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**Research Article**

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*Open Access, Volume 1*

## **Menopause, Effects and Care for Women at this Age**

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### **Abstract**

**Purpose:** This paper aims to emphasize the effects of menopause, as an age of women experienced at volatile time intervals, but with significant effects on social life and the surrounding society.

**Materials and methods:** In this study, data on menopausal clinical signs in female patients at the Obstetric Hospital, Fier, have been reported for a period of three months, accompanied by advice on the care of these patients, obtained from publications most recently in this area.

**Conclusions:** Psychological care and assistance, accompanied, in some cases, with the application of the necessary medication, make it possible for this period to be somewhat difficult to adapt to menopausal women.

**Keywords:** Menopause; care; Oral lesions

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**Manuscript Information:** Received: April 15, 2020; Accepted: May 11, 2020; Published: May 14, 2020

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**Citation:** Kapaj E, Heta S, Kapaj S, Gina E, Robo I. Menopause, Effects and Care for Women at this Age. *J Surgery*. 2020; 1(3): 1011.

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## Background

The average life expectancy of women is about 80 years, with most of them living 40% of menopausal life. More than 10% of women switch to natural menopause by the age of 45. Menopause is divided into two phases: early and late. Numerous studies confirm the increased risk of cardiovascular disease as a cause of female mortality associated with early menopause [1].

To understand the characteristics of this age we need to know the effects of hormones, or their reduction, on the body. Menopause shows symptoms associated with estrogen reduction. Climatic symptoms are associated with an increased risk of women's chronic health status in menopause, including hypertension and cardiovascular disease [2].

From a physiological standpoint, menopause is characterized by [3]:

- Reduced estradiol levels, several years before the actual onset of menopause;
- Increased levels of LH and FSH gonatropins, and sex hormone levels begin to fluctuate;
- The stage around the onset of menopause is characterized by abnormal ovarian activity, exhibiting non-periodic cycles;
- Nonovulatory cycles show reduced levels of estradiol and progesterone, due to a lack of corpus luteum function.

Hormonal changes affect the appearance of obesity and diabetes, and these two conditions increase the risk for depression.

## Methodology

Knowing the systemic effects already known in the literature of menopause, this paper aims to emphasize these menopausal effects as an age period experienced by women at fluctuating intervals, but with significant social and social impacts. that surrounds them. The systemic effects of menopause to be evaluated in the study are listed below:

- Osteopenia and osteoporosis are associated with menopause. Osteopenia reduction of bone mass due to balance between resorption and formation, with predominance of resorption. Osteoporosis, a decrease in bone mass, can lead to bone fractures. For most women, the peak bone mass is 20-30 years [5].
- Estrogen reduction reduces collagen formation in connective tissue, followed by skin thinning, which affects tissues such as wrists, hair, nails [3].

Studies have shown that the prevalence of migraine and other climacteric symptoms increase especially during late menopause. Treatment techniques range from stages of the transitional phase of menopause, including daily preventative

measures, mini-prophylaxis, and hormone therapies [6].

- Hot flashes and night falls are another sign of menopause. Estrogen therapy is the gold standard of treatment for these signs in the menopausal transition stages [7].

- Uterine leiomyomas, called fibroids, have a high incidence in the age of early menopause. These are indications of hysterectomy [8]. Despite the benign nature, they are responsible for the significant morbidity in most productive women, but with post-menopausal regressive ability.

- The incidence of cardiovascular disease increases after menopause. One of the reasons seems to be metabolic syndrome, which involves visceral obesity, dyslipidemia, hypertension, and glucose metabolism disorders, all of which are associated with increased risk for cardiovascular disease. Obesity as a result of hormonal disorders may be subsequently associated with an increased incidence of breast, endometrial, intestinal, esophagus, and adrenal tumors [9].

Changes in the oral cavity are: dilation of the oral mucosa, xerostomy, change of taste, reduction of the alveolar ridge, loss of teeth due to the effect of caries and periodontal diseases [10].

This study summarized data on the clinical signs of menopause in 63 female patients admitted to the gynecological-obstetric hospital, Fier, over a 1-month period, accompanied by advice on the care they received from these patients. this field. Systemic effects were recorded in each of the patients with the clinical signs mentioned above. Following obstructive-gynecological and oral screening, they also refer to possible treatments in three directions: daily prophylaxis, mini-prophylaxis or hormone therapy.

## Results

Patients included in the study were summarized according to the breakdown of registered clinical signs. These data are presented in Table 1.

Table 2 shows the interconnections between specific systemic signs.

Table 3 shows the breakdown of patients by clinical signs in the oral cavity.

There is a close relationship between the presence of osteopenia (30%) and osteoporosis (27%). Dermatological, oral problems, and flashes of sweating were present in all females (100%). Leiomas present in 8% of patients. Cardiovascular disease mainly hypertension in 43%. Non-insulin dependent diabetes mellitus in 35%. Menopausal therapy aims at preserving bone mass, which is well stabilized by continuous estrogen therapy, reducing the likelihood of fracture. Various studies in the literature have shown the potential positive effects on vascular and metabolic changes of estrogen in women who are just beginning to exhibit menopausal problems. hormone therapy has no significant effect. The treatment of metabolic syndrome is based on changing lifestyles and, when needed, using medications. In the presence of these symp-

toms of climacteric syndrome, hormone therapy, when indicated, also contributes to the improvement of the metabolic syndrome.

## Conclusion

Psychological care and assistance, coupled in some cases with the use of the necessary medications, make this transition period somewhat difficult for women of post-menopausal age.

**Table 1:** This table shows the patients divided into groups according to the registered clinical signs.

Clinical signs	Number of patients
Osteopenia	19
Osteoporosis	17
Dermatological problems	63
Migrena	8
Flashes and night sweats	63
Leomyoma	5
Cardiovascular diseases	27
Diabetes	22
Oral cavity	63

**Table 2:** Patients divided by the association of recorded clinical symptoms.

Interconnection between clinical signs	Cardiovascular diseases	Diabetes
Osteopenia	19	13
Osteoporosis	17	2

**Table 3:** Clinical signs in oral cavities encountered in female patients included in the study.

Oral clinical signs	Osteopenia	Osteoporosis	Cardiac diseases	Diabetes
Xerostomia	19	2	2	7
Change of taste	17	1	2	3
Oral ridge reduction	63	10	5	2

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