

ADVANCEMENT OF THE FEMALE REPRODUCTIVE PHASES CORRELATED WITH POSTMENOPAUSAL COMPLICATIONS INTENSIFICATION: CURRENT APPROACHES TO THE PREVENTION AND TREATMENT

Abstract

Women go through menopause naturally as they age. Many women transition into menopause with few or no symptoms, while others experience severe or even incapacitating symptoms. When female gynaecologist Trotula of Salerno stated that "there are older women who put forth blood matter especially when menopause approaches them" in the 11th century, we had a very different notion of the menopause. However, little is understood regarding the effects of menopause on women's mental health, particularly in the case of severe and persistent conditions like schizophrenia. Many postmenopausal women get vulvovaginal atrophy, which is brought on by an inadequate oestrogen supply. Vaginal dryness, itching, irritation, and dyspareunia are symptoms. Oestrogen therapy was the usual for lowering bone loss when a link between menopause and osteoporosis was first recognised in the past, but there was little information on fracture prevention even though it was thought to be effective. Up until the Women's Health Initiative (WHI) research published data on 6 years of hormone therapy treatment in 2001, which showed an increase in heart attacks and breast cancer, this persisted. Patients were concerned and there was a significant decline in oestrogen use even though the hazards were minimal (1 per 1500 users annually). In further analyses, the WHI trial demonstrated that oestrogen in women between the ages of 50 and 60 really decreased fractures and averted heart attacks.

Keywords: Vulvovaginal atrophy, WHI, Dyspareunia, Vaginal dryness

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