

Psychosomatic aspects during menopause

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Menopause is a relatively long period of the life of a woman with changes starting from the ovary accompanied with biological, psychosomatic, psychological and in some cases, behavioural symptoms.

Menopause

Natural menopause is defined as the permanent cessation of menstruation that results when the body produces less oestrogen and progesterone. A woman has reached menopause when she has not menstruated for 12 months. This usually happens between 45-55 years of age.

(WHO, 94)

Menopause: bio-psycho-social Model

A. It is not a DISEASE -- medial definition often criticized for not recognizing the social and cultural aspects of the transition period in women's lives

B. CHANGE of life and not only of LOSSES -- part of the aging process and does not in itself require therapy.

C. Menopause "prevention" of LONGEVITY -- preventative treatment sometimes sought for symptoms and bone loss through Hormone Therapy (HT). There is a psychological prevention of the forthcoming 30 years.

MODIFICATION AND LOSS

- 1. Aesthetics
- 2. Body functions
- 3. Menstrual functions
- 4. Procreative functions
- 5. Sexual functions
- 6. Intimacy of the couple
- 7. The social role

1. Aesthetics

- Changes in the body due to natural aging process can be disturbing for some women. The increase of wrinkles, especially on the face, is more disturbing for a women than for a man.
- Today many dermatological products and procedures to delay the aging process. The 50 year old woman, if she wishes, can look 5 to 10 years younger, but cannot be transformed.

2. Bodily symptoms

- Some women experience "hot flashes", dryness in the vagina, mood swings, and a variety of other symptoms.
- Certain women suffer of osteoporosis, a beginning of urinary incontinence or of a loss of memory.

However, these symptoms are not obligatory.

3. Menstrual functions

- Certain women consider the irregularity and then the loss of the menstrual function as the sign that they cannot procreate any more. Menstruations for certain women are a regulation of the time of their monthly activities and it is thus as if they had lost the metronome.
- In many cultures, menstrual blood has various significance -- it is often a symbol of youth and fertility, rites and rituals associated with menstruation change in some societies and these have an impact on the role of women in those societies.

4. Procreative functions

With the menopause, the ovary is no longer able to produce ovules.

Nowadays, with the knowledge of genetic diseases after 40 years, many women aim to have children earlier.

5. Sexual functions

- The desire is not decreased because the testosterone continues to be produced by the adrenal glands. However, it can sometimes be decreased because of social reasons in a society which stigmatizes the sexuality of older persons especially post menopausal women.
- Excitation and orgasm can remain at the same level or can slightly decrease.

6. Intimacy of the couple

- Sexuality in the older couple is more often affected by the health status of the man than the woman. Chronic illnesses such as diabetes or hypertension, can result in erection problems which will naturally affect the sexual relationship of the couple.
- In couples who are together for a long time, intimacy is usually a result of both sex and tenderness which will make them live better and longer (research).

7. The social role

- Post menopausal women in different societies may have different roles and responsibilities that women of reproductive age.
- Power can be restored to older women as they are now seen "as men" with the powers and responsibilities of village elders in some African societies.
- In other countries, post menopausal women are expected to no longer be sexually active. They are expected however to maintain and nurture the family unit.
- Higher status is usually given to older women in many countries

Disorders related to the menopause

1. Organic disorders (Amenorrhoea; Vulvar craurosis; Osteoporosis; Urinary problems)
2. Mixed psychosomatic and somatopsychic disorders (Vasomotor disorders: insomnia and hot flashes; Pains: Extreme headaches, pains of the back and dyspareunia; Change of the weight, obesity and bulimia)
3. Psychological and psychiatric disorders (Hypochondria (maniacs of the smear); Depressions; Emotional psychoses)

Therapies

1. Hormonotherapy with human face
2. Psychotropic (pay attention to dependence)
3. Relations with the gynaecologist
4. Short focal psychotherapy
5. Therapy of communication
6. Body approach
7. Self-help and group of quality of life