A Review on Depression and Anxiety During Women’s Menopause

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Abstract— According to the fact that the system of world’s population has been changed and life expectancy has been increased, one third of women’s life is passed, on average, on postmenopausal periods. Because of the fact that women play various roles in life, considering their life quality and mental health is an effective step for strengthening family and community foundations. The various findings indicate a prevalence of menopausal related depression and anxiety, since large economic and emotional costs are imposed by depressed and agitated patients, and they do irreparable harms to themselves and their own community. This articles aims for considering and indicating the effect of various biosocial and cultural factors on psychological problems during menopause. Having considered and overviewed the current experiments and research, this article is going to show that one-dimensional view on menopause; that is considering only biological or cultural or social dimensions, has no effect in improving the situations of postmenopausal women. None of these problems alone are the causes for psychological problems in menopausal periods, because in different societies which have different views concerning menopause or different races are there, different experiences achieved regarding menopause and these psychological symptoms are also different. Since the dimensions as reproduction and childbirth are generally more considered than those of others in the field of women’s health, and also women receive less cares after the reproductive periods, conducting such research in various societies; and subsequently, the research for reducing these problems are therefore recommended.

Keywords- menopause; mental health; depression; anxiety; biological; cultural; social

I. INTRODUCTION
Enhancing the health and providing the conditions for being healthy in every periods of women’s life creates better life quality for them and brings a lot of benefits for a community. One of the sensitive periods in women’s life is menopausal periods [1].

According the cross-sectional studies, the average age of menopause is 50-52 years old [2]. Half of the world’s population is constituted by the women, and according to the statistics issued, almost 90% of them passed their 65 years old; that is to say, one third of their life on average are spent in menopause [3]. According to the problems included, menopause can cause disorder of women’s health and affects on their works, social activities, leisure, temperament, concentration, having relationship with others, sexual activities, enjoying in life and general life quality [4].

The word “menopause” is derived from a Greek word as “names” (meaning female) and “pausis” (meaning pause) [5].

Menopause is concerned with stopping the ovulation and is generally occurred in 47-53 years old. Estrogen deficiency resulted from it cause hot flashes, sleep disorders, atrophy, vaginal dryness and cognitive-emotional disorders. The osteoporosis, dementia and cardiovascular diseases risks are subsequently increased in postmenopausal women. The depression during menopause is attributed to empty nest syndrome [6]. When the hormones secretion is changed and estrogen is reduced during menopause, the physiological interaction is disordered and causes a series of physical ailments. These ailments include hot flashes attacks, irritability, feeling short of breath with psychological cause, fatigue, anxiety and excitement [7]. The mental-neurological problems as anxiety, depression, irritability, fatigue and anger are reported in menopausal period [8]. A health institute in Germany called for conducting a research to decrease the psychological problems, especially in postmenopausal women [9]. According to the significance of this
Menopause is an unpleasant experience, and a redness of being pregnant, they feel more comfort than before during menopausal periods, most problems were different experiments. In some research, it is questioned whether and anxiety prevalence in menopause is indicated differently in person ready for menopausal syndrome [13]. The rate of depression symptom is usually a poor compliance with stress which makes the side effects of menopause. Because of the fact that many women are occurred in life, and many postmenopausal women are not affected to this menopause one people of one hundred ones.

Artificial menopause: it can be occurred completely suddenly by removing or cutting genital tracts through conducting a surgery because of radiotherapy, chemotherapy or other factors [11]. The menopausal symptoms include hot flashes, high irritability, feeling short of breath with psychological cause, fatigue, anxiety, depression, sleep disorders, vaginal dryness, increased osteoporosis risk and cardiovascular diseases [6, 7].

II. IS MENOPAUSAL PERIOD A PERIOD OF DEPRESSION AND ANXIETY?

Some women may mentally have an abnormal reaction to menopause, while others may be affected to depression. The severity and weakness of this depression depends on physical, cultural and mental factors [12]. Bernice Neugarten conducted a research for this period and obtained the conclusion that more than 50% of women believe that menopausal period is an unpleasant experience, and a considerable numbers of them consider it as a significant changes occurred in life, and many postmenopausal women are not affected to side effects of menopause. Because of the fact that many women are not scared of being pregnant, they feel more comfort than before menopause.

Some women are affected to depression and anxiety, but this symptom is usually a poor compliance with stress which makes the person ready for menopausal syndrome [13]. The rate of depression and anxiety prevalence in menopause is indicated differently in different experiments. In some research, it is questioned whether increasing depression prevalence is simultaneous with menopause, and the peak onset of diseases related to depression are expressed I the years surrounding menopause [14], while Beker and colleagues (2001) reported that mental distress along with menopause is a person’s physiological or mental performance. The conducted research indicates a high percentage of depression and anxiety in postmenopausal women. Bungay GT and colleagues (1980) indicated that at the time when they referred to menopausal clinics, they observed a more percentage of depression symptoms than the general public [14]. In an experiment related to menopause, it is reported that the amount of depression prevalence is decreased from 4.8% to 43% in various societies [15]. In a research conducted by Parvin and colleagues (2005), the postmenopausal women have troubles in all dimensions of mental health (anxiety, social performance, depression) [4].

In a research conducted by Shojaian and colleagues (2006) entitled as “the relationship between menopausal symptoms and women’s severity of depression” performed on 60 women in Mashhad city, Iran through the Beck’s depression questionnaire, it was found out that the women were affected to 26.8% marginal depression, 26.8% mild depression, 26.8% moderate depression and 14.3% severe depression [14].

