

## Demystifying the Dread of Menopause among the Aging Women: The Role of the Nurse

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### Abstract

*Menopause is the permanent physiological cessation of menstruation associated with declining ovarian function. It is a stage in the life of a woman when the menstrual cycle ceases and fertility period gradually terminates. Menopause can be a period of a physical, psychological, emotional and intellectual turning point as a result of symptoms referable to the sudden withdrawal of female reproductive hormone (oestrogen). It is a stage in women life cycle that many women dread because of its bothersome effects on the woman's physical, psychological and emotional health. The perceptions of menopausal symptoms are made worst by ignorance and myths. This paper aimed at demystifying menopausal symptoms through information, knowledge and a provision of a positive mindset that will drive away from the fear of menopause from the mind of women as they approach this developmental stage in life. The role of the Nurse in demystifying menopause as discussed in this paper includes psychological and emotional support, health education, sensitization, counselling and supervision of medical interventions, where applicable.*

**Keywords:** Menopause, Menopausal Women, Dread, Demystifying, Role, Nurse

### Introduction

Changes associated with stages of human growth and developments are inevitable. Menopause is a stage in a woman's life when menstrual periods become less and less frequent and eventually ceases (Pick, 2016). This stage of the woman life is described as a period of physical, psychological, emotional, and intellectual turning point with its associated developmental stages milestone and challenges (Santoro, 2016). Menopause is time in a woman's life that most women abhor because of the associated physical and emotional discomfort. Many middle-aged women approach this stage with a negative attitude of dread, especially the women that are yet to have children, while many others would have embraced it positively as a mark of the end of fertility and childbearing periods, if not for the associated trouble-son symptoms. The negative perception and dread of menopause from the onset are made worse by lack of adequate information (Taebi, Abdolahian, Ozgoli, Ebadi, & Kariman; 2018).

The Nurse is in a position as a front line health worker and health teacher to create awareness and supply needed information and support to demystify the dread of menopause among middle-aged women.

### Concept of Menopause

Menopause is the permanent cessation of menstrual periods that occurs naturally or induced by surgery, chemotherapy or radiation. Natural normal menopause which is a physiologic process of ageing and occurs on the average of forty-five-fifty years, premature menopause occurring before the age of 35-40 years. There could also be surgical or induced menopause due to removal of ovaries. Late menopause occurs after fifty-years (Bondarev et al., 2018). The onset of menopause is gradual and varies among women, ranging from the late thirties or forties to an average age of fifty-one and fifty-two years and can only be defined with certainty after twelve months of spontaneous amenorrhoea. Menopause can be natural following ageing or artificially induced to younger women through surgical resection operation (hysterectomy) with or without bilateral oophorectomy, radiation-induced menopause and chemotherapy-induced menopause also exists (Pick, 2016).

Irrespective of the cause, menopause can be described in three main phases: premenopausal or perimenopausal phase, menopausal phase and post-menopausal phase. Each phase is characterized by some generalized and some specific symptoms. However, in general, symptoms of menopause may be both short and long term, temporary and permanent and affects every system of the body (Lambert, 2016).

#### Physiology of menopause.

Menopause starts gradually as a result of changes in the hormonal balance and absence of ovulation. As menopause approaches, the ovaries began to fail and there is a sudden dip in the female sex hormone (oestrogen and progesterone). As ovarian follicular activity begins to fail, there will be reduced negative feedback to the

pituitary gland causing a rise in Luteinizing Hormone (LH) and Follicle-Stimulating Hormone (FSH) distribution. Oestrogen reduction eventually results in the irregular menstrual cycle (which could be scanty or at times excessive) and climacteric condition (signs of the onset of menopause). During this time, the female body prepares for the total cessation of reproductive functions, causing a myriad of changes and feelings that affects the whole body systems. As the level of oestrogen continues to diminish, menstruation ceases and menopause is defined after one full year of spontaneous amenorrhea (Stoppard, 1999).

### **Phases of menopause**

Menopause occurs in phases and is described along that axis three phases:

#### **Premenopausal or peri-menopausal phase.**

Premenopausal or early menopause phase is known as the menopausal transition when a woman's ovaries start to slow down the production of female sex hormones (oestrogen and progesterone). Reduction of oestrogen and progesterone affects all the body systems. It may start as soon as in her thirties, or her forties or even fifties. Onset and symptoms differ and show wide variation among individual woman. While some women suffer so much from the effect of this reduced presence of these hormones in her system, some others breeze through it with less troublesome manifestations. This phase is often accompanied by generalized symptoms known as the climacteric which includes both physical and emotional disturbances such as hot flushes, general weakness, headaches, feeling fainting and eye turning which can even make some women fall. Sleep disturbances, mood swings, irritation, anxiety as well as sexual disturbances, all these symptoms resulting from a sudden decrease in oestrogen levels in the woman's bloodstream. This phase may last between two to eight years (2-8 years), some of them may be temporal while some continue to end of life of the woman (Smeltzer, Bare, Hinkle, & Cheeve, 2016).

