# Climacteric Disorder among Women: A Qualitative Review

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**Abstract**

*The climacteric is a wide phenomenon. Women of entire world go through it at their own level. It's a topic on which women hesitate to talk openly. It include breast tenderness, uterine bleeding, arthralgia, hemorrhage, changes in emotional level such as facing depressing, emotional breakdown, irritability and other. Other than such emotional breakdown nausea, vomiting, headache, gaining or losing weight is common problem associated to climacteric disorder.* ***The purpose of the present study is*** *to assess the Climacteric disorders among women such as during menopause whatever a women or girl face mentally or physically. This is mainly done in women when they reached at the age of 12 to 48 worldwide. For completing the study two objectives has been taken.* ***First Objective*** *of study is to analysis the symptoms which lead Climacteric among women such as Vaginal problems, Breast changes, Behavioral problems, Weight gain, Problems in the urinary tract etc. and* ***second Objective*** *is to identify the variables which effect Climacteric these are Physical variables (lack of energy, joint soreness, stiffness, back pain etc.), Psychological variables (anxiety, poor memory, inability to concentrate) and Vasomotor variables (hormone estrogen fall etc).* ***Secondary source of method or data*** *is used to deal with the theme of paper. Sometime the word climacteric is interchanged with term menopause and all these changes are high during the period of menopause among women.*

***Keywords:*** *Climacteric, Side effects, Disorder, Menopause, Reviews, Symptoms.*

## Introduction:

The climacteric is a universal accepted phenomenon that is effecting women of age 12 to 48 in throughout the world. Women who are facing it are more sensitive to talk on this issue. This term word Climacteric is derived from Latin word climactericus and Greek word klimakterikos which broadly mean critical point in life. Mainly Climacteric are not considered in an illness, but it is a natural process which is inbuilt in women facing menopause or reproductive time such as bearing child in womb lads various changes in behaviour in women body and brain.

In the culture context every women should know the menopausal transition. In the words of Thompson "When looking at different countries, variations in symptom reporting can be attributed to language differences, culturally shaped expectations about menopause, culturally influenced gender roles and socioeconomic status."

This is critically an issue during which women faces health issues, such as psychological, physical and vasomotor troubles etc. Many of the studies have demonstrated that estrogen plays important roles in preventing cardiovascular disease (Kalinet. q1990) as its decline leads to osteoporosis. After the period menopause an increased the risk of the development of chronic diseases and these diseases are a major source of morbidity, decreased quality of life, mortality and economic burden.

## Symptoms Which Leads Climacteric:

These are Vaginal problems, Breast changes, Behavioral problems, Weight gain, Problems in the urinary tract and Irregular or heavy vaginal bleeding. These are some of the most effecting symptoms which take women towards climacteric disorder. But it does not mean that only these factors effects other than this there are many more factors which affect women during they are effect by climacteric. These are explained below for further understanding of topic as follows:

- **Vaginal problems**: With the fall in estrogen levels, the lining tissues of the vagina become thinner, drier and less elastic. This rise to symptoms such as dryness, itching, irritation or pain during sexual intercourse. Such changes in the lining tissues of the vagina also make it susceptible to a host of infection.

- **Breast changes**: Hormonal changes leads to pain in breasts, soreness, tenderness in one or both the breasts. These changes are noticeable while in pregnancy, post-partum, menstrual periods and are also present during pre and post-menopause phase.
- **Behavioral problems**: Women hitting menopause can also suffer from memory problems, irritability, mood changes and extreme fatigue. Though it is difficult to draw a direct co-relation of behavioral upheavals and menopause, but these are most common symptoms of menopause. All these symptoms can also cause a dip in cognitive functions and emotional distress.
- **Weight gain**: With menopause, the body fat distribution also changes. Fat deposited more on the waist and abdomen than on hips and thighs. Usually weight gain due to menopause becomes difficult to manage if ignored for a long time.
- **Problems in the urinary tract**: Like the vagina, the lining of the urethra also undergoes similar changes due to the same reasons. This can lead to increased risk of urinary tract infection. One might also experience a need to urinate more frequently or even suffer from incontinence. Incontinence after menopause can result while coughing, laughing or while lifting heavy weights.
- **Irregular or heavy vaginal bleeding**: There is no particular pattern of bleeding during the pre-menopausal phase. You may either experience heavy or frequent vaginal bleeding or have your periods placed far apart. This can continue for few years before your ovaries actually stop their work. This phase marks a decrease in fertility in women as ovulation becomes irregular.

