REFLECTIONS

The Staging of Menopause

Behram S Anklesaria

ABSTRACT

Staging of menopause not published and needed to be defined for long-term consequences and their management. This staging based on duration, event and action seems to be relevant. Each stage duration is highly variable, but a rough 5 years per stage calculation is clinically useful. Our 'staging of menopause' has now become the best method to understand the symptomatology, the complications and the management of a woman's best years—the menopause!

Keywords: Menopause, Staging, Symptomatology.

How to cite this article: Anklesaria BS. The Staging of Menopause. J South Asian Feder Menopause Soc 2013;1(1): 1-3.

Source of support: Nil

Conflict of interest: None declared

INTRODUCTION

Modern menopause management is a subject that has interested Indian physicians to an ever-increasing extent since the last 3 decades. Ever since my earliest involvement with Indian Menopause Society (IMS), I was troubled by the fact that no staging system for menopause was published anywhere in the world. I found this strange, because it was obvious to me that the clinical events occurring in a woman's life around the time of menopause are progressive endocrinological changes. In the first staging system ever published (1997), I divided the menopause transition into three stages, each with a duration line, an events line and an action line. This article deals with the relevance of my staging system in modern times, 14 years after its first publication.[1]

STAGES OF MENOPAUSE

Stage I

From the earliest perimenopausal symptom (usually vasomotor instability or menstrual irregularity) to menstrual cessation (menopause).

Stage II

Five years after menopause.

Stage IIA

From the cessation of menstruation up to 1 year (that is up to confirmation of menopause by WHO definition). The main symptoms of menopause during this stage are urethral syndrome and vasomotor instability.

Staging of menopause, Dr Behram S Anklesaria (1997)

Stages	*Stage I*		*Stage IIA*	*Stage IIB*	*Stage III*
Years	Roughly 3-5 years before the menopause		One year	Up to 5 years after the menopause	From 5 years after menopause up to her lifetime
Events	IA: Menstrual irregularity IB: Vasomotor instability IC: Early psychosomatic symptoms	MENOPAUSE	CONFIRMATION	Local atrophic changes Late psychosomatic symptoms	III A: Late atrophic changes III B: Ischemic heart disease III C: Osteoporosis III D: Very late complications, e.g. cerebro-vascular accidents, Alzheimer's disease, etc.
Action	Establish communication			Treat	Prevent

Stage IIB

From end of II A up to 4 years. The usual symptoms are as follows:

- Atrophic symptoms, vaginitis, dyspareunia
- Urinary symptoms
- Weight gain + abnormal weight distribution
- Skin and hair changes
- Genital prolapse
- Late psychologic symptoms
- Sexual disorders.

Stage III

From 5 years after menopause up to her lifetime.

- III A: Late atrophic changes
- III B: Ischemic heart disease
- III C: Osteoporosis
- III D: Very late complications, e.g. cerebrovascular accidents, Alzheimer's disease, etc.

PRACTICAL USAGE

The 5-Year Rule of Thumb

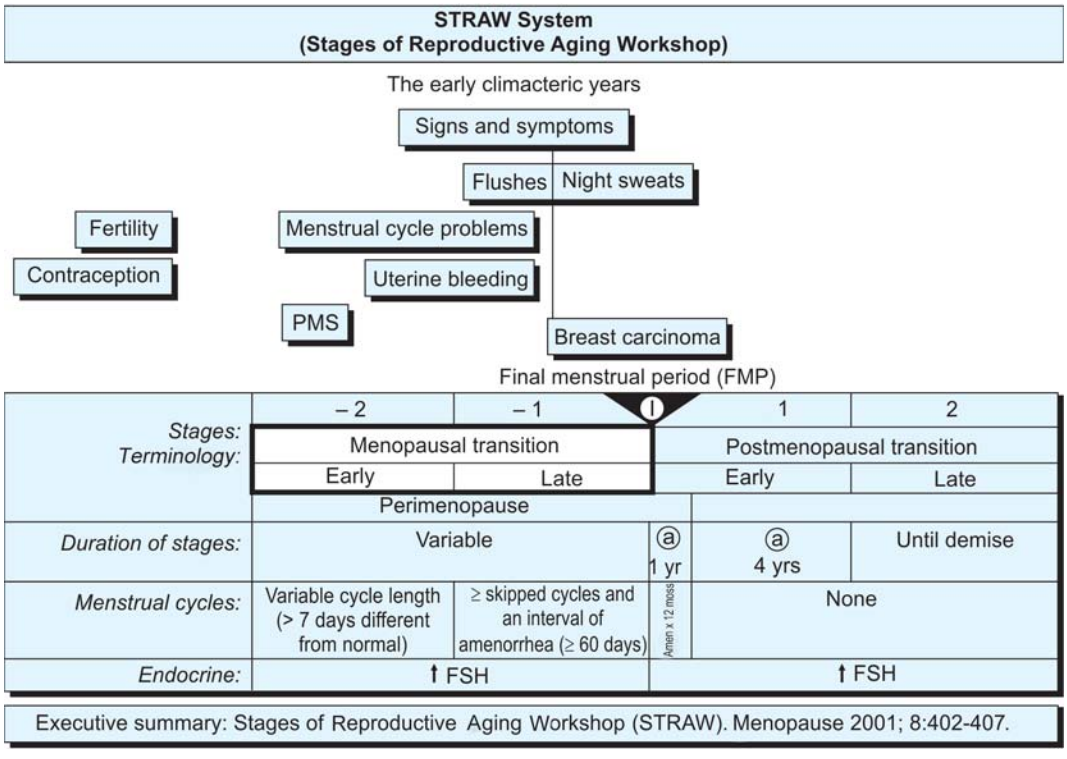
- Each stage duration is highly variable, but a rough 5-years per stage calculation is clinically useful.
- Consider the case of lady 'A' who reaches her menopause at say age 50.
- From 45 to 50 years, she is in stage I when she needs initial counseling.
- From 50 to 55 years, she will be in stage II—the window of opportunity.
- From 55 to 70 years, she will go through the earlier stages III complications which could have been prevented.
- At 70+, she enters stage III D and beyond. She now needs very different management than the earlier stages.