#### **Menopausal phase.**

Eventual absence of menstruation for full twelve months makes it clear that the woman has transitioned into full menopause. The symptoms of this phase include increased sexual problems as the vagina gets thinner, loss of bladder control (urinary incontinence), generalized muscle aches and pains, genital burning and itching (Youngmi, SuNam, & Jin, 2020).

Postmenopausal phase: This phase begins after the full cessation of menstruation and lasts for life, usually from about sixty years onwards. This phase is usually associated with serious medical problems due to very low levels of oestrogens in the woman's blood. Pick (2016) listed the symptoms of this phase to include: generalized muscle aches and pains, joint stiffness and swellings, arthritis, spinal curvature and osteoporosis.

### **Symptoms of menopause that engenders dread in menopausal women**

The effect of menopause on the physical, psychological and social life of the ageing woman engenders fear and anxiety not only on the woman but also on those around her. This is associated with the fact that symptoms of menopause are broad-ranging and diffuse, causing a lot of confusion and anxiety among women, and the younger the woman, the more confused and worried about the approaching menopausal process more so as no woman can predict her course. The wild swing of the pendulum between symptoms makes it difficult to describe the diagnosis of menopause which oftentimes frustrates intervention and makes worst the negative attitude to it (Pick, 2016). Physically, menopause affects all the systems of the body resulting to internal heat, hot flushes, fatigue, eye turning, grey hairs, hair loss, baldness (in women that have the familial tendencies), facial hair growth, weight gain which spread around the waist and abdomen giving distorted shape, 'pot belly', night sweat, increase body odour, dry skin, muscle atrophy and weakness, waist pain, loss of bladder control, loss of bone density and prone to fractures, stiff and painful joints, arthritis, osteoporosis, tooth pain, headaches, chest pain, breast tissue atrophy/fat deposits, tingling sensations in the extremities, sleep disturbance (insomnia), indigestions, constipation among others. Potter and Perry (2015) stated that conditions such as diabetes mellitus, coronary diseases, cancers of the breasts, ovaries and cervix often complicates menopause and making it more dreadful among the ageing women. Menopausal women are females who are advancing towards or already in the menopausal stage of their life. Dread in this paper refers to the great fear of or to anticipate menopausal period with fear.

### **The role of the Nurse in demystifying**

The role of the Nurse in demystifying or removing the fear of menopause among ageing women cannot be overemphasized. Santoro (2016) stated that the prevalence of menopausal symptoms is high and sufficiently bothersome to drive almost 90% of women to seek out their healthcare provider for advice on how to cope. As a frontline health care worker, professional nurse play the role of client's teacher (in explaining to the level of understanding the health challenges associated with menopause), counsellor, advocate and role model to provide



needed information about menopausal symptoms to the individual woman as a person, the family members and the community as a whole in enhancing understanding about the health and economic implications of menopause on the menopausal woman (Berman & Snyder, 2012). The nurse has the jurisdiction and skill to empower the women with information to recognize the symptoms, health challenges and management of menopause is the most efficient way of enhancing understanding and correcting existing misconceptions and negative attitudes about menopause.

Adequate knowledge and proper understanding of menopause will enable ageing women to embrace it from the start and stay positive minded about it, instead of being afraid of it, a situation which aggravates distress and reduces the quality of life in menopausal women. Supply of this adequate knowledge and proper understanding of menopause is within the jurisdiction of the professional Nurse. In this paper, the role of the Nurse is explained alongside the manifestations of the symptoms of menopause.

The symptoms are divided into physical, mental and emotional.

**Physical symptoms:** This includes the following: Hot flushes and night sweats, irregularities of the menstruation cycle, urinary and vaginal symptoms, uterus, fallopian tubes and ovaries symptoms, breasts symptoms, skin and hair symptoms, bone symptoms, muscle and joint, cardio-vascular system.

#### **Hot Flushes and Night Sweats**

These are hallmark symptoms. Hot flushes commonly affect the face, head, neck and chest. And last for a few minutes, usually 5-10 minutes. This is one of the most common and earliest signs of menopause. It occurs due to vasomotor instability where there is a rapid change in hormonal levels in the blood. Hot flushes can start with a tingling sensation in the fingers or rapid heartbeats. Skin temperatures rapidly rise from chest to the face and may cause facial redness and sweating. Studies have shown that 75% of menopausal women experience hot flushes (Santoro, 2016).

