

Depression Among Women During Menopause And Its Effect

Abstract

Major depressive disorder (MDD) is a serious medical condition that affects how people feel, how they think and how they behave. In developed countries, menopause usually begins between the ages 40 and 58. The average age in the United States is 52 years. For some women, menopause (perimenopause), or the "change of life", is a rollercoaster of physical and emotional highs and lows. The so-called "change of life" is accompanied by a variety of symptoms, such as hot flashes and insomnia, mood swings and depression. When women experience sudden hormonal changes, such as menopausal changes, puberty and postpartum changes, and even changes in their monthly cycles, they are at an increased risk for developing depression. In fact, women are three times more likely to develop depression than men. The main focus of this study was on "depression among women during menopause and its effect". The study included women aged 45-55 years. For the study, a sample of sixty women from Madakasira village in the Sathya Sai district comprised the sample. Under the direction of subject matter specialists, the researcher created a questionnaire, which was pre-tested on a different sample before being given to the real sample. According to the study, women experienced anxiety and despair throughout menopause.

Keywords: Depression, menopause, women

Introduction:

The term "menopause," sometimes known as "menstrual pause," describes the unavoidable stage of a woman's life during which ovulation stops and her body produces less estrogen and progesterone. The average age at which most women experience menopause is 51–52 years old (Takahashi et al., 2015).

The three phases of menopause are the perimenopause, menopause, and post-menopause. After 12 months without a menstrual cycle or period, a woman is considered "post-menopausal." Mood dysregulation, libido loss, anxiety, impatience, problems sleeping, forgetfulness, and

difficulty focusing or making decisions are examples of psychological symptoms. (Dalal et al., 2015)

Menopause, which is the permanent end of menstruation, is caused by a decrease in oocytes and a decrease in gonadal steroids. The perimenopause, a transitional stage that precedes it, is marked by large hormonal variations, irregular menstruation patterns, a progressive loss of oocytes, and reduced reactivity to gonadal steroid feedback.

In theory, menopause is a single day that happens to a woman twelve months following her last menstrual cycle. Women are then classified as postmenopausal. Prior to that, you are going through the perimenopause, a time when your reproductive hormones are changing and may increase your risk of developing severe depression. (Payne, 2023)

The majority of the time, perimenopause is meant when someone talks about going through "the change" or going through menopause (Payne, 2023). The menstrual cycle might grow longer, shorter, heavier, lighter, more frequent, or closer together during this period. Everything is in the open.

The same hormones that control person's menstrual cycle also influence serotonin, a brain chemical that promotes feelings of well-being and happiness. When hormone levels drop, serotonin levels also fall, which contributes to increased irritability, anxiety and sadness.

According to Payne, "Mood swings brought on by dropping estrogen and progesterone levels can make her less able to cope with things she would normally let roll off her back." "These hormonal dips can trigger a depressive episode in certain women, particularly in those who have experienced major depression in the past."

Menopause and sadness have a less obvious relationship with anxiety, according to Joffe (2020). "It know a lot less about anxiety in menopause," claims. Research suggests that panic episodes are more common in women both during and after the menopausal transition. (A panic attack is characterized by an intense rush of anxiety that lasts just a short while, along with other symptoms including palpitations, sweating, shaking, and shortness of breath.)

This apparent correlation could be a result of the difficulties in differentiating between panic episodes and heat flashes, a frequent symptom of menopause. Her heart may accelerate and she may feel hot and sweaty during a panic attack. For hot flashes, the same holds true. Some women claim feeling like they have a "aura" before a hot flash, which is a word used by doctors to characterize a feeling that comes before a brain ailment (like a migraine). For many ladies, a sensation of impending doom or terror precedes the hot flash. The fact that panic episodes cause you to feel out of breath, whereas hot flashes do not, is one method to differentiate between the two.

