

The Jean Hailes *Foundation*
for women's health

**A Biopsychosocial look at
Menopause and Midlife**

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Why a biopsychosocial perspective?

“How physicians and others think about menopause and treat the menopausal woman depends on whatever is the currently accepted model of the menopausal woman. This model also determines how menopausal women see themselves and how they are seen in the wider society, including how they are expected to look and behave”

(Kaufert & Lock, 1997, p. 83)

What we know:

- Menopause involves physical manifestations
- Menopause is usually part of a normal transition
- Menopause happens within the context of a woman's life

Why a biopsychosocial perspective?

- Need a multi-theoretical framework that includes biological, psychological and social factors
- Need to understand menopause so that it represents both women who have problems and those who do not have problems during this transition

Other models of menopause:

- Biological/ Biomedical model is:
 - Based on scientific disciplines
 - the use of technical diagnostic methods to diagnose the "illness" &
 - the application of specific therapies
- Menopause is considered as an endocrinopathy with oestrogen deficiency, leading to physical or somatic and psychological manifestations

Other models of menopause:

- **Biological/ Biomedical model**
 - Menopause directly linked to metabolic and endocrine changes
 - All symptoms related to hormones
 - Symptoms that don't respond to HT can't be considered to be related to menopause
- **Deficit model – reductionistic view with words like “psychosis, atrophy, deficiency, failure...”**
- **Implies the need for medical intervention**

Biological / biomedical model

- **May lead to medicalization and pathologizing,**
- **Increasing the subordination of women and**
- **Making them dependent on the health care system.**
(Hovellius et al 2000)
- **What about all the other presentations like mood swings, depressed mood, anxiety, fatigue, headaches etc?**
- **What about women who don't have a negative experience?**

Psychological / psychosocial model

- **Natural or normal life event-developmental perspective**
- **Based on personal life stress, negative moods or interpersonal pressure**
- **Psychosocial factors are likely to influence the interpretation women make about their menopausal experience, particularly -**
 - Self-esteem
 - Meaningfulness
 - Purpose in life

Psychological / psychosocial model

- Role of depression and mood disorders and menopause
- Events surrounding menopause may impact on psychological profiles of women both positively and negatively
 - Changing relationships with partner and family
 - Ageing and general health and well-being
 - Attitude

Sociocultural / environmental model

- Role of external and environmental factors in shaping the experience of menopause
 - Societal values
 - Historical factors
 - Social, political, economic factors
 - Cultural values and attitudes
 - e.g. role of mother

What do we make of all of this?

- No one model can explain the total menopausal experience
- The biological doesn't incorporate the context of women's lives
- The psychosocial doesn't incorporate the biological or enough external influences
- The sociocultural focuses on the external and not the individual experiences of women

What is important?

- Important to view menopause as a life transition involving internal and external influences
- Important to incorporate prior experience, current experience and likely future developments

What is important?

“Women’s experience of the menopausal transition appears complex, potentially involving a range of factors and influences in their lives, and is by no means overwhelmingly negative.”

(Mishra & Kuh, 2006, p. 93)

An integrative biopsychosocial model proposes we:

- Address health as well as illness
- Aim to decipher biophysical, psychological, and social processes at menopause rather than seek a single cause
- Take into account the social networks of the individual to achieve, maintain, maximize health and well-being for individuals and society
(As outlined and adapted from Lindau et al 2003)
- That interventions be balanced, from both an individual and collective, shifting responsibility to empower the woman to make her own choices

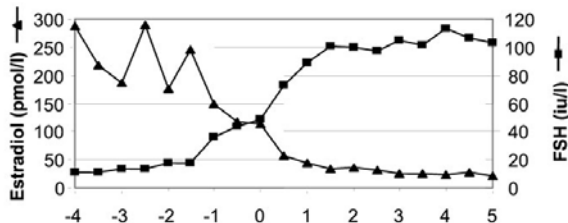
Part 1 of Integrative Biopsychosocial Model: Health and Illness

- Menopause experience is individual
- Can be symptomatic but also positive,
- Opportunity for personal growth
- Accept the influence of life stresses, personality, lifestyle, home environment and society
- Use a multidisciplinary balanced approach to care and wellbeing
- Selective use of therapies

