

# **Menopausal syndrome: clinical presentation and management**

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## **I. INTRODUCTION**

- Term 'menopause' is derived from the Latin word Meno (month) and Pausia (halt).
- Menopause essentially marks the end of a women's period of natural fertility.
- As a woman approaches menopause, the number of ovarian follicles decline, producing less estrogen and causing irregular menstrual periods.
- Eventually, the quantity of estrogen produced is too low to maintain the monthly menstrual cycle.
- The next stage is referred to as the menopausal syndrome which ranges from hot flushes, irritability to osteoporosis and heart disease and is experienced by all women in varying degree.
- Climacteric syndrome is characterized by various symptoms like cessation of menstruation, hot flushes, insomnia, vaginal dryness, weight gain, mood swings, depression, slowed thinking.
- Urogenital atrophy causes vaginal dryness, dyspareunia, discharge, incontinence, dysuria and recurrent UTI.
- The cardioprotective effect of estrogen is due to its influence on lipid and lipoprotein metabolism as well as other chemical mediators which influence circulation.
- Osteoporosis affect women's health and with increasing life expectancy, future incidence of osteoporosis related factors will increase greatly.
- Estrogen play an important role in maintaining bone balance and its deficiency causes rapid bone loss particularly in spinal column leading to osteoporosis.

## **II. METHODS & METHODS**

- This is a prospective clinical study. 200 menopausal women taking treatment at Hi-Tech medical college & Hospital, Bhubaneswar are included in the study from 2023-2025.
- Data collected: History, examination, investigations, and management outcomes.
- Inclusion criteria :- All menopausal women either be attending the gynaecology OPD or admitted in the wards with some gynaecological disorders.
- Exclusion criteria:- Young women with surgically induced menopause and women with psychiatric disorders.

## **III. RESULTS**

- Maximum age was 53 yr and minimum age was 40 yrs.
- Average age of menopause of study is 46.5 yrs.
- Most of women presented within 1-5 yrs of menopause.
- Most of the women in this study were either housewives (62%) or working in the field (24%)
- Most of the women were residing in rural areas.
- The literacy status of the women was poor as only 53 % the women were educated upto 4th std and 25% women did not obtain any education.
- In our study only 2 women were not married.
- Most of women (90%) were from low socioeconomic status.

#### IV. DISCUSSION

- Menopausal symptoms occur across rural and urban populations.
- Education and family support influence healthcare-seeking behavior.
- Lifestyle and counselling interventions highly effective for symptom relief.

#### V. CLINICAL SYMPTOMS

- Vasomotor: 65%
- Hot flushes and night sweats (65%)
- Typically appear 1–2 years post-menopause.
- Comparable to other global studies (23–45% prevalence).
- Psychosomatic: 62%
- Depression (25%), tension (62%), irritability (60%), forgetfulness (50%).
- Sleep disturbance (45%), headache (45%), joint pain (40%).
- Often multiple symptoms per patient.
- Vaginal dryness: 45% & Urinary symptoms: 40%
- Vaginal dryness (45%), discharge (25%), painful coitus (20%), prolapse (28%).
- Urinary symptoms: dysuria, frequency, incontinence (35–40%).
- Linked to estrogen deficiency and atrophic changes.
- Common complaints: Stress, irritability, sleep issues, weight gain, incontinence.

#### CLINICAL FINDINGS

- Anaemia (42%)
- Obesity (35%)
- Hypertension (20%)
- Vaginitis (32%)
- Uterine prolapse (28%)
- Cervical malignancy (5%)

#### MANAGEMENT

- Counselling (100%)
- Emphasis on yoga, meditation, diet, exercise, weight control.
- Psychological reassurance key to symptom improvement.
- Studies show reduced vasomotor and psychological symptoms with active lifestyle.
- Medical management (70%)
- Iron, calcium, antihypertensives, antidiabetics, antibiotics as needed.
- Local estrogen cream for genitourinary atrophy.
- Phytoestrogens, soya supplements, and non-hormonal therapies used.
- Surgical management (35%)
- Vaginal hysterectomy and repair (36 cases)
- Laparotomy with hysterectomy (10 cases)
- Prolapse repair (12 cases)
- Surgery for stress incontinence (10 cases)
- Lifestyle modification, yoga, meditation (100%)

Age at time of menopause and age of women attending opd with symptoms  
and duration of menopause and occurrence of symptom.

SN	Age at time of menopause	Cases (200)	SN	Age at presentation	Cases (200)	SN	Duration of menopause and occurrence of symptoms	Cases (200)
1	<40yrs	0	1	<45	10(5%)	1	1-2yrs	64(32%)
2	40-45yrs	100(50%)	2	45-50	140(70%)	2	2-5yrs	60(30%)
3	46-50yrs	50(25%)	3	51-55	20(10%)	3	5-10yrs	36(18%)
4	>50yrs	50(25%)	4	>55	30(15%)	4	>10yrs	40(20%)

Women general profile

SN	Occupation	Cases (200)	SN	Education	Cases (200)	SN	Residence	Cases (200)
1	Housewife	124 (62%)	1	No education	50 (25%)	1	Urban	20 (10%)
2	Office going	20 (10%)	2	Up to 4th std	106 (53%)	2	Rural	160 (80%)
3	Farmer	48 (24%)	3	4th to 10th std	24 (12%)	3	Slums	20 (10%)
4	Other	08 (4%)	4	10th std onwards	20 (10%)	4		

