

# PSYCHIATRIC ISSUE OF MENOPAUSE

Dr.Romina Hamzehpour

Assistant professor of Babol University Of Medical  
Sciences

# DEFINATION

- ◉ cessation of ovulation
- ◉ depletion of responsive ovarian oocytes
- ◉ generally between ages of 47 and 53 years

# MENOPAUSE

- ◉ accepted definition is the cessation of menses
- ◉ for 1 year (not due to other causes), but this narrow definition belies the
- ◉ complexity of the reproductive and psychological transition that the term
- ◉ *menopause* connotes

# MENOPAUSE

- hypoestrogenism :
  - hot flashes
  - sleep disturbances
  - Vaginal atrophy
  - dryness
  - cognitive and affective disturbances
  - risk osteoporosis
  - dementia
  - cardiovascular disease

# DEPRESSION AND MENOPAUSE

- ⦿ attributed “empty nest syndrome.”
- ⦿ Many women :
  - enhanced sense of well-being
  - enjoy opportunities to pursue goals
  - because of **child rearing**

# EMPTY-NEST SYNDROME.

- ⦿ phenomenon described in middle adulthood
- ⦿ depression occurs in some men and women
- ⦿ when youngest child leave home
- ⦿ perceive relief rather than a stress
- ⦿ If no compensating activities developed
  - particularly by mother
  - become depressed
  - predominant role is life mothering
  - couples stay unhappy marriage
  - “for the sake of the children.”

# MENOPAUSE AND PSYCHIATRIC SYMPTOMS

- ◉ relationship greatly assisted by the stages of reproductive aging
  
- ◉ **Stages of Reproductive Aging Workshop** (STRAW) staging system is a seven-stage system that is anchored by the final menstrual period

# CLIMACTERIUM

- ◉ decreased biological and physiological functioning
- ◉ climacterium from the 40s to the early 50s
- ◉ 50 percent of women described unpleasant experience
- ◉ significant believed their lives had not changed in any significant way
- ◉ many women experienced no adverse effects:
  - no longer worry about becoming pregnant
  - feeling sexually freer after menopause
- ◉ stereotyped as a sudden or radical psychophysiological experience
- ◉ gradual experience as estrogen secretion decreases
- ◉ Some women experience anxiety and depression

history of poor adaptation to stress



# STAGES OF REPRODUCTIVE AGING WORKSHOP

- ⦿ postmenopausal stage

  - increase in FSH and LH (than 30 mIU/mL)

  - reduction in estradiol (less than 30 pg/mL)

  - progesterone, and inhibin B

# STAGES OF REPRODUCTIVE AGING WORKSHOP

- ◉ fluctuating levels of estradiol and progesterone
- ◉ during the menopausal transition stage –3
- ◉ associated with:
  - hot flashes
  - night sweats
  - sleep disturbances
  - irritability insomnia
  - breast tenderness
  - migraines
  - joint pain
  - cognitive and affective disturbance

# STAGES OF REPRODUCTIVE AGING WORKSHOP

- ◉ Eumetabolic hypoestrogenism predisposes:
  - osteoporosis
  - dementia
  - cardiovascular disease

# STAGES OF REPRODUCTIVE AGING WORKSHOP

- ⦿ 30 to 50 years of profound hypoestrogenism
- ⦿ no small challenge
- ⦿ women must adjust to the challenge of life after the loss of endogenous reproductive capacity

# SURGICAL MENOPAUSE

- ◉ occurs when the ovaries are removed
- ◉ women older than age 35 years

hysterectomy to reduce ovarian carcinoma.

# MENOPAUSAL STATUS AND DEPRESSION

- ⦿ empty-nest syndrome
- ⦿ involucional melancholia
- ⦿ transition to menopause risk for depression

# MENOPAUSAL STATUS AND DEPRESSION

- ⦿ New-onset depression : 20 to 30 percent
- ⦿ perimenopausal transition : 2- to 4-fold increased risk of depressive symptoms
- ⦿ medically and reproductively healthy women *without* prior history of major depressive disorder : 2-fold increased risk of a depressive disorder

# MENOPAUSAL STATUS AND DEPRESSION

- increased risks remained after correction
  - hot flashes
  - poor sleep
  - adverse life events
  - factors have challenged interpretation



# MENOPAUSAL STATUS AND DEPRESSION

- no association between mean hormone levels and mood
- higher variability of between-visit estradiol concentrations in women relative to their nondepressed
- premenopausal baseline was the strongest risk factor for the onset of a depressive disorder