Biologically, climacteric is the end of reproductive period of women's. It is the process that involves the woman of every age in between 12 to 48 and effects body, mind, and sprit too and it is inclusive of physical, mental and emotion act.

The climacteric really refers to the entire time related event associated with "the change in life" also final menstrual period (FMP) in women body. The early climacteric years occur between the ages of 40 to 50 .Multiple and extensive changes occur with the Climacteric such as low estrogen level leads to atrophy of breasts, labia, uterus, hot flushes, night sweat, irritability,

mood swings. It's a natural event in which the ovaries reduce the production of two female hormones ESTOGEN and PROGESTERONE (Margareet. Al, 1978; Martin, 1985)

The concept of a critical age of decline in physical and physiological reactions to the body aging begins. This is due to drastic changes in body compositions after menopause. Sarcopenia is an age related disorder in which decrease in the cross-sectional area of skeletal muscle fibers consequently leads to a decline in physical function, gait speed, balance, coordination, decreased bone mineral density and quality of life of women.

Physiological changes occur in middle aged women who attributed to menopause or to be aging process. Many women report that climacteric is the positive time of change and opportunity to experience more independence (Musgrave and Menell, 1980). On the other side many takes it as negative in terms of getting started their aging process.

## Variables which effects Climacteric:

**These are Physical variables, Psychological variables and Vasomotor variables**.

- **Physical variables:** Climacteric includes lack of energy, joint soreness, stiffness, back pain, breast pain, heart palpitation, headache, dizziness, dry, itchy skin, weight gain, urinary in continence, urinary urgency, interrupted sleeping patterns, heavy night sweats and hot flushes.
- **Psychological variables:** These are those variables which effect the functioning of various organs of body and this may lead to many symptoms during climacteric such as anxiety, poor memory, inability to concentrate, depression, mood irritability, mood swings, less interest in sexual activity.
- **Vasomotor variables**: In this variables hot flushes and night sweats that result from hormonal fluctuations. During this stage levels of the hormone estrogen fall. Estrogen withdrawal is the cause of hot flushes. The loss of estrogen disrupts the body's ability to regulate heat properly, causing a sweating response at lower than normal core body temperatures. During a hot flush, the feeling of heat is caused by the sudden opening of the blood vessels close to the skin, followed by increased blood flow. Sweating lowers the core body temperature, and then may lead to shivering to increase the temperature back to normal. (American Menopause Society, 2006)

**Some of researchers had done tremendous work in this specific topic sub themes not as entire that is giving light to climacterics literature review these are as follows:**

The Mid-life period which showed increases in body weight (**Gutierrez and Catherine 2016).** The menopausal transition by obesity status, and examine the evidence regarding the menopausal transition and reproductive hormones effects on body weight, body composition, or fat distribution. Mid-life obesity is associated with a different menopausal experience including associations with menstrual cycle length prior to the final menstrual period (FMP), age at the FMP, and higher prevalence of vasomotor symptoms. Chronic diseases may aggravate or simulate climacteric symptoms (**Katainen et.al (2016)** although acknowledged in clinical practice, there is a lack of research systematically analyzing the association between chronic diseases and climacteric symptoms. The occurrence of various diseases (cardiovascular, neurological, sensory organ, broncho pulmonary, musculoskeletal, gastrointestinal, urological, dermatological, and thyroid disease, diabetes, and cancer) was recorded. The associations between the diseases and symptoms were defined with multivariable analyses, adjusting for various confounding factors. The women with the diseases had more symptoms. Vasomotor symptoms and sleep problems were associated only with gastrointestinal diseases, and lower sexual functioning only with diabetes. The remaining symptoms were associated with several diseases, except being worried about growing old, which was not associated with any. Many symptoms connected to the climacteric may manifest also due to chronic diseases. Thus, health-care professionals should consider the origin of the symptoms when treating middle-aged women with chronic diseases.