According to Mahlaga Dehghan et al. (2022), 14.2% of the women had severe menopausal symptoms, whereas 30.6% of the women had moderate menopausal symptoms. Complementary medicine (CAM) users had higher overall ratings for menopausal symptoms as well as higher scores in the somatic-vegetative and urogenital categories than non-CAM users. The study's findings did not, however, show a statistically significant difference in the psychological domain between CAM and non-CAM users. Additionally, there was a statistically significant difference in the degree of menopausal symptoms between those who used the medicinal herbs, dry cupping, prayer, relaxation, and meditation techniques compared to those who did not. Further research on the use of complementary and alternative medicine among postmenopausal women is recommended in light of the study's findings as well as the intensity of menopausal symptoms in those who accessed it. Furthermore, more research is advised to look at how complementary and alternative medicine affects the psychological realm in order to help women with their anxiety, stress, depression, and sleep issues. The study involved women in their 50s and 60s who were going through a normal menopause. It is suggested that more research be done to assess the impact of alternative medicine on the menopausal severity in women over 60 who were not going through a normal menopause.

According to Hooper et al. (2022), the majority of QOL (quality of life) indicators, sadness, sleep issues, and the intensity of binge eating were all substantially correlated with the severity of retrospective menopausal symptoms. With regard to confounders, every outcome variable—aside from anxiety—was substantially correlated with a psychiatric history. The intensity of binge eating was substantially correlated with both BMI and the time since menopause. In terms of particular symptom groupings, the symptoms that were most closely linked to mental health

and quality of life were psychological and somato-vegetative. A woman's life is significantly altered during the menopausal transition, and the difficulties associated with menopausal symptoms can have long-lasting effects on a woman's health. To guarantee that the right interventions are put in place for good aging, it is essential that future research aims to better understand the long-term effects of this shift on the lives of older women.

Hogervorst et al. (2022) reviewed that cognitive and mood changes are frequently mentioned as complaints before, during and after menopausal transition. There is substantial biological evidence for such associations to occur, as there are many mechanisms through which oestrogens can affect the brain: by regulating metabolism, increasing cerebral blood flow and dendritic outgrowth, by acting on nerve growth factors through the co-localisation of receptors via neurotransmitter synthesis and turnover and many more. However, the evidence for objective and longer-term changes in cognitive function and mental health over the menopausal transition and beyond is less clear. Although hormone therapy (HT), which includes estrogens, may be able to repair these psychological problems, there is conflicting data on its long-term effects. Personalized hormone therapy (HT) should be explored for women experiencing severe menopausal complaints and especially for those who experience an early menopause, such as those with premature ovarian insufficiency. Treatment with HT can be safe for up to 10 years, unless there are contraindications. It examined the data about alterations in mental well-being associated with menopause and hot flashes.

According to Ajay Swaminathan's review from 2023, there is a significant frequency of mental health problems during the menopausal transition. Environmental and personal variables impact menopausal symptoms. There have been reports of estrogen having positive effects on menopausal depression. It is advised to handle mental health problems using an integrated care paradigm. Evidence-based treatment options include hormone replacement therapy (HRT), cognitive behavioral therapy, and evaluating the effects of lifestyle modifications.

Women sometimes go through periods of sleeplessness during the perimenopause, in part due to heat flashes that occur at night. A lack of sleep can increase her risk of developing depression by up to ten times.

Changes in Life: Women usually go through the perimenopause in their 40s. Aside from volatile hormones, this may be a stressful time in life due to things like aging parents, pressure from a demanding career, health issues, and children moving out. These outside influences have the potential to worsen mood swings and either cause or exacerbate depression (Payne 2023).

Methodology:

The main focus of the study was to swot on “Depression Among Women During Menopause And Its Effect”. Purposive random sampling technique was selected for the study. The respondents were selected from Madakasira village of sathya sai district, Andhra Pradesh. Women who are in the age group of 45-55 years were selected for the study.

Results and Discussion:

After a thorough review of research, efforts were made to develop the questionnaire taking into account the influencing variable of respondent adaptation.

It tracks the depressive symptoms of the responder in the following domains: sadness, disinterest, altered appetite, difficulty sleeping, exhaustion, worthlessness, and suicidal thoughts.

The statements were arranged on a three point scale of mild (1) moderate (2) and severe (3). Higher/Severe the score more number of problems experienced by the respondents in the particular area. Lower/Mild the score, low number of problems experienced by the respondents in the particular area.

