Our letter to the editor analyzes the knowledge about the intensity and frequency of the parallel occurrence of vasomotor, somatic and psychological symptoms in climacterium, menopause and sometimes in postmenopause. It is written to encourage the public to critically analyze these issues and, to suggest a specific course of action within the possibilities of reproductive endocrinology, mental health, and the methodologies available to implement treatment options. The letter to the editor also provides the latest perspective on knowledge that serves a purpose and raises a controversial topic hoping for better understanding of the concept (of symptoms and treatment).

Participation in the 19th World congress on human reproduction held from 15 – 18 March 2023 in Hotel Hilton, Venice, Italy, gave us the opportunity to present our research and gain insight into most recent trends of human reproductive medicine. The theme that we presented was titled „Co-occurrence of vasomotor, somatic and psychological symptoms in menopause: finding optimal treatment and national strategy“ [1], focused on transition through menopause which includes life periods from the reproductive phase till menopause. We have highlighted that psychological, somatic, and vasomotor symptom significantly affect quality of life. Modern women experience symptoms linked with climacterium during an important part of their life expectancy. Optimal treatments and national strategies have not been sufficiently researched. [1].

Menopause represents a period in a woman’s life that occurs one year after the last menstruation and lasts for the rest of her life [2]. Climacterium includes the period from the reproductive phase to menopause. Factors influencing climacterium are: race, physical activity, way of living. After menopause, a woman cannot become pregnant, except in rare cases when specialized fertility treatments are used.
Most women experience menopause between the age of 45 to 55 as a natural part of biological ageing. Menopause is caused by the loss of ovarian follicular function and a decline in circulating blood oestrogen levels. One of the main causes of menopause are hormonal changes: high gonadotropin hormone levels and low estradiol and progesterone. Occurrence of menopause in women in Serbia is around 50 years of age. Premature ovarian failure is characterized by the last menstruation before the age of 40, Follicle stimulating hormone (FSH)>40 IU/L and oestradiol <50 pmol/L [3]. We consider that early physiological menopause (premature) is in the age <40 years; early normal in the age of 40–44 years; normal in the age of 45–55 years; and late menopause >55years [4]. Also climacterium can be gradual, usually beginning with changes in the menstrual cycle. ‘Climacterium’ refers to the period when these signs are first observed and ends one year after the final menstrual period. Climacterium can last for several years (up to a decade) and can affect physical, emotional, mental and social well-being. With age, falls are more frequent which is especially harmful for menopausal and postmenopausal women due to the onset and consequences of osteoporosis that are more severe than in men in the same age groups. The risk of harmful medication interactions is very high as self-medication is one of the most important health concerns, especially in women in menopause and in postmenopause. The general physical effects of alcohol use disorder are also more debilitating [5]. A variety of non-hormonal and hormonal interventions can help alleviate climacteric symptoms. [6] The most dominant symptoms can be classified as psychological, somatic, and vasomotor co-occurring symptoms and significantly impairing quality of life (Table 1). Among the symptoms, most frequent and prominent ones are high blood pressure (testosterone, disorder of androgens and estrogens), lower elasticity of large blood vessels, lipid disorder, gaining of weight, osteoporosis, loss of femininity, depression, and isolation. Symptoms occurring during and following climacterium vary substantially from person to person. Some have few if any symptoms. For others, symptoms can be severe and affect daily activities and quality of life. In our presented paper, the estimated prevalence of climacteric symptoms was present in in 70% of women due to high levels of gonadotropin hormones and low levels of gonado- steroids. Out of the mentioned share of symptoms, 70% were attributed to poor quality of life (QoL) of women: anxiety (80%), physical and mental fatigue (70%), sleeping disorders (60%), irritability (60%), joint and muscular discomfort (56%) and heart problems (55%). The most classical symptom of menopause i.e., hot flushes were reported in as high as 40%. The mean age of women that enter menopause ranges from 44 to 45 years, with the most frequently established interval: 47.5 to 51. The QoL was impaired in
zglobovima i mišićima (56%) i problemi sa srećem (55%). Najpogrešniji simptom za menopauzu, valunzi tj. tapasi vrućine, prijavljeni su u čak 40% slučajeva. Prosječna starost žena koje stupa u menopauzu se kreće od 44 do 45 godina sa najčešćim utvrđenim ovikrom: 47,5 do 51. Kvalitet života je bio нарушен kod 70% ispitanica uključenih u istraživanje, a psihološki simptomi se najviše priписuju lošem kvalitetu života. Optimalni tretmani i nacionalne strategije nisu dовољno istraženi.

