



Menopause: Mechanisms, Effects and Health Implications

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DESCRIPTION

Post-menopause is a natural phase in a woman's life characterised by the cessation of ovarian function and the end of reproductive capability [1]. It delves into the mechanisms underlying post-menopause, the effects it has on women's bodies and well-being, and the subsequent health implications. Understanding the changes that occur during post-menopause is essential for women's health management during this life stage [2]. By exploring the mechanisms, effects, and health implications, one can shed light on the challenges women may face and explore strategies to promote overall health and quality of life during post-menopause.

Post-menopause occurs due to the decline in ovarian function, specifically the depletion of follicles and the subsequent decrease in estrogen and progesterone production [3]. As women age, the ovaries become less responsive to hormonal signals, leading to irregular menstrual cycles until menstruation eventually ceases. This decline in hormone production and ovarian function results in various physiological changes in the body.

Estrogen, a key hormone in reproductive health, plays a significant role in bone density maintenance, cardiovascular health, cognition, and the functioning of various tissues in the body [4]. The decrease in estrogen levels during post-menopause can lead to bone loss, an increased risk of cardiovascular diseases, cognitive changes, vaginal dryness, and urogenital symptoms.

Post-menopause brings about several effects on women's health. One of the most prominent consequences is the increased risk of osteoporosis. The decline in estrogen levels negatively impacts bone density, leading to an increased susceptibility to fractures and osteoporotic-related complications [5]. Cardiovascular health also undergoes changes during post-menopause. Estrogen has a protective effect on the cardiovascular system, and its reduction increases the risk of heart disease, including coronary artery disease and stroke. Lifestyle modifications and cardiovascular health monitoring become crucial during post-menopause.

Cognitive changes and mood disturbances are observed in some women during post-menopause. While the exact mechanisms are still under investigation, fluctuating hormone levels, particularly estrogen, may contribute to cognitive decline, memory lapses, and mood swings [6]. However, it is important to note that not all women experience significant cognitive changes during post-menopause.

Vaginal dryness, urogenital atrophy, and changes in sexual health are common concerns during post-menopause [7]. The decrease in estrogen levels can result in vaginal dryness, discomfort during intercourse, and increased susceptibility to urinary tract infections [8]. Appropriate management, including lubricants, hormone replacement therapy, and regular pelvic floor exercises, can help alleviate these symptoms and improve quality of life.

Health implications

Understanding the health implications of post-menopause allows for proactive management and preventive measures. Regular health check-ups, including bone density assessments, cardiovascular screenings, and cognitive evaluations, help monitor and address potential risks [9]. Lifestyle modifications, such as regular exercise, a balanced diet rich in calcium and vitamin D, and smoking cessation, can mitigate the effects of post-menopause on bone health and cardiovascular risks.

Hormone Replacement Therapy (HRT) is an option for managing symptoms and reducing certain health risks associated with post-menopause. HRT involves the use of estrogen and, in some cases, progesterone to replace the hormones that decline during menopause [10]. However, the decision to pursue HRT should be individualized, considering each woman's specific circumstances and discussing potential benefits and risks with a healthcare provider.

CONCLUSION

Post-menopause is a significant phase in a woman's life, characterized by hormonal changes and various effects on health

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Received: 28-Mar-2023, Manuscript No. JCRB-23-21382; **Editor assigned:** 30-Mar-2023, Pre QC No. JCRB-23-21382 (PQ); **Reviewed:** 12-Apr-2023, QC No JCRB-23-21382; **Revised:** 19-Apr-2023, Manuscript No. JCRB-23-21382 (R); **Published:** 28-Apr-2023, DOI: 10.35248/2155-9627.23.S13.005.

Citation: Williams A (2023) Menopause: Mechanisms, Effects and Health Implications. J Clin Res Bioeth. S13:005.

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and well-being. By exploring the underlying mechanisms, understanding the effects on women's bodies, and recognizing the health implications, one can support women during this transitional period. Implementing lifestyle modifications, regular health screenings, and appropriate management strategies, including HRT when appropriate, can help optimize overall health and quality of life during post-menopause.

REFERENCES

1. Socinski MA, Jotte RM, Cappuzzo F, Orlandi F, Stroyakovskiy D, Abreu DR, et al. Atezolizumab for first-line treatment of metastatic nonsquamous NSCLC. *N Engl J Med.* 2018; 378(24):2288-2301.
2. Sakin A, Sahin S, Yasar N, Geredeli C, Aksaray F, Chihan S, et al. The effect of different treatment modalities on survival in elderly patients with locally advanced non-small cell lung cancer. *Pulmonol.* 2021; 27(1):26-34.
3. Morimoto K, Yamada T, Yokoi T, Kijima T, Goto Y, Nakao A, et al. Clinical impact of pembrolizumab combined with chemotherapy in elderly patients with advanced non-small-cell lung cancer. *Lung Cancer.* 2021;161:26-33.
4. Santos FN, Cruz MR, Riera R. Chemotherapy for advanced non-small-cell lung cancer in elderly patients. *JAMA Oncol.* 2016;2(12):1645-1646.
5. Pallis AG, Gridelli C, Wedding U, Faivre-Finn C, Veronesi G, Jaklitsch M, et al. Management of elderly patients with NSCLC; updated expert's opinion paper: EORTC Elderly Task Force, Lung Cancer Group and International Society for Geriatric Oncology. *Ann Oncol.* 2014; 25(7):1270-1283.
6. Laviana AA, Luckenbaugh AN, Wallis CJ. Seeking the truth: Understanding the impact of missing data on the validity of the new surveillance, epidemiology and end results prostate with watchful waiting database. *Eur Urol.* 2020;78(3):345-346.
7. Tolwin Y, Gillis R, Peled N. Gender and lung cancer-EER-based analysis. *Ann Epidemiol.* 2020; 46:14-19.
8. Pignon JP, Tribodet H, Scagliotti GV, Douillard JY, Shepherd FA, Stephens RJ, et al. Lung adjuvant cisplatin evaluation: A pooled analysis by the LACE Collaborative Group. 2018.
9. Wakelee HA, Dahlberg SE, Keller SM, Tester WJ, Gandara DR, Graziano SL, et al. Adjuvant chemotherapy with or without bevacizumab in patients with resected non-small-cell lung cancer (E1505): An open-label, multicentre, randomised, phase 3 trial. *Lancet Oncol.* 2017;18(12):1610-1623.
10. Krzakowski M, Provencio M, Utracka-Hutka B, Villa E, Codes M, Kuten A, et al. Oral vinorelbine and cisplatin as induction chemotherapy and concomitant chemo-radiotherapy in stage III non-small cell lung cancer: Final results of an international phase II trial. *J Thorac Oncol.* 2008; 3(9):994-1002.