Table 1. Depression during menopause of the respondents (n=60)

S.no	Area	Category	Women	
			F	%
1	Feeling sad	Mild	1	2
		Moderate	1	2
		Severe	58	96
2	Loss of interest	Mild	1	2
		Moderate	7	12

		Severe	52	87
3	Changes in appetite	Mild	2	3
		Moderate	3	5
		Severe	55	92
4	Trouble sleeping	Mild	2	3
		Moderate	3	5
		Severe	55	92
5	Loss of energy	Mild	2	3
		Moderate	2	3
		Severe	56	93
6	Feeling worthless	Mild	1	2
		Moderate	2	3
		Severe	57	95
7	Thoughts of suicide	Mild	1	2
		Moderate	4	7
		Severe	55	92

It was observed from the table (1) that during menopause 96 percent of the women respondents faced severe depression (feeling sad) followed by 2 percent faced moderate problems and 2 percent mild problems.

Under loss of interest it was evident that 87 percent of the women respondents faced severe depression followed by 12 percent faced moderate and 2 percent mild mental health problems.

Similarly, 92 percent of the women respondents faced severe changes in appetite followed by 5 percent faced moderate problems and 3 percent faced mild problems.

Under trouble sleeping it was evident that 92 percent of the women respondents faced severe depression followed by 5 percent faced moderate and 3 percent mild problems.

With regard to loss of energy it was evident that 93 percent of the women respondents faced severe depression followed by 3 percent faced moderate and mild problems.

Under the area of feeling worthless it was evident that 95 percent of the women respondents faced severe depression followed by 3 percent faced moderate and 2 percent faced mild problems.

With regard to thoughts of suicide it was evident that 92 percent of the women respondents faced severe depression followed by 7 percent faced moderate and 2 percent faced mild problems.

Georgakis et al. (2016) reviewed that age at menopause and length of reproductive cycle are associated with depression risk in postmenopausal women experiencing natural menopause.