Vasomotor symptoms (VMS), genito-urinary syndrome of menopause (GSM), sleep disturbance, sexual dysfunction and mood disturbance are common during the menopause transition (**Roberts and Hickey (2016)**. Improvements in survival due to advances in antiretroviral therapy (ART) have led to a shift in the age distribution of those receiving HIV care, with increasing numbers of women living with HIV (WLHIV) reaching menopausal age (**Tariqet.al (2016)**. Various changes in body composition and body fat distribution are

accompaniments of biological ageing, presented mostly in the middle age and significantly notable during the menopause transition (*Dankova* **at.al(2014).** This study aimed to examine the effect of menopausal status on body composition characteristics in 368 apparently healthy women aged 38–61 years. Statistical analysis adjusted for age did not show differences either in the body composition characteristics or in the nutrition and obesity indices between pre and post–menopausal women. Regression analyses pointed on statistically significant effect. Menopause age is constant, an increase in life expectancy has resulted in an increase of the menopause period in women (Bakoue**iet.al, 2013)**. Since menopause age is constant, an increase in life expectancy has resulted in an increase of the menopause period in women. This study was done to assess women's awareness level about symptoms and complications of menopause and methods of their prevention. Prospective studies on physical activity and diet and the onset of natural menopause are scarce (**Chisatoet.al, 2012)**. The aim of this study was to examine the association of physical activity and dietary factors potentially related to endogenous estrogen levels such as fats, dietary fiber, soy is flavones, and alcohol with the onset of menopause in a cohort of premenopausal women.

## Conclusion:

The climacteric is worldwide experienced phenomenon by women. as it includes many of body and mood swings in women during menopause or during child birth such as breast tenderness, arthralgia, uterine bleeding, hemorrhage, unknowing emotional breakdown which includes crying, feeling bad, irritability and various kind of fear and depression, which leads body of women in vulnerable stage and facing nausea, vomiting, headache, gaining or losing weight is common problem associated to climacteric disorder. The present study will be an attempt to investigate the role of physical activity on variation in climacteric symptoms, managing their variables and enabling alteration towards a secure and bright future.

## References:

- Aldughaither, A., Almutairy, H., &Alateeq, M (2015).*Menopausal symptoms and quality of life among Saudi women visiting primary care clinics in Riyadh, Saudi*Arabia. 7()DOI https://doi.org/10.2147/IJWH.S84709.
- Arora,D.(2015).*11 symptoms that signal onset of menopause*http://www.thehealthsite.com/diseases-conditions/11-symptoms-of-menopause-that-you-should-be-aware-of/
- Astrand, L. L., Nedstrand, E., Wvon, Y. &Hammar, M. (2004).Vasomotor Symptoms and Quality of Life in Previously Sedentary Postmenopausal Women Randomised to Physical Activity or Estrogen Therapy. *Maturitas. 48(2),*DOI:10.1016/S0378-5122(03)00187-7.
- Bakouei, F., Basirat, Z., Salmalian, H.,Omidvar, S. &Bakouei, S. (2013). Assessment of women's awareness level about symptoms and complications of menopause and methods to their prevention. *Journal of Local and Global Health Science*, 6, DOI: 10.5339/jlghs.2013.6
- Blanck, H.M., Patel, A.V., Gillespie, C., Calle, E. E., Cokkinides, V.E., Galuska, D.A., KhanL, K. &Serdula, M. K. (2007).Sedentary Behavior, Recreational Physical Activity, and 7-Year Weight Gain among Postmenopausal U.S. Women. *Obesity a research journal,* 15(4),
- Chisato, N., Keiko, W., Kozue, N., Yuya, T., Michiko, T. & Hiroyuki, S. (2012). Associations of physical activity and diet with the onset of menopause in
- Daley ,A.J., Stokes-Lampard H.J. & MacArthur C (2009). Exercise to reduce vasomotor and other menopausal symptoms: A review. *Maturitas*, 63(3), http://www.sciencedirect.com/science/article/pii/S0378512209000607
- Emma, K. Jones.,Janelle, R.,Jurgenson.Judith ,M. Katzenellenbogen &Sandra C Thomps on ( 2012). Menopause and the influence of culture: another gap for Indigenous Australian womenDOI: 10.1186/1472-6874-12-43. *BMC Women's Health*201212:43
- Faustino,R. P.L., Peter C., Juan J. G. &Gonzalo, P.R. (2009).Cardiovascular risk in menopausal women and prevalent related co-morbid conditions: facing the post-Women's Health Initiative era. *Fertility and Sterility,* 92(4), doi:10.1016/j.fertnstert.2009.06.032.
- Hammar,M., Brynhildsen, J., Wyon,Y., Elizabeth,N. & Morris,N. (1995). The Effects of Physical Activity on Menopausal Symptoms and Metabolic Changes aroundMenopause.*Menopause,2(4).*http://journals.lww.com/menopausejournal/Abstract/1995/02040/The_Effects_of_Physical_Activity_on_Menopausal.4.aspx.
- Hammer, M., Berg,G. & Lindgren, R. (1990). Does Physical Exercise Influence the Frequency of Postmenopausal Hot Flushes?*ActaObstetricia et Gynecologica Scandinavica,*69(5),DOI:10.3109/00016349009013303http://www.sciencedirect.com/science/article/pii/S0015028209013533