**Role of the Nurse:** The nurse reassures the woman, health educates her on menopausal phases and their manifestations, employing the principles of Information Education and Communication (IEC) and counsel her on personal hygiene (frequent bath), use of body deodorants, use of prescribed nutrient supplement, Hormone Replacement Therapy (HRT) and possible side effects.

#### **Irregularities of the menstruation cycle**

The majority of women notice irregularities of the menstruation cycle which may last up to four years. The cycles may lengthen to many months or shorten to 2-3 weeks (Youngmi, Su Nam, & Jin, 2020). A slight increase in the amount of menstrual blood loss is common for some women, 3 consecutive months of amenorrhea or mean cycle lengths longer than 42 days are predictors of impending menopause. Approximately 10% of women have an abrupt cessation of periods (Santoro, 2016).

**Role of the Nurse:** The Nurse shows empathy and psychotherapy for the childless woman, explains the symptoms of the onset of menopause, supervises the prescribed hormone replacement therapy (HRT) where applicable, and gives counsel on assisted reproduction or adoption of children) so that the combined stress of childlessness and menopause could be ameliorated.

#### **Urinary and vaginal symptoms**

The cells of urethra and vagina contain estrogen receptor that binds with estrogen in reproductive periods. However, in menopause, the receptors will not be able to bind to estrogen as before. The result includes weakness of the tissues and muscles, muscle atrophy, itchy vulva and vagina, painful intercourse, susceptibility to infections of urogenital tissues, (Berman and Snyder 2012). Some women find that their sexual interest and activity disappear and personal growth and awareness increase. Vulva atrophy occurs late, and the pubic hair thins turns grey or white, and may ultimately disappear. The labia shrinks and loses its heightened pigmentation. Pelvic fascia and muscles atrophy, resulting in decreased pelvic support, loss of bladder control, incontinence, and a higher risk of prolapse of female reproductive organs.

**Role of the Nurse:** The Nurse reassures the woman, educate her on: regular exercise, personal hygiene, especially the cleanliness of the genital areas to avoid infection, the use of firm perineum and hip girdle for pelvic muscles support, lifestyle changes, and appropriate adjustments as well as positive self-image building. Counsel her on

Hormone Replacement Therapy (HRT) and use of other self-help medications and ointments to cope with some sexual challenges (such as the use of vaginal lubricant for those whose spouses are sexually active), good nutrition and proper food supplements, (the diet should be more of fruits and vegetables), advise her on adequate sleep and rest tips.

### **Uterus, Fallopian Tubes, and Ovaries Symptoms**

During The post-menopausal periods, the endometrium wall thins and becomes atrophic. The cervical nerves that give sexual sensation before menopause gradually disappear and the cervix becomes insensitive resulting in low sexual drive and satisfaction. The Fallopian Tubes cellular structure begins to regress and atrophy. The Ovaries stoma cells start to secrete male hormones (Adrostenedine and Testosterone, which are male hormones), resulting in the manifestation of male characteristics such as hair growth on the face, baldness, and 'pot belly' (Potter & Perry; 2015).

**Role of the Nurse:** Reassure her and explain the physiology of what is going on in her body and alleviate her fear, Counsel her on Hormone Replacement Therapy (HRT). Advocate for her spouse's understanding, cooperation, and participation in her care. A good understanding of the changes in her body will help pacify the dread of menopause.

**Breast Symptoms:** The breast becomes pendulous and decrease in size and firmness, tends to sag and flatten tingling and heaviness. The larger the breast the flatter they may become. It also loses fullness as a result of the reduction in the granular and increased fat cells. There is an increased risk of Breast Cancer after menopause (Pick, 2016).

**Role of the Nurse:** The Nurse counsels the woman on the need for positive self-image, wearing of a firm and soft brassier, and enhancing breast support where necessary with a padded brassiere. Explain what is happening to her for proper understanding and positive coping.

**Skin and Hair Symptoms:** Accelerated skin ageing manifestations include; Hot flushes, loss of skin shine, itchy skin, loss of elasticity, dryness, and wrinkles. During menopause, the hair loses thickness and density, becomes thinner, finer, and more difficult to style. The average age of hormonally related hair loss is about 60 years. According to Stoppard (1993), a few women may experience excessive hair growth on the face, chest, arms, abdomen, and legs (hirsutism).

**Role of the Nurse:** The Nurse explains the effects of menopause on her hair and skin and counsels her on personal hygiene, use of moisturizing skincare products, make-up measures as shaving the facial hair, wearing weave-on to cover the baldness, and having a positive look of herself.

**Bone Symptoms:** During menopause, the bones become porous and loses density, resulting in osteoporosis and risk of fracture, tooth-related problems, and fall-off (Youngmi, Nam, & Jin, 2020)

**Role of the Nurse:** The Nurse explains Hormone Replacement Therapy (HRT), which gives her dietary counselling, calcium supplementation, and exercise.