In a study conducted by Dolatian and colleagues (2006) entitled as “the prevalence of depression and the factors related to it in different stages of menopause in the women inhabited in Kermanshah” performed by Beck test in 460 postmenopausal women, the general prevalence of menopausal depression was reported as 32.2% [16].

In a research conducted by Shojaian and colleagues (2006) entitled as “the mental-physical problems of the postmenopausal women referred to Ilam health and therapeutic center” which are performed on 150 postmenopausal women aged 40-65 years referred to Ilam health and therapeutic center using Beck’s standard scale of depression and anxiety in the year 2003, it is found out that there is a significant relationship between depression and anxiety during menopause. In addition, the relative frequency of depression and anxiety is reported as 23% for mild depression and 22.7% for mild anxiety, respectively [10].

In a research conducted by Rostami and colleagues (2003) entitled as “the effect of training hygiene on women’s awareness, viewpoint and quality of life during menopausal periods, most problems were attributed to feeling anger and anxiety as 63%, muscle and joint pain
and feeling fatigue, 56%; feeling depression, 54%; feeling impatience with others, 48% [17].

In the experiment performed by Saysoz N (2001), Bloch A (2002), Kim K and colleagues (2000), it is reported that the depression, anxiety in memory, amnesia and sleep disorder have been increased in postmenopausal women [18,19,20].

In addition, Stadberg, E and colleagues (2000) reported the prevalence of depression during menopause up to 43% [15]. Considering these findings, the most concise description is that most conducted research confirmed an increase in percentage of depression and anxiety during menopausal ages; however, different reasons have been considered for these mood disorders.

III. THE REASONS FOR OCCURRING DEPRESSION AND ANXIETY DURING MENOPAUSE:

Some of researchers believe that depression during menopause is occurred because of decreased Gennady hormones and subsequently fatigue and reduced amount of sleep for similar hot flashes [21]. However, other researchers believe that depression and anxiety during this age are mostly concerned with social-mental occurrences such as changing in the relations with children, marital status and other life occurrences [22]. On the other hand, some experiments indicate that women’s education level, employment condition, lifestyle and having relationship with parents and spouse are the relevant factors for depression during menopause [23]. Other researchers indicate various factors underlying depression and anxiety during menopause, including previous history of depression, personal and cultural issues, the loss of the maternal role or empty nest syndrome, inevitable death of spouse, caring for aging parents, having a negative view towards menopause, long-term menopause, chronic pain and disability, changing in sexual desires, menopausal symptoms such as hot flash, night sweats and secondary sleep disorders [24].

In a research conducted by Shojaiian and colleagues (2006), in which the relationship between menopausal symptoms such as hot flash, dysuria, decreased sexual desires, headache, problems related to sleep and the severity of depression in postmenopausal women were analyzed, no significant relation was found among menopausal symptoms and the severity of depression; however a significant relationship was found between the mean depression score and dysuria [14].

In the research conducted by Pakravesh (1994), no significant relationship was found between hot flashes and depression prevalence in women before, during and early menopausal periods [25]. However in the study conducted for Australian women and the one conducted by Juang Kd in Taiwan, hot flash was related to more anxiety and depression symptoms [24, 26]. According the research conducted by Melby MK, the sexual problems and the menopausal condition was related to the amount of depression [27], however in the study performed by Hiden and colleagues (2001), a significant relationship was found between depression among postmenopausal women and the menopausal symptoms [28]. Antoni Jesis A and colleagues indicated that increased age and reduced ovarian steroids stimulates the sleep endocrine disorders associated with depression, and in the study conducted by Freeman, women showed more hot flash depression and had problems in maintaining sleep [29, 30]. Health organization of midlife women in America indicated that race is among the factors that ought to be considered during study on menopausal women which is the reason for contradiction in the research results [14].

IV. RESULTS AND DISCUSSION:

The negative effect of menopause on mental health does not seem reasonable, and most problems reported during menopause are resulted from changes made in life. Therefore, it is natural that there are some problems as depression, fatigue, anxiety, headache, insomnia, joint pain, etc. which we are faced with during early menopause. However, existing causal relationship between menopause and these problems are unlikely. In fact, much complaint are expressed by men and women in this stage of life which do not indicate the physical differences in order to be explained by causes relayed to hormones. However, midlife women complaint more than the men was concerning this issue, which probably reflects the usually negative perceptions and imaginations of the cultures and societies regarding menopause. In controlled menopausal symptoms studies, it is concluded that vasomotor and sleep disorders and also dealing with life problems have significant effect on mood. In elderly women, the response to fluoxetine was increased by adding estrogen[2].

In addition, in a controlled and 12-week accidental experiment with placebo in 55 women surrounding menopause affected to clinically severe major depression, their mood was significantly improved by estradiol treatment with 100 Kg trance dermal treatment. In a similar
short-term study conducted in America in which 34 postmenopausal women who were affected to major and minor depression were treated with 50 g dermal trance estradiol, it was showed that the patients were improved independent from the effects of this treatment on vasomotor symptoms [2].

In fact, the biological and cultural forces are together effective in the women’s respond to menopause and consider it as a bio-cultural event. For instance, in the society where elderly women are so respected and the role of mother-in-law and grandmother are associated with new privileges and responsibilities, complaining of menopausal symptoms are rare.

The women who are married in adolescence have some children during 35-40 years old, because they are eager to end the pregnancy and welcome menopause and describe it as “I’m so happy now, for I’m free as a young girl”, and there are no symptoms of hot flash and other ones as depression [31]. Therefore, changing and modifying the lifestyle, creating awareness regarding the physiological trend of menopause, doing exercises, changing the viewpoint concerning the midlife periods, accepting new roles during these ages, establishing groups for the people who are in the same age and catharsis are all effective in improving women’s life in these ages.

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