Family size and response from family members and marital status

SN	Response from family members	Cases(200)
1	Neglected by family/husband	8(4%)
2	Positive support from family/husband	120(60%)
3	Negative/ less support from family/ husband	72(36%)

Menopausal symptoms

SN	Symptoms	Cases	Duration between menopause & symptoms
<b>A) VASOMOTOR SYMPTOMS</b>			
1	Hot flushes and night sweats	133	2yrs
<b>B) VAGINAL SYMPTOMS</b>			
1	Vaginal dryness	90	2-5yrs
2	Painful coitus	40	2-5yrs
3	Prolapse	56	7-10yrs
4	Vaginal discharge	50	5-10yrs
<b>C) PSYCHOLOGICAL PROBLEMS</b>			
1	Depression	50	3-5yrs
2	Tension	124	3-5yrs
3	Forgetfulness	100	2-4yrs
4	Poor concentration	80	2-4yrs
<b>D) PSYCHOSOMATIC SYMPTOMS</b>			
1	Dizziness	70	3-5yrs
2	Palpitations	56	5-7yrs
3	Numbness	62	3-5yrs
4	Irritability	120	1-2yrs
5	Tiredness	96	2-5yrs
6	Headache	90	2-5yrs
7	Sleep problems	90	2-5yrs
8	Joint/backache	80	5-7yrs
9	Weight gain	60	5-7yrs
<b>E) URINARY SYMPTOMS</b>			

1	Dysuria	70	2-5yrs
2	Frequency	80	2-5yrs
3	Incontinence urge+ stress	70	5-10yrs
4	Incomplete emptying	60	2-5yrs

**Abnormality on clinical examination and investigation**

SN	Abnormality	Cases	%
1	Anaemia (pallor)	84	42 %
2	Obesity	70	35 %
3	Hypertension	40	20 %
4	Abdominal mass(TO mass)	04	02 %
5	Prolapse (uterus +vaginal wall)	56	28 %
6	Vaginitis (mostly atrophic)	64	32 %
7	Incontinence (urge + stress)	70	35 %
8	Cervix malignancy	10	05 %
9	Uterine enlargement (>8weeks)	10	05 %
10	Cardiovascular disease	02	01 %

**Management**

SN	Management	Cases
1	Counselling	200
2	Medical management (Hematinics, Calcium supplementation, Antihypertensive, Antidiabetics, Antibiotics, Local estrogen, Other drugs-soya , phytoestrogen, Chemotherapy for malignancy)	140
3	Surgical management (Exploratory laparotomy, Vaginal hysterectomy and repair, Wertheim' hysterectomy, Vaginal wall prolapse repair without hysterectomy, Surgery for stress incontinence)	70
4	Other therapies (Yoga, meditation, lifestyle ,exercises, diet)	200

## VI. CONCLUSION

- Mean age of menopause: 46.5 years.
- Common symptoms: vasomotor, psychological, and urogenital.
- Counselling, lifestyle changes, yoga, and local estrogen therapy are key.
- Need for dedicated menopausal clinics and awareness programs.
- The presenting women were mostly from illiterate class or with education upto 4th standard.
- 60% were well supported by their family and husband.
- Vasomotor symptoms, coital problems, psychological and psychosomatic problems were most common presentations.
- Counselling, medical management, yoga, meditation, lifestyle changes, phytoestrogens and in selected cases use of local estrogen, were the modalities for treatment.
- Most of patients responded well.

### **LIMITATION**

- Less number of sample size
- Dropouts during study

### **REFERENCES**

- [1]. Marc A, Leon Speroff. Menopause and perimenopause transition: Clinical Gynecological Endocrinology and Infertility. 8th ed. South Asian edition: Lippincott Williams and Wilkins. 2013:680 2.
- [2]. Chompootweep S, Tankeeyoon M, Yamarat K, Poomsuwan P, Dusitsin N. The menopause age and climacteric complaints in Thai women in Bangkok Maturitas. 1993;17:63-71.
- [3]. Yahya S, Rehan N. Age, pattern and symptoms of menopause among rural women of Lahore.

- [4]. J. Ayub Med. Coll. Abbottabad. 2002;14:9-12.
- [5]. McKinlay S, Brambilla D, Posner J. The normal menopause transition. Am. J. Hum. Biol. 1992;4:37-46.
- [6]. Dasgupta D, Ray S. Menopausal Problems among Rural and Urban Women. Eastern India. Journal of Social, Behavioral, and Health Sciences. 2009;3:20-33
- [7]. Sharma S, Tandon VR, Mahajan A. Menopausal Symptoms in women of Jammu. JK Science. 2007;9(1):13-7.
- [9]. Shah M. Menopausal uro-genital problems and remedy. 2005 Cited from Souvenir of IMS Conference. Xth Annual Conference of Indian Menopause Society, Ahmedabad. 2005.
- [10]. 8. Kronenberg F, Fugh-Berman. Complementary and alternative medicines for menopausal symptoms. A review of randomized control trials- Ann. Intern med. 2002;80:5-14.
- [11]. 9. Albertazzi. The effect of dietary soy supplementation on hot flushes. Obs-Gyn. 1998;91:6-
- [12]. 11.
- [13]. 10. Nelson D, Sammel D, Freeman W, Lin H, Schmitz K. Effect of physical activity on menopausal symptoms among urban women, Medicine and science in sport and exercise. 2008;50:8
- [14]. 11. Telang M, Chakaravarty D. Study of effect of yoga in menopausal problems. Journal of Obstetrics and Gynecology. 2004;9(10):676-8.