**Muscle and Joint:** During menopause, the muscular system loses its strength, bulk, and stamina resulting in poor coordination. Joints become stiff and painful particularly on walking (Arthralgia). Other changes include brittle nails, back pain, chest pain, palpitations, and generalized aches and pain (Bondarev et al., 2018).

**Role of the Nurse:** Health education on; proper nutrition and regular exercise will help the joint to stay mobile, counsel on HRT.

**Cardio-Vascular System:** The effect of menopause on the Heart and blood vessels includes a higher risk of cardiovascular diseases, excessive vasodilatation, and constriction (hot flushes), as well as an increasing rate of high blood pressure (Stoppard, 1999).

**Role of the Nurse:** The Nurse educates, supports, and helps the woman to manage any probable vascular diseases, give guidance on a good diet and regular exercise.



### **Psychological Effects**

Psychological effects include mood changes, sleep disturbances, anxiety, nervousness, irritability, memory loss, depression, and difficulty concentrating, lower self image, and a feeling of loss of attraction. The tendency to develop psychological symptoms may be linked to factors such as low education, high body mass index (BMI), and low physical activity. (Youngmi, Nam, & Jin, 2020)

**Sleep Disturbance:** This is a common objective symptom reported by women but not confirmed by polysomnography (Lauen & Howard, 2009). Symptoms may be affected by other psychosocial factors and may contribute to depression, irritability, and poor concentration (Potter & Perry, 2015).

**Role of the Nurse:** The nurse explains the physiology behind her sleep disturbances in menopause and reassures her. She has educated her on the need to have adequate sleep and measures or some tips to enhance her ability to meet up her body sleep needs, such as: making her sleeping room conducive by preventing noise and telephone distractions, making her bed neat, smooth, and appealing, avoiding emotional stressful situation before going to bed and controlling and proper management of negative emotions (anger, envy, jealousy, fear, worries, and anxieties).

**Loss of Libido:** This is caused by hormonal and to some extent psychological factors, oestrogen, progesterone, and testosterone have all been implicated. Vaginal dryness, the altered performance of ageing partners, loss of self-image, and other psychological factors also play a part in reduced sexual drive (Stoppard, 1993).

**Role of the Nurse:** The nurse helps the woman to identify other psychological problems contributing to or worsening loss of libido and counsel appropriately, noting that the sexual aspect of the woman's life is not usually accepted to be discussed freely with others, as such, tact, discretion and professionalism is needed. The nurse advises her on the use of sterile lubricant as K-Y jelly can help relieve vaginal dryness during sexual intercourse. The spouse if still alive and sexually active will also be involved in education for his proper understanding and cooperation.

**Intellectual Symptoms:** Forgetfulness, inability to concentrate, major and minor decision making can be hampered (Mike, 2005).

**Role of the Nurse:** The nurse reassures her and advises her to always plan and schedule her activities to remember them, where possible she can write them down. HRT and other vitamin supplements can help to prevent brain cell degeneration and enhance remembering. Other measures as frequent exercise, involvement in brainstorming activities, and more are capable of maintaining the integrity of the brain cells for proper functioning.

### **Summary and Conclusion**

Menopause is the final cessation of menstruation usually between the average of 45<sup>th</sup> and 50<sup>th</sup> year of life among women. The health implications affecting women are wide and varied, affecting all organs of the woman's body. Sometimes life-threatening conditions as osteoporosis, depression, heart disease, atrophic vaginitis, breast, and uterine cancers complicate menopause as the woman advances further in age. Health education is the key to provide correct information to the woman, her family members, and the communities for proper management and a more positive view about the situations and health conditions associated with menopause. Accurate knowledge and proper understanding are the panaceas to demystifying the dread of menopausal symptoms and enhancing coping with the challenges of menopausal effects on health and productivity.

Conclusively, the Nurse should empower women with adequate information on menopause, causes, and health implications to prevent the defeating effect of fear of menopause. This is important because this period of the woman's life, if understood and managed well will enable her to contribute immensely to productivity, economic development and family upliftment, using her wealth of experience which length of years can only offer. Furthermore, empowering ageing women about menopause should be a collaborative effort that should involve not only the nurse but should also extend to family members and the community or society at large using all available Information, Education and Communication (IEC) mean.

### **Recommendations**

1. Health education on menopause should be continuously given to women in workshops, seminars, and women organizations.



2. The media should be involved to clarify the issue of menopause and help to give it a positive perception.
3. Significant family members should be mobilized and be involved in the management of menopausal symptoms.
4. The woman's spouse if still alive should be educated on his role in the management of the menopausal period of his spouse and should be involved.
5. Age and menopause among women should be projected as an achievement in the community and the society instead of an issue of spite and dread.

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