Lack of Menopause Healthcare in the Aging Female Population

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Introduction

Menopause is a subject that involves women universally. Because of this it may seem odd that there is a lack of population research regarding the topic. A majority of research related to menopause is outdated, only concerned with broad issues, and generally assumes that menopause affects all women in similar ways. In truth, menopause affects women of varying racial and ethnic groups in different ways. Being unprepared for the changes in the body during menopause can be dangerous for women because they may not know how to handle it. The goal of the present research is to increase awareness of menopause and to work toward achieving greater care for this population.

Disparities in Care

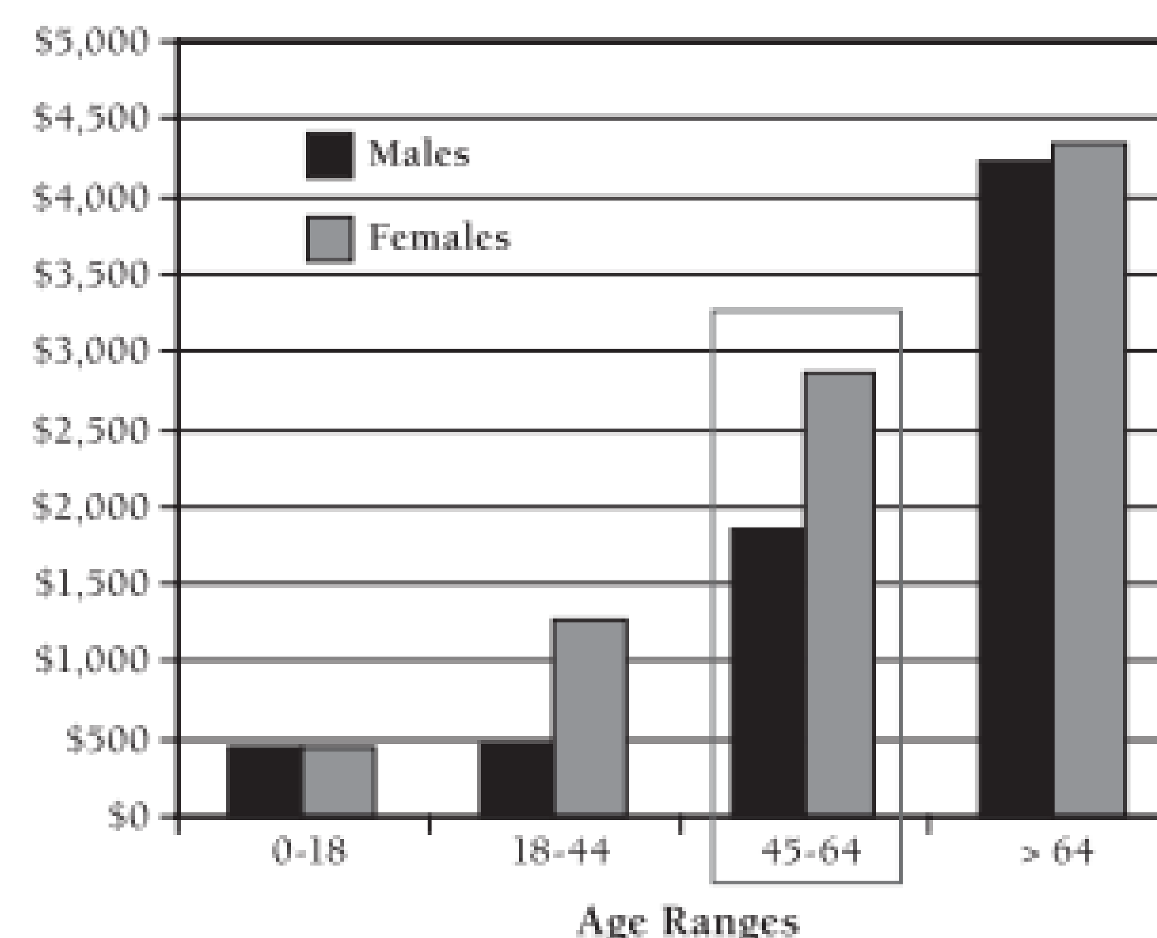
Menopause naturally occurs between the ages of 45-55, and it signifies the end of the reproductive lifespan for a woman (Fernández-Rhodes et al., 2018). This is because the levels of estrogen and progesterone in the body are significantly lower than before (Dutta & Joffe, 2018). There are many vasomotor symptoms a woman may experience while going through menopause such as hot flashes, vaginal dryness, night sweats, body aches, weight gain, and urinary incontinence. Depression and anxiety are also common, especially if there has been a previous diagnosis of either (Santoro, Epperson & Mathews, 2015). Postmenopausal women are also three times more likely to develop osteoporosis than men of the same age. Medication and management options for menopause are largely insufficient while the rate of improvement remains at 3% per year (Owens, 2008).

