cultures hold older women in high esteem and they are seen as wise, and nurturing of the young.²⁵ For other cultures, topics such as sex are taboo and should not be discussed in public with anyone.²⁶ Women in a western society often perceive they have become invisible and their contribution and opinion are seen as less relevant. Some women will feel this more than others. It is vital to self esteem that women feel valued and should be encouraged to find purpose in their lives at this time. Education and socioeconomic status are also important factors found to influence the intensity and symptoms of menopause.²⁷

Conclusion

While a woman may present with menopause symptoms that are multiple and intense, it is important to understand and examine both the physical and possible psychosocial reasons for this presentation. The context of each woman's physical and psychosocial life together will provide the background as to how treatment should proceed. It may be that both pharmacological and psychotherapy are suitable treatments for a woman who presents, particularly with issues related to libido and mood disorders. Often women present at menopause because they can get help for symptoms that have actually been troubling them for years. In a consultation where both the physical and psychosocial issues are explored and assessed, we come closer to addressing the true needs of each patient.

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The 5 domains of general practice



1. Communication skills and the patient-doctor relationship



2. Applied professional knowledge and skills



3. Population health and the context of general practice



4. Professional and ethical role



5. Organisational and legal dimensions