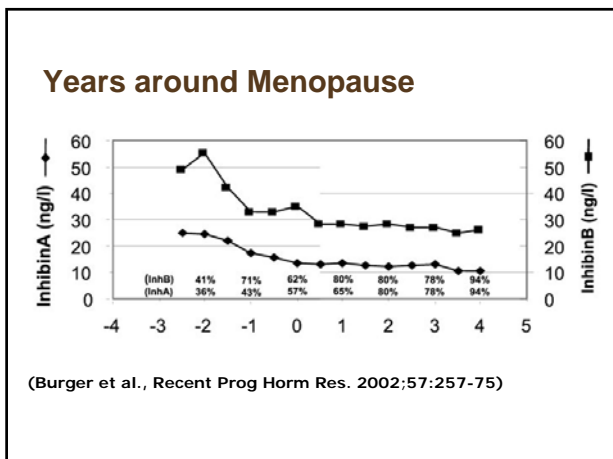
Part 2: The biophysical, the psychological, & the sociocultural

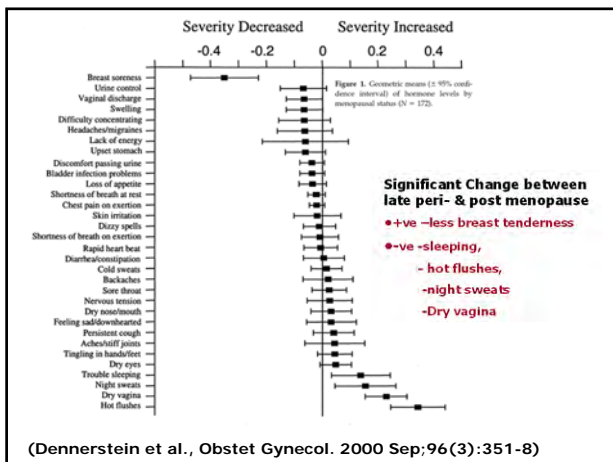
- Biophysical aspects as they relate to symptoms
 - Actual physical symptoms associated with endocrine changes
 - Spectrum of menopause symptoms experienced from none to unforgiving
 - Health as well as illness
 - E.G. of physical symptom such as hot flushes being interpreted/misinterpreted/ translated as anxiety for e.g (e.g. of integrative)

Years around Menopause



(Burger et al., Recent Prog Horm Res. 2002;57:257-75)





Sex – the biopsychosocial

- Biological model would focus on the influence of illness, medication and disability on sexual function
- What about the health and functioning of the partner, the quality of the relationship, the mood of each partner?
- What about the sexual experience, personality and attitude to sex?

- **Sexual function deteriorates with both**
 - the menopausal transition &
 - aging
- **Early – late menopause transition**
 - Increase in sexual dysfunction from 42%-88%
 - Decreasing scores correlated to decreasing oestradiol
- **Post menopausal phase decline in**
 - Sexual interest
 - Arousal
 - Frequency of sexual activities
- **Increase in**
 - Vaginal dryness
 - Dyspareunia
 - Partner sexual dysfunction

(Dennerstein L et al Annu Rev Sex Res 2003)

- ### Mood – the biopsychosocial
- **Mood and Hormones**
 - There continues to be debate about the link between estrogen and depression
 - Negative mood is not related to the natural menopause transition in some studies (Dennerstein et al 1999) while other studies have found a link (Freeman et al 2006)
 - Changing hormonal milieu contributes to dysphoric mood during the transition to menopause and surgical menopause (Dennerstein et al 2004; Freeman, Sammul, Liu et al 2004)

- ### Mood the biopsychosocial: hormones
- Estrogen and testosterone are present in areas of the brain relevant to emotional functioning
 - Perhaps
 - A genetic sensitivity – impact on serotonin through 2 short gene transporters and adverse events (Wilhelm et al 2006)
 - The hormonal and biochemical changes associated with stress

**Mood the biopsychosocial:
hormones**

- Withdrawal of some hormones at menopause may influence neurotransmitters and neuropeptides.