History of Menopause

Menopause has been tracked back to the age of Aristotle, but it did not peak interest in society until the mid-19th century (Dolgen, 2017). It was also regularly misdiagnosed and treated with different therapies and home remedies. In the 1800s, the symptoms were treated with different herbals remedies such as cannabis, opium, or belladonna. The 1930s brought menopause into the light as a deficiency disease and introduced hormone replacement therapy (HRT) as a treatment option (Dolgen, 2017). The International Menopause Society was formed in the 1970s and the first International Conference on Menopause was held in France in 1976 (Singh, 2002). More recently, reproductive health has been found to generate 16% of overall health care costs. This is more than many other high priority health concerns, such as cardiovascular disease, asthma, and diabetes, combined (Owens, 2008).

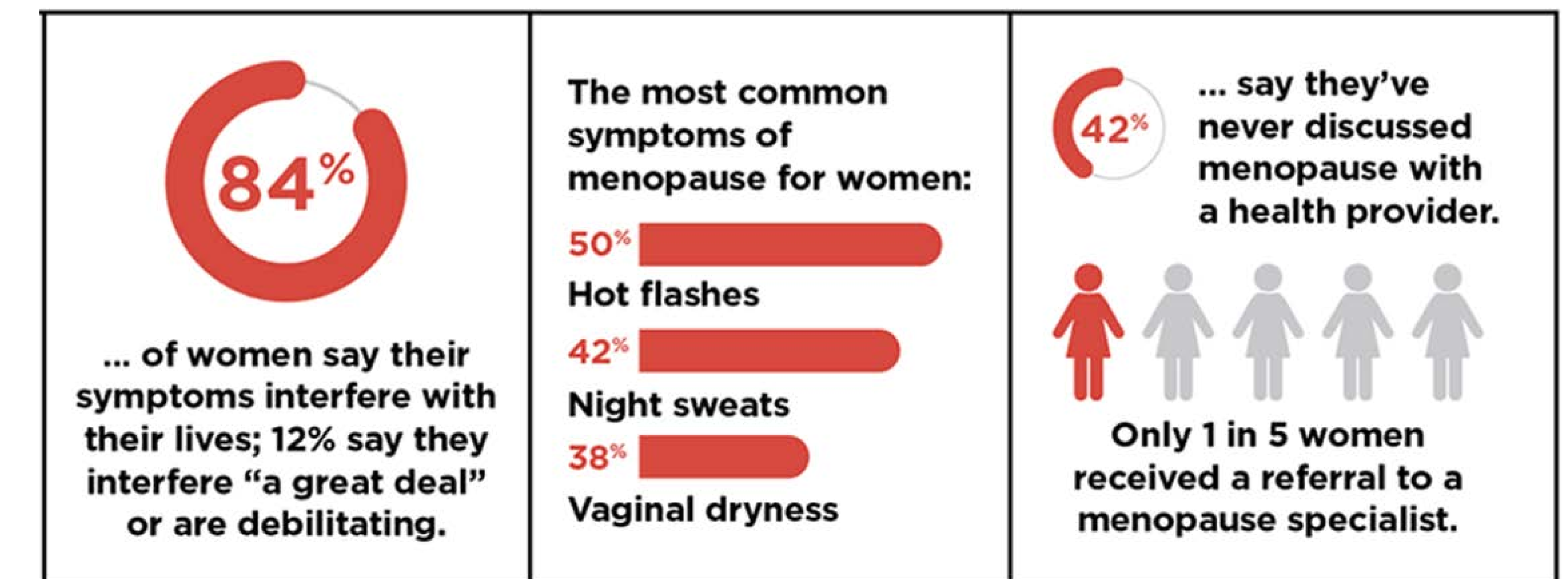
Population Research

Most of the menopausal studies have been done in North America and Europe, therefore; the most prominent group studied has been Caucasian women. In a Study of Women Across the Nation (SWAN), women of different racial and ethnic backgrounds were surveyed about their experiences with menopause. A relationship linked certain groups with various menopausal symptoms, the most common being hot flashes. Women in Latin America and Asia both had high reports of a younger age at the onset of symptoms (Palacios, Henderson, Siseles, & Tan, 2010). Vasomotor symptoms such as shoulder pain and low vision, was a more common among women in Japan and India experiencing menopause (Singh, 2002). Groups of low socioeconomic status, smokers, low activity, and overweight women reported higher levels of symptoms than other groups (Reducing Health Disparities, 2018). Although depression is common amongst all menopausal women, African American women are twice as likely to experience depression (Santoro, Epperson & Mathews, 2015). Another difference is the tendencies of the different groups to share their symptoms with others. Although none of the groups surveyed were comfortable talking to men about their symptoms, Japanese women are least likely to discuss menopause at all due to their cultural background. However, African American and Chicana women would only talk about their symptoms or seek care in like groups because that is where they felt the safest. Women of European descent were most likely to seek care and discuss their symptoms with a physician and, depending on their socioeconomic background, would also continue to have follow-up visits even without insurance coverage (Dillaway, Byrnes, Miller & Rehan, 2008).