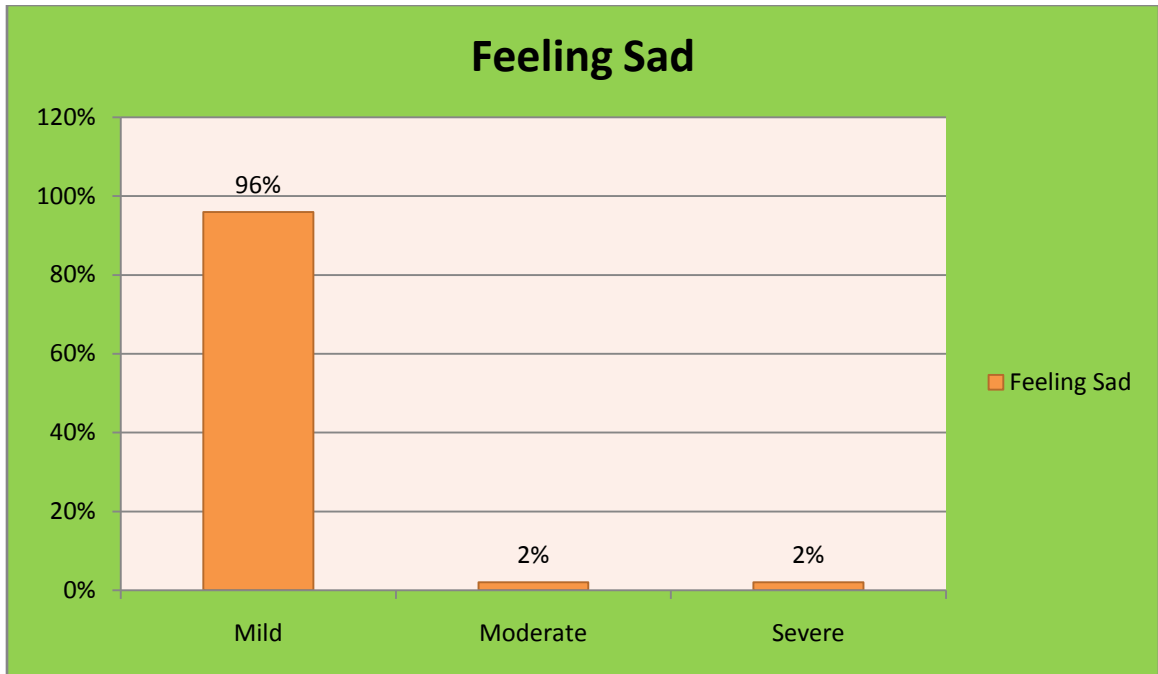


Fig 1. Feeling sad of the respondents

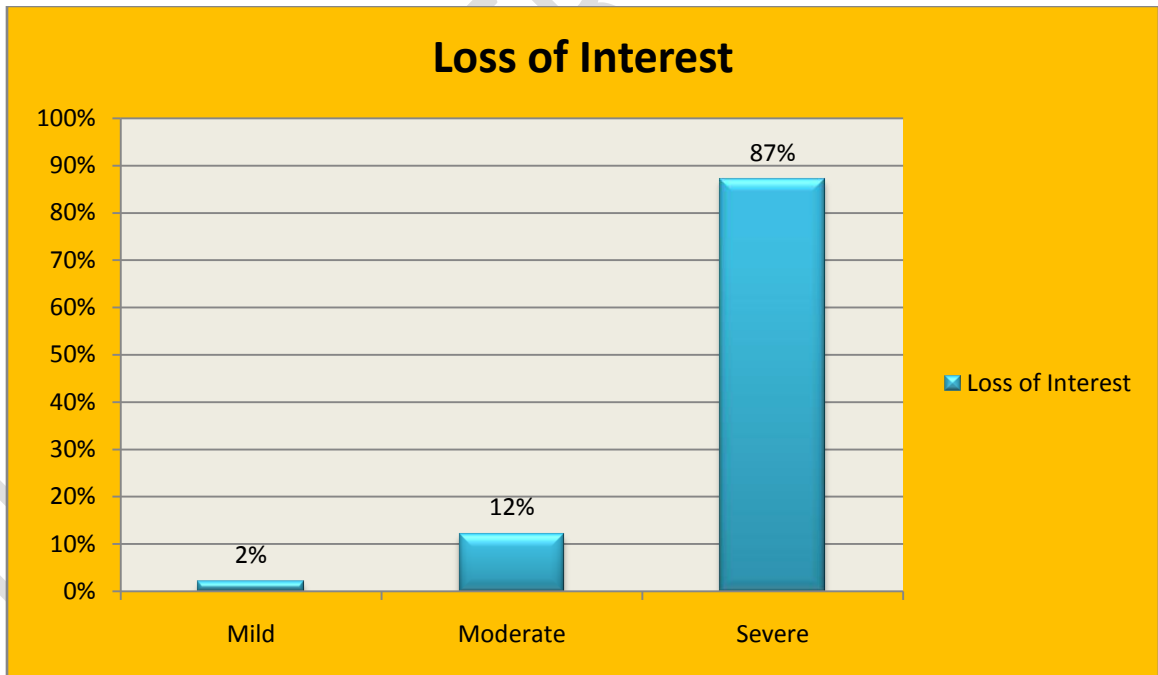


Fig 2. Loss of interest of the respondents

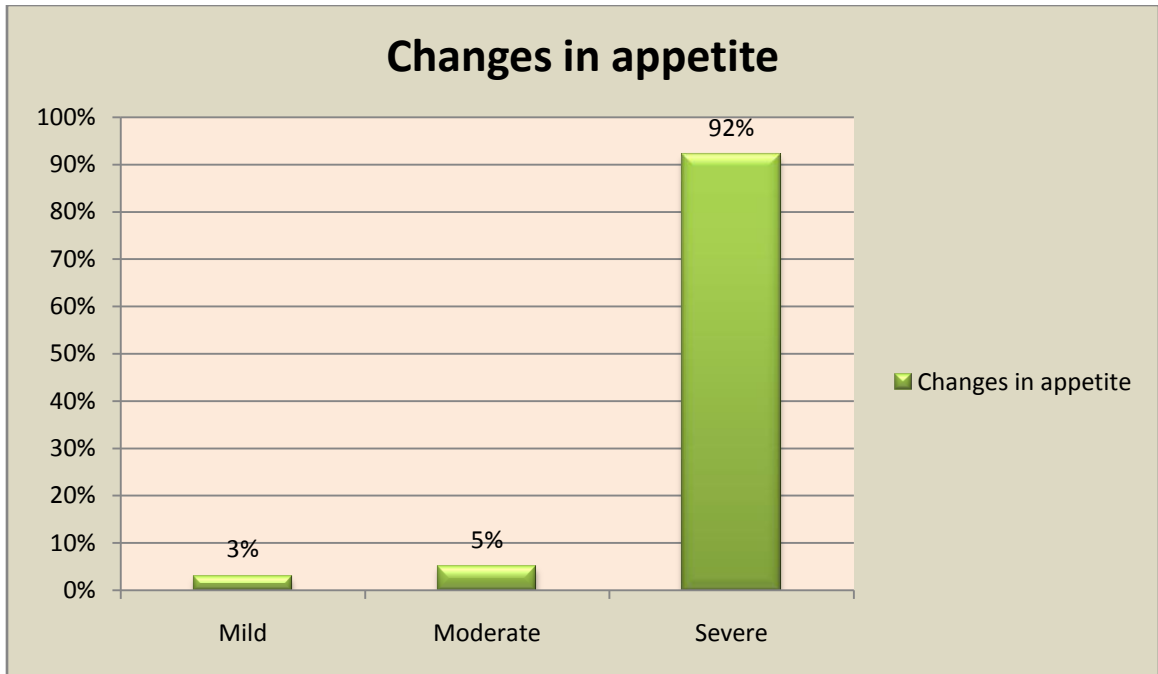


Fig 3. Changes in appetite of the respondents

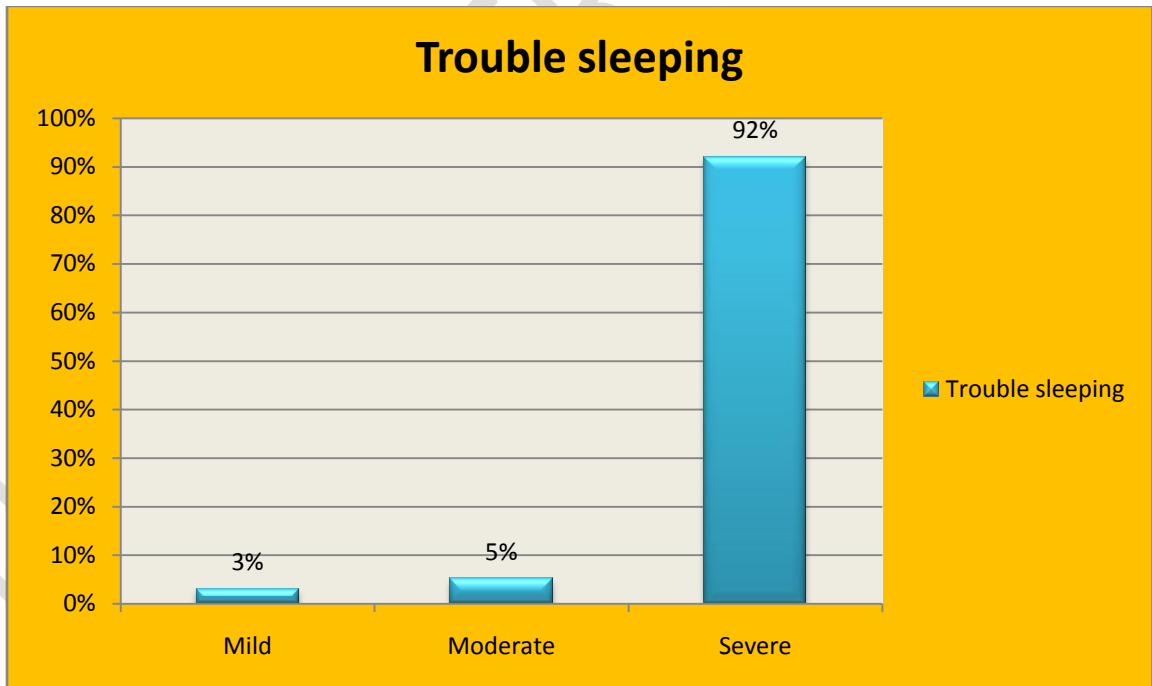


Fig 4. Trouble in sleeping of the respondents

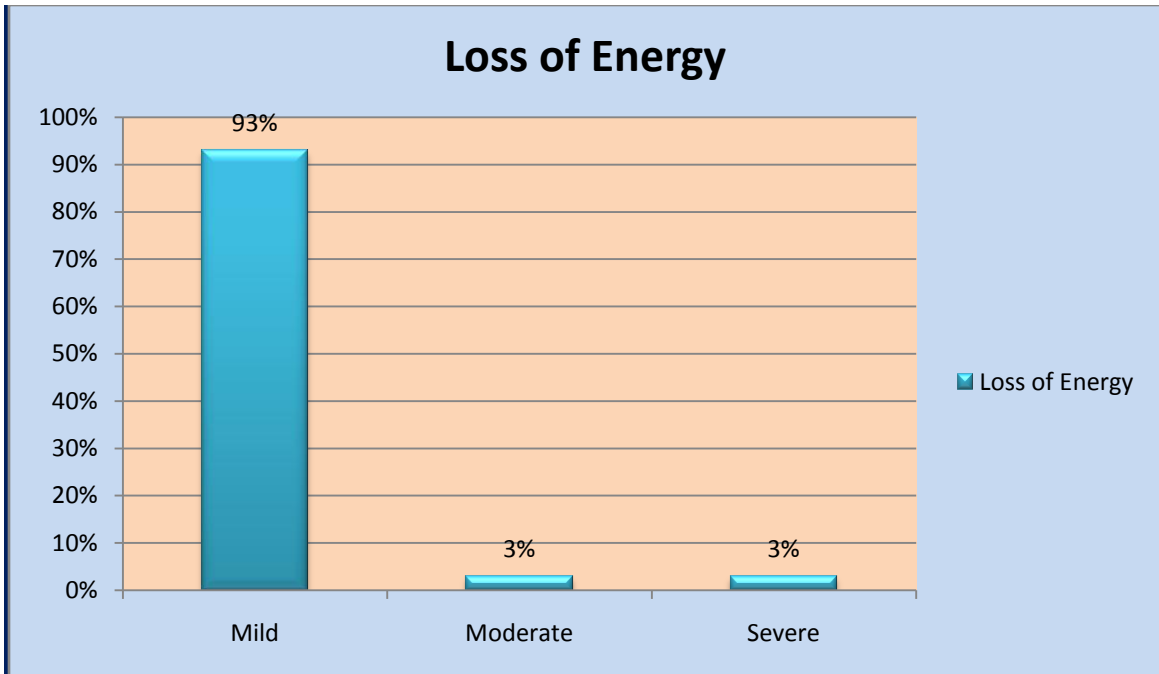


Fig 5. Loss of Energy of the respondents

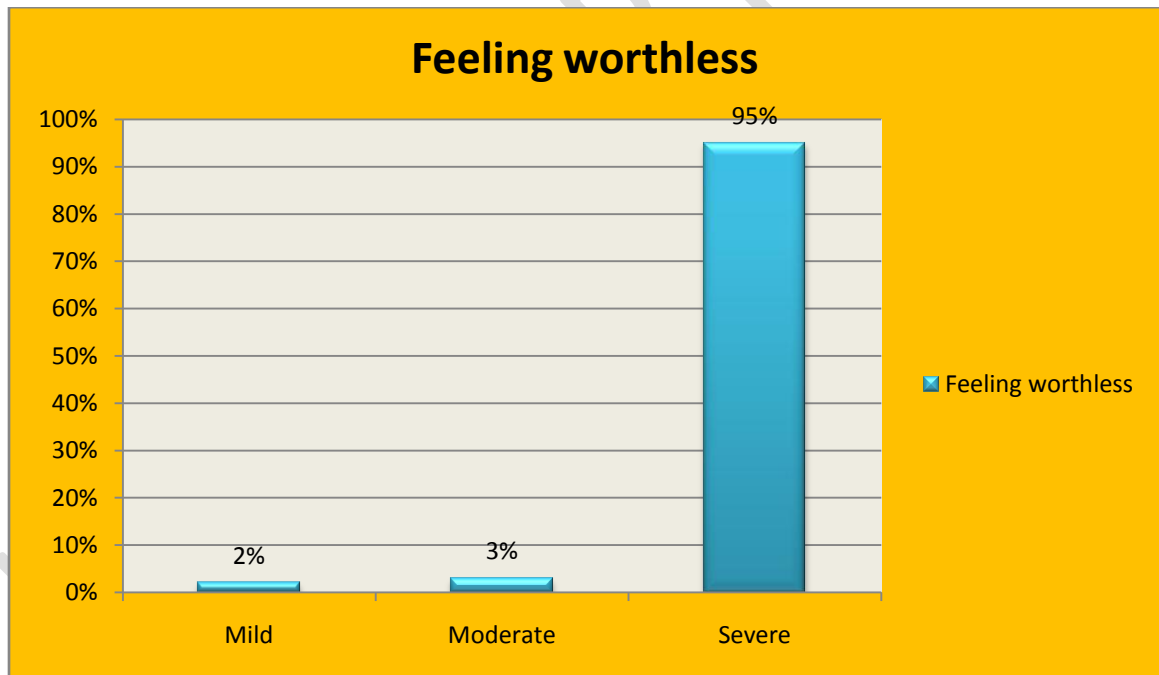