Genazzani et al (1997) suggested this may be related to neuroendocrine dysfunction of the limbic system including hypothalamus

- Estrogen as a mood enhancer?
 - Research concludes that in mild and moderate depression estrogen improves mood but not clinical depression (Sherwin 1994; Schmidt et al 2000)

**Negative mood significantly
predicted by:**

- premenstrual complaints
 - prior negative mood
 - negative attitudes to ageing and menopause
 - poor health
 - daily hassles
 - parity of one
 - marital status
 - work satisfaction
- (Dennerstein et al 1999; 2004; Olofsson & Collins 2000)

**Mood the biopsychosocial: personal
psychological vulnerability**

- Previous episodes of negative mood
 - Previous episodes of negative mood predict depression
- (Dennerstein et al 1999; Gath et al 1987; Kuh et al 1997)

- Negative attitude
 - Negative attitude to menopause and ageing = increased psychological symptoms

(Avis & McKinlay 1991; Collins, 1997; Dennerstein et al 2001)

**Mood the biopsychosocial:
coping skills & personality**

- **Personality a predictor of psychological symptoms**

(Collins et al 1993)
- **Active coping skills decrease negative mood while depressive coping skills correlated with increased depression and anxiety**

(Neri et al 1997)

**Mood the biopsychosocial:
life events & stress**

- **Life events such as exit events, deaths, illness, marital crises result in more psychological symptoms than menopause status**
(Gath et al, 1987; Green & Cooke, 1980)
- **High interpersonal stress increased negative mood**
(Dennerstein et al 1999)

**Mood the biopsychosocial:
self-esteem**

- **Women who experience low self esteem may experience depression, anxiety and be more vulnerable to health problems**
- **Self esteem comes from our roles, relationships, body image and health status**

**The biopsychosocial:
role and purpose in life**

- If role is considered important then women have better health outcomes and higher levels of well-being, e.g. less symptoms at menopause
- It is not the quantity of roles but the quality of roles and the sense of having a purpose

**The biopsychosocial:
interpersonal relationships**

- Widowed, separated, divorced and dissatisfied women had higher rates of depression and greater risk of heart disease (McKinlay et al 1987; Troxel 2005)
- Mood adversely affected by problems with a partner, negative feelings to partner and no partner (Dennerstein et al 1999; Kaufert et al, 1992)

**The biopsychosocial:
sociocultural influences**

- Social class stronger predictor of psychological symptoms than menopause (Hunter et al 1986)
- Zimbabwean women reported positive attitude and increased well-being with menopause (McMaster et al 1997)

**Part 3: Social processes:
friends and social support**

- Social isolation, lack of social support and depression are significant risk factors contributing to coronary heart disease
- Women with more confidants are less likely to be depressed and more positive about life
- If women belong to a club, community or group they are more likely to be happier, healthier and live longer

**Summary I: an integrated
biopsychosocial perspective allows:**

- Possibility of a positive view of menopause
- Complex and negative experiences can all be examined
- The transition through menopause can be about personal growth
- Investigations of different areas of health and well-being to devise appropriate treatment plans based on external and individual factors

**Case studies to examine
treatment steps:**

- Identify the issues
 - Biophysical
 - Psychosocial
- Management
- Investigate if necessary
- Develop management plan that incorporates
 - Biophysical
 - Psychosocial

Case Study 1: Nicole now 57yrs

- Presented at 45yrs, 51yrs and 57yrs
- Past history:
 - Menarche 12yrs, dysmenorrhoea, P4 G4
- Family history:
 - Mother age 62yrs at Nicole's 1st presentation – emphysema; hypertension; obesity; high cholesterol; diabetes
 - Father alcoholic died age 55yrs
 - Currently her four siblings, brother 50 alcoholic, sister 48 overseas, sister 44 eating disorders, brother 42 high achiever, no contact

Case Study 1: Nicole cont.

- Psychosocial history:
 - Emotional abuse, left home at 17
 - 1st pregnancy 20yrs, further 2 children 22yrs and 24yrs
 - Divorced aged 27, single mother, 3 children
 - Remarried 30, 4th pregnancy 32 (complicated, antenatal haemorrhage). Severe psychotic depression 2 wks postpartum, treated successfully over time. Family issues resolved except developed marked premenstrual complaints

Case Study 1: Nicole cont.

- Nicole presented first time at 45yrs
 - Irregular cycles
 - Severe uncontrolled premenstrual moods
 - No libido
- Nicole presented at 51 years
 - 9/12 amenorrhoea
 - Severe hot flushes/ night sweats/ aching joints
 - Dry vagina, no libido, touch sensitivity & aversion
 - Mood swings/ negative attitude to menopause and ageing/ negative body image

Case Study 1: Nicole cont.