Graphic provided by Owens, 2008.

References available upon request



Graphic provided by Wolff, 2018

Discussion

Historically, women's healthcare has mostly focused on reproductive and prenatal care (Owens, 2008). Many people view women only as a means to procreate, so when menopause begins the woman's role in the family essentially comes to an end (Canetto, 2001). Increasing life span of the population means one-third of women are living their lives post menopause (Sum & Tak, 2014). Women are spending more on healthcare, but still report a lower quality of treatment (Canetto, 2001). In a survey by the North American Menopause Society (NAMS), only 57% of physicians were up to date on their information regarding menopause symptoms (Wolff, 2018). Another study by the Women's Health Initiative showed that only 38% of women aged 50 or older were counseled by their physician about HRT (Owens, 2008). This treatment option is a very controversial topic surrounding menopause today. It was shown that there was a small decrease in risk of coronary heart disease for women who used HRT for a short time in low dosage at the beginning of menopause. Estrogen therapy, with or without progesterone, proved to be the most effective in relieving vasomotor symptoms, but only in the short term (Rossouw et al., 2007). With long term use of these hormones, women may become subject to many other problems such as breast cancer, stroke, and blood clots (Menopause, 2016). So far there is not a long-term medication that has been proven safe. Women continue to struggle with ongoing post-menopause symptoms with little treatment options available. Going forward, more research needs to be done on the management of menopausal symptoms which are safe for use in both the long- and short-term. Preventative care and cancer screenings could lead to a reduction in cost of health care for postmenopausal women by catching problems early and reducing long-term stressors (Owens, 2008). In order to do so there needs to be updated population research to pinpoint the problems that different populations are experiencing.