

# 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.

### VI. Clinical Findings

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

### VII. 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 presentati on	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

Symptoms	Cases	Duration between menopause & symptoms
<b>PSYCHOSOMATIC SYMPTOMS</b>		
Hot flushes and night sweats	133	2yrs
<b>GENITAL SYMPTOMS</b>		
Vaginal dryness	90	2-5yrs
Painful coitus	40	2-5yrs
Prolapse	56	7-10yrs
Vaginal discharge	50	5-10yrs
<b>PSYCHOLOGICAL PROBLEMS</b>		
Depression	50	3-5yrs
Tension	124	3-5yrs
Forgetfulness	100	2-4yrs
Poor concentration	80	2-4yrs
<b>SOMATIC SYMPTOMS</b>		
Dizziness	70	3-5yrs
Palpitations	56	5-7yrs
Numbness	62	3-5yrs
Irritability	120	1-2yrs
Tiredness	96	2-5yrs
Headache	90	2-5yrs
Sleep problems	90	2-5yrs
Joint/backache	80	5-7yrs
Weight gain	60	5-7yrs
<b>URINARY SYMPTOMS</b>		
Dysuria	70	2-5yrs
Frequency	80	2-5yrs
Incontinence urge+ stress	70	5-10yrs
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

### **VIII. 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.

### **IX. Limitation**

- Less number of sample size
- Dropouts during study

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