

Editorial

Menopause —The Silent Transition No One Talks About

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Menopause is defined as the absence of menstrual cycles for at least one year [1]. It is not a disease but a biological transition due to decline in ovarian hormone levels. This does not end a woman's productive life as perceived by many people in society, yet for many women this alteration leads to feelings of silence, guilt, and uncertainty, ultimately affecting physical and emotional well-being, relationships, confidence, and participation at work.

Menopause is much more than the end of menstrual cycles. It is a complex hormonal shift that affects women's health in different ways. During this period, women experience a wide range of symptoms; however, the severity and duration can differ considerably [2, 3]. Around 75–80% of women present with at least one symptom, among which hot flashes and night sweats are very common, while others may have problems with sleep, mood changes, decline in energy levels, issues of sexual health, and genitourinary complaints [2-4].

These symptoms can affect overall health of women and may interfere with sleep, daily activities, relationships, and quality of life. The effect of symptoms on women's health and well-being differs based on various factors, including overall health, psychosocial background, occupation, and access to healthcare. This highlights the need to provide holistic care, where the focus is on each individual woman's personal concerns and priorities [3, 4].

This alteration in hormone levels is an opportunity for health care professionals to identify high risk behaviours early during this period and provide symptom based management with more focus on disease prevention and health promotion. Declining ovarian hormone levels lead to reduced bone mass, increasing the risk of osteoporosis and fractures [5, 6]. Similarly, menopause is also associated with a decline in vascular elasticity; combining this vascular change along with other cardiovascular risk factors (obesity, comorbidities, sedentary lifestyle, etc.) may add on with hormonal changes and increase the risk of cardiovascular disease [7, 8]. Therefore, cardiovascular health risk assessment is essential during this phase of life.

The consultation should include a thorough assessment of cardiac risk, lifestyle behaviour, mental health, bone issues, reproductive and sexual health and other concerns relevant to the individual woman [9].

Despite its common occurrence, many women are not aware about the link between vague general health issues and menopause. Most present to family medicine clinics with vague complaints such as mood swings, impaired sleep, fatigue, or sexual and genitourinary health issues, often seeking treatment. Recognizing these symptoms as part of the hormonal transition requires the clinician to ask specific questions directly related to menopause and to be able to establish a link between the patient's symptoms and the potential underlying cause (menopause).

Menopause is a neglected area in medical education, and health-care professionals are often less aware of the connection between commonly presenting complaints and menopausal symptoms. Therefore, they are unable to identify and manage symptoms appropriately. Many of these symptoms are related to general health issues and are mostly regarded as anxiety or depression without identifying the root cause leading to either ignorance or misdiagnosis.

Primary care has a major role in this regard. As the first point of contact, many female patients present their complaints to family physicians, and due to the high level of trust, they tend to share all their concerns openly. Family medicine doctors are therefore rightly place health care providers who can participate to raise awareness about menopause, recognize its common complaints and guide women toward appropriate management strategies.

Family physicians need to consider menopause within the broader context of a woman's physical, emotional, sexual, and preventive health. This consultation is an opportunity to look beyond immediate symptoms and address a woman's longer-term health.

Treatment of menopause includes education regarding lifestyle modification and hormonal therapy. Hormonal therapy is reserved for females with severe symptoms and should not be prescribed to all women presenting with more common symptoms [9, 10]. Factors which need to be taken care while prescribing hormonal therapy should include symptom severity,

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age, time since menopause, medical history, specific risk factors, preferences, and the potential benefits and risks of initiating treatment.

Menopause does not mean the end of productive life or contribution. It is another stage of life that requires appropriate care and support. It is a natural stage of life that needs proper care and support by making it a public health priority. To improve care for women during this phase requires incorporation of this topic in undergraduate and postgraduate education, as well as in continuing professional development for healthcare professions, especially primary care physicians. Health systems should include this area in preventive health programs, especially in countries where women have less access to services. Family physicians should lead the way by talking openly, reducing stigma, and giving complete care. Finally, menopause care must be treated as a key part of women's health policy, not something optional.

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Claude AI was used in this editorial for the purpose of improving and correcting English grammar.

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