# MENOPAUSAL STATUS AND DEPRESSION

- ⦿ **estradiol fluctuations**: mechanistic role in the onset of perimenopausal depression

# DEPRESSED MOOD DURING THE MENOPAUSE TRANSITION

- past psychological problems social
- educational and occupational status
- poor health
- stressful life events
- BMI
- cigarette-smoking
- attitudes to menopause and ageing
- early life circumstances and experiences

# DEPRESSED MOOD DURING THE MENOPAUSE TRANSITION

- ⦿ surgical menopause
- ⦿ chronic and troublesome vasomotor symptoms:

more psychological symptoms

# HOT FLASHES

- ◉ 1.3- to 2.2-fold
- ◉ women with perimenopausal-onset depressive symptoms
- ◉ depressive disorder
- ◉ 60e70% in Western cultures
- ◉ rise 2 years before the last menstrual period and reaches a maximum up to 2 years after the final menstrual period
- ◉ cross-cultural differences

# HOT FLASHES

- ◉ bodily experience
- ◉ sensations of heat in face, neck and chest
- ◉ perspiration and
- ◉ shivering
- ◉ increases in skin conductance
- ◉ increases finger temperature
- ◉ increases peripheral blood flow
- ◉ increases heart rate

# HOT FLASHES

- ⊙ associated plasma oestrogen
- ⊙ thermoregulatory system hypothalamus
- ⊙ rapid withdrawal of oestrogen:

surgical menopause

adjuvant chemotherapy for breast cancer

# PATHOGENESIS OF HOT FLASHES

- ⊙ Neurotransmitters:
  - norepinephrine
  - serotonin
  - subsequent
  - impact on thermoregulatory homeostasis

begins up-regulated 5-HT<sub>2A</sub> receptors



# NIGHT SWEATS

- ◉ prevalence rates lower
- harder to tolerate than hot flushes
- association with reduced sleep quality
- ◉ Sleep disruption :

**one quarter of menopausal women**

women who experience frequent hot flushes

# RISK OF VASOMOTOR SYMPTOMS

- ⦿ low socio-economic status
- ⦿ low education
- ⦿ higher BMI
- ⦿ cigarette-smokers
- ⦿ low levels of physical activity

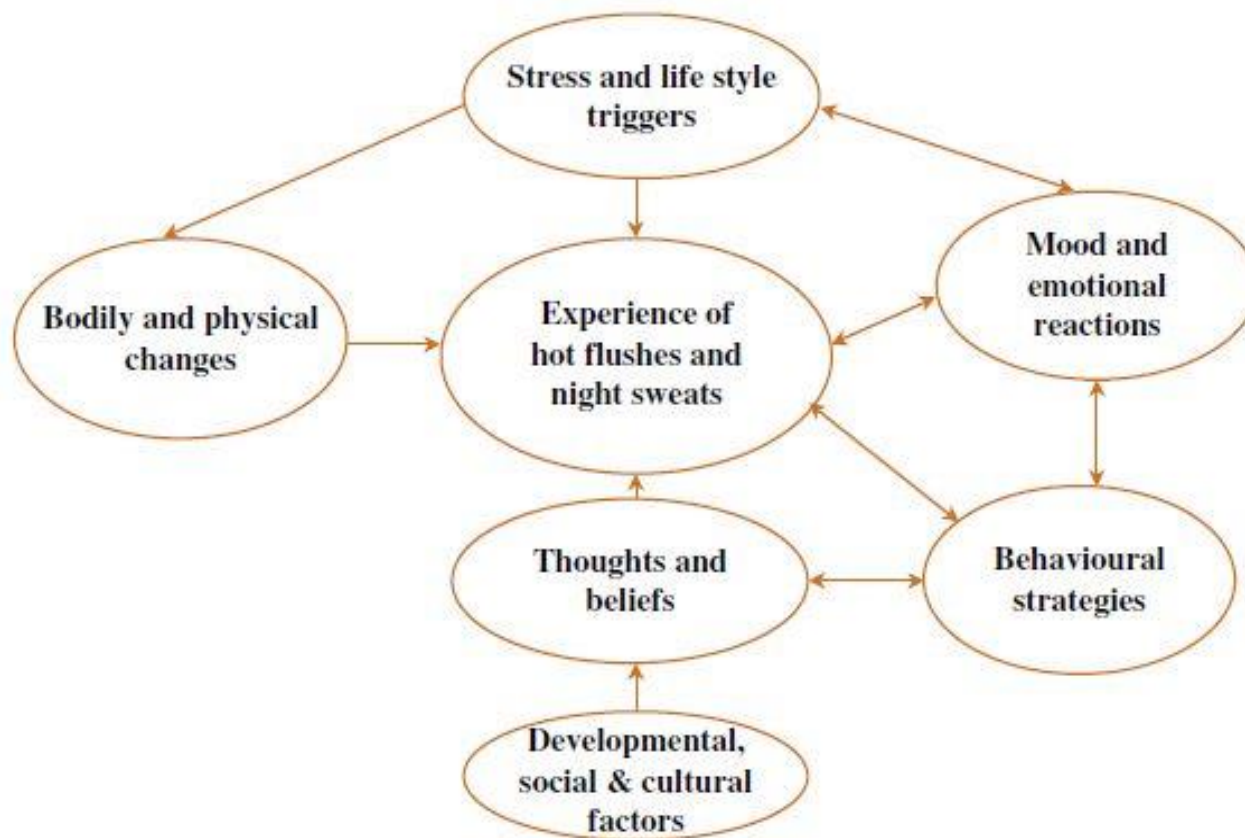
# RISK FACTORS FOR PERIMENOPAUSAL DEPRESSION