Table 1. Symptoms of climacterium

<table>
<thead>
<tr>
<th>Физички</th>
<th>Сексуални</th>
<th>Психолошки</th>
</tr>
</thead>
<tbody>
<tr>
<td>Валунзи (40%)</td>
<td>Смањени либидо</td>
<td>Честе промене расположења</td>
</tr>
<tr>
<td>Hot flushes (40%)</td>
<td>Lower libido</td>
<td>Frequent mood swings</td>
</tr>
<tr>
<td>Ноћно знојење</td>
<td>Dyspareunia</td>
<td>Анксиозност (80%)</td>
</tr>
<tr>
<td>Night sweats</td>
<td>Dyspareunia (vaginal dryness due to low estrogen)</td>
<td>Anxiety (80%)</td>
</tr>
</tbody>
</table>

Палпитације услед ниског естрогена | Нервоза |
Palpitations due to low estrogen | Nervousness |

Проблеми са срцем (56%) | Снижена концентрација |
Heart problems (56%) | Lower concentration |

Инсомнија (60%) | Зaborавност |
Insomnia (60%) | Forgetfulness |

Болови у зглобовима (56%) | 
Joint pains (56%) |

Главобоље | 
Headaches |

Поремећаји генито-уринарног тракта |
Disorders of the genitourinary system |

У овом писму анализиралимо могуће смернице за оптималне третмане за жене у транзицији у менопаузу у циљу њиховог бољег kvaliteta живота (QoL).

Из перспективе најновијих сазнања

Модерне жене доживљавају климактеричне симптоме током једне половине очекиваног трајања животног века, јер је животни век дужи. Већина жена улази у менопаузу у 40-им годинама [7], а очекивани животни век при рођењу у ЕУ процењен је на 80,1 годину 2021. (0,3 године мање него 2020), достигнући 82,9 годину за жене (0,3 године мање него 2020) и 77,2 године за мушкарце (0,3 године мање него 2020) [8]. То је једноставан али моћан начин да се илустрира развој морталитета. Доктрина еволуционе медицине подстица на ревизију примене хормонске супституционе терапије. На основу представљених података, недавна студија предлаже додатне могућности за превенцију болести и смањење морбидитета код жена у постменопаузи путем примене терапије [9].

In this Letter we analyze guidance for optimal treatments and national strategy for woman in menopausal transition to better their Quality of life (QoL).

Current knowledge perspective

Modern women experience climacteric symptoms during one half of the expected life duration, as life span is longer. Most women enter menopause in their 40s [7] and life expectancy at birth in the EU was estimated at 80.1 years in 2021 (0.3 years lower than in 2020), reaching 82.9 years for women (0.3 lower than in 2020) and 77.2 years for men (0.3 year lower than in 2020) [8]. It is a simple but powerful way of illustrating the developments in mortality. The doctrine of evolutionary medicine encourages a reassessment of hormone replacement therapy (HRT). Based on data presented, the recent study proposes additional opportunities for disease prevention and morbidity reduction in postmenopausal women [9].
Мишљења утора


Опиније аутора

On the other hand, the authors are of the opinion related to hormone replacement therapy (HRT) used for easing symptoms of menopause with a lot of serious risks if used over the long term. The risk of various health problems has already increased after one year and has then continued to increase. The following disadvantages were found in women who had been treated with estrogen and progesterin: increased risk of bone fractures, increased risk of cardiovascular disease (heart and blood vessel disorders) and breast cancer [10]. Women who took estrogen alone or estrogen plus progesterin had an increased risk of developing dementia [13, 14]. Stroke, blood clots, and heart attack. Women who took either combined hormone therapy or estrogen alone had an increased risk of stroke, blood clots, and heart attack. For women in both groups, however, this risk returned to normal levels after they stopped taking the medication [11].