In 1997, when this staging system was first published, long-term hormone replacement therapy (HRT) was popular in the West. Subsequently, this staging has been widely published in India and abroad. In 2008, it was adopted by the IMS and presented at the World Conference of the International Menopause Society at Madrid.[2]

Meanwhile, WHO and other studies considerably reduced the popularity of long-term HRT. However, our staging system has now become even more relevant because HRT and other interventions are now critically time bound. For example, the window of opportunity period for initiation of long-term HRT corresponds with 'Stage II' of this system.

Individualized management of 40+ women with their diverse cultural and regional needs is not possible without clinical categorization.

Individualization of treatment involves another more important aspect. The same patient develops different needs at various 'stages' of menopause. A good physician will encourage the patient to report regularly and will alter the management to suit her ever-changing needs. This simple



FSH: Follicle stimulating hormone

scientific 'staging system', widely disseminated, has helped us to do just that.

We have just detailed the Anklesaria staging system, published in 1997. The author presents here his staging system, first published in India in 1997. Four years later in 2001, the 'Stages of Reproductive Ageing Workshop (STRAW) and the American Society for Reproductive Medicine published another staging system.[3] This is an excellent system for reproductive aging, useful for managing infertility problems of older women. However, in dealing with symptomatic and preventive aspects of menopause, we feel that our older staging system is superior. It has been widely propagated in textbook chapters, journals and through lecturers all over the world.[4,5]

Some interesting facts emerge on comparison between the two-staging systems. The STRAW system details the premenopaused stage with an emphasis on the fertility aspects. However, there is no action line and no emphasis on the prevention of menopause complications. On the contrary the Anklesaria staging system mentions no aspects of fertility in the 'first stage' but goes to great lengths in enumerating the progressive complications in the 'third stage.' The last line clearly emphasizes the action philosophy at each stage with 'preventing complications' in the third stage.

CONCLUSION

The most important sociomedical change of the present era has been the dramatic increase in life expectancy and the dramatic rise of older populations, woman's liberalization, emancipation and professionalism has led to spreading concepts of menopause as a 'positive' change, greatly encouraging is the rising awareness of the benefits of life style changes. Estrogen therapy for treatment and prevention has become complicated. However, the most important development has been the crucial importance of the timing of various interventions in menopause management. That is why our 'staging of menopause' has now become the best method to understand the symptomatology, the complications and the management of a woman's best years —the menopause!

REFERENCES

1. Ankesaria BS. HRT for mature women using a clinical staging system. Gujarat Medical Journal 1997;54:685-89.
2. Ankesaria BS. Staging of menopause: The Indian mantra. Proceedings of the International Menopause Society Conference, Madrid 2008, Maturitas 2009.
3. Executive Summary: Stages of Reproductive Ageing Workshop (STRAW) Menopause 2001;8:402-07.
4. Ankesaria BS, Soneji RM. Risk-benefit balance in management of menopause. In: Purandare CN, Khadilkan SS (Eds). Menopause: Current Concepts. New Delhi, India: Jaypee Brothers Medical Publishers 2004;194-205.
5. Kumar P, Malhotra N. Menopause. In: Jeffcoate's (7th International ed). New Delhi, India: Jaypee Brothers Medical Publishers 2008;862-63.

ABOUT THE AUTHOR

Behram S Anklesaria

Senior Consultant, Obstetrician Gynecologist, Specialist in Infertility, Endoscopy, Menopause and Adolescence, Dr SB Anklesaria Hospital for Women Lal Darwaja, Ahmedabad, Gujarat, India, Founder President, South Asian Federation of Menopause Societies (SAFOMS) Chairman, Indian College of Obstetrics and Gynecology (ICOG) (2010-12); Past President, Federation of Gynecological and Obstetric Societies of India (FOGSI) and Indian Menopause Society (IMS) Professor, Emeritus and Chairman, Ethics Committee, NHL Medical College and LG Hospital, Ahmedabad, Gujarat, India Phone: +919825011000, e-mail: me40no.pause@gmail.com