- ⦿ personal history of mood disorder
- ⦿ previous reproductive-related mood disturbance:
  - postpartum mood disorder
  - premenstrual mood disorder
  - psychosocial stress

# HOT FLUSHES AND STRESS

- association of precipitated
- psychosocial variables :
  - potentiate
  - precipitate hot flushes
- stress :
  - lower the threshold directly
  - rather than cause, hot flushes

# ROLE OF PSYCHOSOCIAL FACTORS IN THE EXPERIENCE OF HOT FLUSHES



# HOT FLUSHES AND NIGHT SWEATS: PROBLEMATIC ASPECTS AND COGNITIONS.

## ⦿ Problematic aspects of hot flushes

- ❑ Physical discomfort e heat and sweating (56%)
- ❑ Sleep disruption and tiredness (40%)
- ❑ Social embarrassment (36%)
- ❑ Loss of control (18%)

## ⦿ Cognitions associated with distress

- ❑ 'Oh no not again' e irritation and annoyance (53%)
- ❑ 'Will this ever end' e despair and helplessness (20%)
- ❑ 'Is everyone looking at me' e social anxiety (17%)
- ❑ Just take a breath and it will go away' e calm thoughts (8%)

# CULTURES AND ETHNIC

- ◉ different cultures
- ◉ ethnic groups
- ◉ socioeconomic groups
- ◉ aetiological model

significant role in the experience of menopause

# MANAGEMENT OF PERIMENOPAUSAL VASOMOTOR AND DEPRESSIVE SYMPTOMS

- ◉ replacement of estradiol and progesterone
- ◉ previously the mainstay management
- ◉ risks reduced on age and HRT formulation
- ◉ HRT have none been widely promoted
- ◉ Increased evidence of potential risks:

thromboembolic

cardiovascular

cancer



# MANAGEMENT OF PERIMENOPAUSAL VASOMOTOR AND DEPRESSIVE SYMPTOMS

- Antidepressant drugs :

  - low-dose

    - serotonin/serotoninnorepinephrine

    - reuptake inhibitors :

      - escitalopram

      - venlafaxine

      - duloxetine

# MANAGEMENT OF PERIMENOPAUSAL VASOMOTOR AND DEPRESSIVE SYMPTOMS

- antidepressants :

  - improve distress tolerance of hot flashes

  - improvement of coexisting :

    - mild insomnia

    - anxiety

    - dysphoria

    - irritability

## MANAGEMENT OF PERIMENOPAUSAL VASOMOTOR AND DEPRESSIVE SYMPTOMS

- Sleep disturbance :
  - nearly 50 percent
  - reduced quality of life
- Perimenopausal insomnia variably attributed to:
  - vasomotor symptoms
  - night sweats
  - mood disturbance
- sleep hygiene interventions may result in sleep and quality-of-life improvement of similar magnitude to that provided by HRT

## PERIMENOPAUSAL VASOMOTOR AND DEPRESSIVE SYMPTOM MANAGEMENT

- estradiol useful in the treatment of minor and major depression
- Women with endocrinologically confirmed perimenopause and with structured interview-based diagnosis of depression experienced :
  - 70 to 80 percent rate of remission
  - 50 to 100  $\mu\text{g}$  per day
- Estradiol was equivalent to placebo in a postmenopausal trial, which may be a function of a nonresponsive age group