ISSN: 2329-8847
Journal of Aging Science

OPEN ACCESS Freely available online

Perspective

Menopause Symptoms in Older Women

Olena Glushkova*

Department of Gynaecology, Medical University of Lodz, Lodz, Poland

DESCRIPTION

Menopause is the time that marks the end of the menstrual cycle. Diagnosis is made after 12 months without menstruation. Menopause can occur in the 40s or 50s. Menopause is a natural biological process, but the physical symptoms such as hot flashes, and emotional symptoms of menopause may disrupt sleep or affect emotional health. There are many effective treatments available, from lifestyle adjustments to hormone therapy. Symptoms including changes in menstruation can vary among women. Women will experience some irregularity in their periods before they end. Premenopausal symptoms like skip periods are common and expected. In most cases, the menstrual period skips a month and returns, or skips a few months and then resumes the menstrual cycle for several months. Periods also tend to occur in shorter cycles, so they are close to each other. Women receiving hormone replacement therapy are less likely to report vaginal dryness, and sleep disorders.

Women in the hormone group decreased from 40% in 1 year to 13% in 4 years. Many women over the age of 65 have persistent menopausal symptoms, but data are limited to guide the treatment of older women. Approximately 91.6% of women over the age of 65 continue to have menopausal symptoms and 13.7% of these women use some form of menopausal hormone therapy. Menopause occurs as a result of the loss of genetically formed follicles. The early stages of menopause are usually about two years before the onset of irregular menstruation, when the number of follicles is reduced, resulting in decreased levels of activin B and causing serum. During this transition, increased hormonal activity results in relatively maintained estradiol secretion (normal or high estradiol levels). As menopause progresses serum levels of Follicle Stimulating Hormone and estradiol change dramatically. High Follicle Stimulating Hormone and low estradiol levels occur as a result of decreased aromatase and activin B activity. It is initiated by the hypothalamus and causes the clinical manifestations of menopause. The most common symptoms are hot flashes, night sweats, and vaginal dryness. Only menopausal symptoms that have been shown to be clearly associated with estradiol deficiency. The most common symptom of menopause is vasomotor symptoms. These symptoms last an average of 45 years. Estimated 15% of women over the age of 66 and 70 show annoying symptoms that last 10 to 20 years after menopause. Unlike vasomotor symptoms, genitourinary symptoms are persistent and often worsen with age. Genitourinary atrophy is associated with vaginal dryness, itching, irritation, dyspareunia, and dysuria and more frequent urinary tract infections. Genitourinary symptoms affect 50-66% of all postmenopausal females. The severity and frequency of genitourinary symptoms appear to increase with age. Stress urinary incontinence and frequency are more common in postmenopausal women, but appear to be more likely to be associated with aging and other risk factors (obesity, increased birth history, etc). Skin aging and ptosis may also be associated with decreased estrogen levels. Cognitive impairment, urinary incontinence, sexual dysfunction, mood swings, and fatigue are not directly related to hormonal changes that occur during menopause. Many of these symptoms also occur in men of the same age. Skin aging, defined by the loss of collagen, elastin, and hyaluronic acid, manifested by the appearance of wrinkles, accelerates rapidly after menopause. Thought to be secondary to declining estrogen levels, it is also influenced by cumulative sun exposure. Systemic Hormonal replacement therapy with oestrogens in postmenopausal women improves the skin`s appearance, resulting in decreased slackness, wrinkling, and roughness. At microscopic levels, Hormonal replacement therapy seems to affect dermal collagen, increasing its content and augmenting dermal thickness. Estrogens also have been found to enhance vascularization and decrease diffuse hair loss that often accompanies aging in postmenopausal women. Breast ptosis is another common complaint of postmenopausal women and occasionally a motivation for taking Hormonal replacement therapy. Ptosis of the breast is partially associated with estrogen deficiency. Degeneration of elastic fibers and tissues in the breast begins at age, and the degree of ptosis is directly related to increased parity. After menopause, ptosis increases as the ducts begin to shrink. However, this shrinking process begins years before menopause begins. No studies have specifically investigated the effect of Hormonal replacement therapy on breast augmentation, it is speculated that Hormonal Transplant slows, but does not reverse, progression of breast ptosis.

Correspondence to: Olena Glushkova, Department of Gynaecology, Medical University of Lodz, Lodz, Poland, E-mail: olena@opri.pl

Received: 04-Jan-2022, Manuscript No. jasc-22-268; **Editor assigned:** 06-Jan-2022, Pre QC No. jasc-22-268 (PQ); **Reviewed:** 20-Jan-2022, QC No. jasc-22-268; **Revised:** 24-Jan-2022, Manuscript No. jasc-22-268(R); **Published:** 31-Jan-2022, DOI: 10.35248/ 2329-8847.22.10.268.

Citation: Glushkova O (2022) Menopause Symptoms in Older Women. J Aging Sci.10:001.