- Nicole presents at 57 yrs for annual check up
 - Well
 - Divorced at age 55 (husband had affair with younger woman)
 - Enjoying being a grandmother and feels fulfilled
 - Still has some negativity when reflects on her life
 - Decides to do a course in fitness training to work with older women

How would a biopsychosocial treatment plan work?

- Assess and identify physical symptoms
 - Irregular cycles, moods, libido, severe hot flushes, dry vagina...
- Assess and identify possible psychosocial influences
 - Moods, libido, negative attitude, negative body image
 - Childhood background and abuse by partner

How would a biopsychosocial treatment plan work?

- Develop treatment plan for physical symptoms
 - Age 45 - premenstrual symptoms & loss of libido
 - Exclude other causes, check TFTs & PRL, androgen profile
 - SSRIs
 - Age 51 - menopausal symptoms
 - HRT systemic & vaginal, ? Testosterone therapy
 - Age 57- no medications necessary
- Develop treatment plan for psychological symptoms
 - Strategies e.g. journaling, activity, social support, counselling...

Case study 2: Mary-Anne 51yrs

- **Presents for gynaecological check and smear**
 - Periods regular over last 12months, LMP 4/12 ago
- **Symptoms**
 - Mild hot flushes
 - Disturbed sleep x 1 night
 - Slight increase in urinary frequency
 - Some loss of lubrication with intercourse
 - Loss of libido/ recent onset of touch aversion causing marital stress
 - Panic attacks and generalised anxiety

Case study 2: Mary-Anne cont.

- **Past history**
 - Menarche 14 yrs, normal cycles
 - P2G3 – 2 normal deliveries; 1 termination (42yrs)
 - Tubal ligation 42 yrs
 - Appendectomy age 16yrs
- **Family History**
 - Mother (76yrs) – rheumatoid arthritis, osteoporosis
 - Father (87yrs) – hypertension & dementia
 - No siblings

Case study 2: Mary-Anne cont.

- **Psychosocial history**
 - Finished Catholic private girls school
 - Primary teacher in local government school until 28yrs
 - Married 25yrs (1st sexual partner)
 - Husband accountant, works in a large firm (has premature ejaculation)
 - 2 children, 23yrs, and 20yrs, at university and living at home
 - At age 42 had brief affair with husband's associate resulting in termination and tubal ligation
 - Returned to teaching aged 42yrs

How would a biopsychosocial treatment plan work?

- **Assess and identify physical symptoms**
 - Hot flushes, sleep, urinary frequency, lubrication, libido, anxiety
- **Assess and identify possible psychosocial influences**
 - Libido, marital stress, adult children at home, elderly parents, work stress

How would a biopsychosocial treatment plan work?

- **Develop treatment plan for physical symptoms**
 - Exclude other causes e.g thyroid dysfunction
 - Suggest local oestrogen therapy only initially
 - Sexual counselling for couple, some sessions for husband alone
 - Work in liaison with psychologist for possibility of medication for anxiety
- **Develop treatment plan for psychological symptoms**
 - Strategies e.g. individual and/or relationship counselling, strategies for stress, discussion re parents...

Summary : The bio part of biopsychosocial

- Address health as well as illness
- Aim to assess the influences of the woman's life on her presenting symptoms
- Exclude other possible causes of the symptoms
- Develop a multidisciplinary management plan
- Reinforce the positive aspects
- The woman to make the decisions about her own life

Summary: The psychosocial part of biopsychosocial

- Assess the role of psychotherapy
- Encourage women to seek further help if they need
- Ask women to think about their lifestyle and identify things they might be able to do such as:
 - Increasing physical activity
 - Learning relaxation/ meditation
 - Eating a balanced diet
- Keep a diary to write down their feelings or talk about their feelings to a trusted friend or professional

Possible questions you could ask related to the biophysical

- Onset of symptoms?
- Which symptoms?
- Relationship to ?
 - Menstrual cycle and menopausal transition
 - Life stresses
 - Previous history of menstrual problems

Possible questions you could ask related to the psychosocial

- Have you experienced depression or anxiety before?
- What is your attitude to life and things that happen to you?
- Do you have a role or purpose that gives you satisfaction?
- Are you in a relationship? How do you feel about this relationship?
- Do you have friends that you can and do talk to?
- Have you thought about joining a group?
- How does your cultural background influence how you feel about things?