- Ivarsson ,T., Spetz,A.C. &Hammar,M. (1998). Physical exercise and vasomotor symptoms in postmenopausal women. *Maturitas*, 29(2), doi:10.1016/S0378-5122(98)00004-8.
- Katainen,R.E., Engblom,J. R., Siirtola,T.J., Erkkola, R.U. & Polo-Kantola,P.(2016).Climacteric symptoms in middle-aged women with chronic somatic diseases.*Maturita,*DOI10.1016/j.maturitas.2016.01.005, http://www.ncbi.nlm.nih.gov/pubmed/26921923.
- Love S. M. (2003).*Menopause & Hormone Book.* New York NY: Harmony
- Schneider, P. G. &Naftolin, F. (2004).*Climacteric medicine-where do we go*? London and,NewYork: Taylor Francis.
- Moriyama, C. K., Oneda, B., Bernardo, F.R., Cardoso, Crivaldo, G. Jr., Forjaz, C.L. Fonse. (2008). physical exercises and estrogen therapy on health relatedquality of life in postmenopausal women.*Menopause,*15(4), DOI:10.1097/gme.0b013e3181605494.
- Teoman. N., Ozcan. A. &Acar.B. (2004). The effect of exercise on physical fitness and quality of life in postmenopausal women.*Maturitas*,47(1),DOI:10.1016/S0378-5122(03).
- Karvonen-Gutierrez, C & Catherine, K (2016)*Mid-Life Changes in Body Size, Body Composition and Obesity Status with the Menopausal Transition.4*(3), 42; https://doi.org/10.3390/healthcare4030042
- Aréchiga, J.,Prado,C.,Canto,M.,&Carmenate,M.(2001)*Women in Transition – Menopause and Body Composition in Different Populations Women in Transition – Menopause and Body Composition in Different Populations.*25 (2001) 2: 443–448 UDC 572.512:612.662.9.
- Dankova , Z., Sivakova, D., Luptakova, L., Cvicelova,M.,Ceraanova ,V.(2014)*The variability of body composition characteristics in pre- and postmenopausal women from Slovakia*. Vol. 77 (1), 67–76 (2014)DIO--DOI: 10.2478/anre-2014-0006
- MargaretLock,RN.,Debra,MN.,AndersonRN.(2018)Cross-cultural menopausal experience: Comparison of Australian and Taiwanese womenhttps://doi.org/10.1046/j.1442-2018.2003.00139.x