Some authors link hormone replacement therapy (HRT) used for easing symptoms of menopause with a lot of serious risks if used over the long term. The risk of various health problems has already increased after one year and has then continued to increase. The following disadvantages were found in women who had been treated with estrogen and progesterin: increased risk of bone fractures, increased risk of cardiovascular disease (heart and blood vessel disorders) and breast cancer [10]. Women who took estrogen alone or estrogen plus progesterin had an increased risk of developing dementia [13, 14]. Stroke, blood clots, and heart attack. Women who took either combined hormone therapy or estrogen alone had an increased risk of stroke, blood clots, and heart attack. For women in both groups, however, this risk returned to normal levels after they stopped taking the medication [11].

The opposing viewpoint directly refuting the authors’ position

On the other hand, the authors are of the opinion related to hormone replacement therapy, which is considered as probably one of the most influential developments in preventive medicine in the Western world for last fifty years, yet long-term compliance with this treatment remains deficient. Up to 75% of women who start HRT are reported to drop out within the first 6 months. Poor compliance may arise from a lack of awareness of the benefits of HRT, or from several common misunderstandings. Especially the idea that HRT is not natural, and will cause weight gain, cancer, or unpleasant side effects. While, in reality, side effects (usually when taking progestogenic HRT or combined with estrogen) may of course occur on HRT, they can normally be handled by a change in the treatment i.e., by adjustment with the treatment. Studies of the efficacy and safety of oestrogen during 12 days in each cycle, followed by 10 days of progesterone show to be effective in relieving menopausal symptoms and increasing lumbar and spinal bone mass. Oestrogen was as effective and well-tolerated as a reference oral treatment (conjugated estrogens), and its twice weekly application may be considered to promote compliance [15]). Besides the menopausal hormone therapy that can be administered in the form of tablets, injections, gels, the authors recommend metformin - for co-occurring insulin resistance, anxiolytics for mental health symptoms with psychopharmacotherapy to better the overall quality of life.

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mena два пута недељно може се сматрати за унапређење комплијансе [15]. Поред хормонске терапије у менопаузи која се може примењивати у облику таблета, инјекција, гелова, аутори препоручују метформин − за истовремено јављање инсулинске резистенције, анксиолитике − за симптоме менталног здравља, са психотерапијом за побољшање укупног квалитета живота.

Alternative solutions to HRT

Due to the relatively low acceptance of HRT, there are women who can treat menopausal transition symptoms in another way. Either if women are unable to take HRT or decide not to, they may be open to consider alternative ways of controlling their menopausal symptoms. Alternatives to HRT include lifestyle measures, such as exercising regularly, eating a healthy diet, cutting down on coffee, alcohol and spicy foods, herbal supplements, vitamins and stopping smoking.

Considering the long experience of the Serbian school of endocrinology, the authors concluded that the introduction of hormone therapy in menopause significantly prevents complications in all organs and systems. The positive effect far outweighs the occurrence of side effects [12]. Timely introduction of hormone therapy with sex steroids in menopausal women and men with involutional hypandrogenism improves the quality of life, reduces morbidity and mortality [13].

We have concluded that concurrent pharmacotherapy and psychotherapy treatments achieve optimal treatment of described climacteric, menopausal and postmenopausal symptoms. Raising awareness via education regarding menopausal transition and life in menopause as well as on treatment and/or preventing symptoms is necessary.

Литература / References