Fig 6. Feeling worthless of the respondents

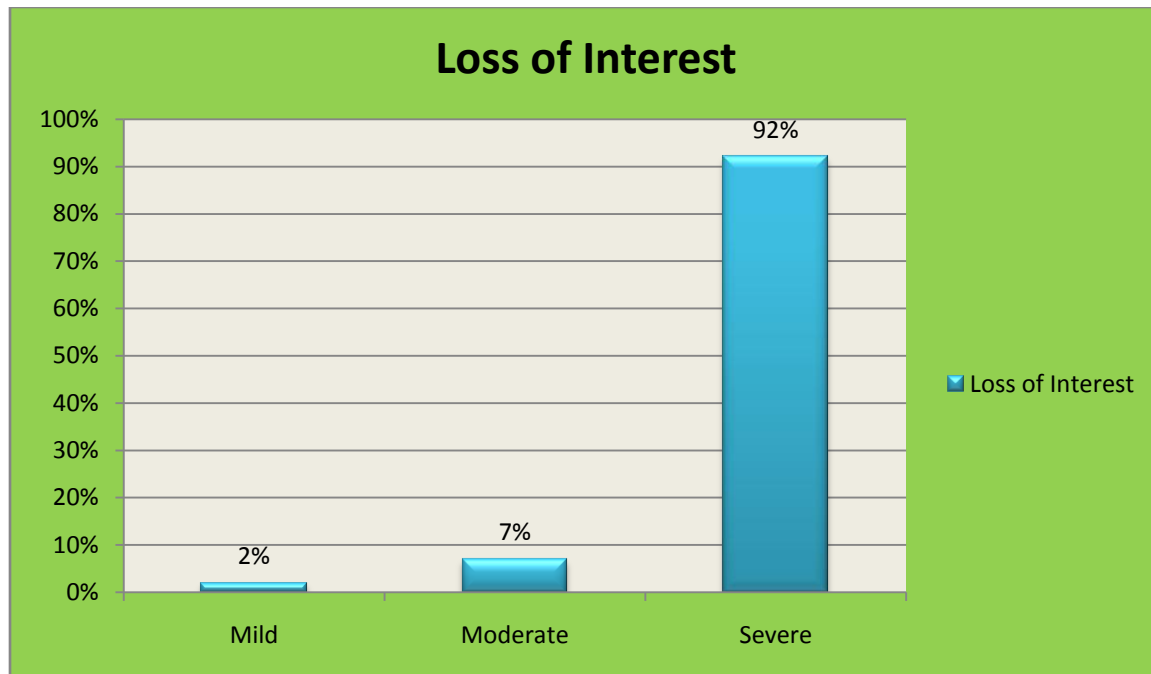


Fig 7. Loss of interest of the respondents

Future scope of the study:

The same study can be conducted on large sample of the group (women).

Conclusion:

The study found that during menopause women undergone depression and anxiety. A person with depression is more prone to go through an episode as menopause approaches. Speaking with a doctor and examining any new or persistent symptoms, such as: Suicidal thoughts; low appetite or overeating; excessive sleepiness or insomnia; extreme exhaustion and lack of motivation; loss of interest in once-enjoyed activities; trouble making decisions and processing information; and persistent feelings of sadness, hopelessness, or irritability. A change in lifestyle can also lessen perimenopause symptoms and improve postmenopausal health. Eating a balanced diet, getting regular exercise, and using less alcohol and caffeine are all examples of healthy behaviors. "Most women stop having those mood fluctuations once hormones settle down" (Payne, 2023). It is difficult to anticipate whether she may have postmenopausal improvement if she suffers from severe depression. Depression is a persistent condition that might occasionally get better for extended periods of time or suddenly worsen.

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