

Editorial

With improving conditions in women's health, women are living longer than before. Currently, most of the women are now living one-third of their lives in menopause. These women also face issues related to menopause and are in need of solutions for their menopausal problems. Many a times, there is total lack of awareness pertaining to menopause on the part of the women. Menopause is established by cessation of menses for at least a year and a significant increase in follicle stimulating hormone (FSH) and luteinizing hormone (LH) levels (>40) along with a reduction in serum estrogen (<20 pg/ml). Commonly faced side effects are vasomotor and genitourinary symptoms. There is an increase in incidence of cardiovascular conditions and osteoporosis. These can be helped to some extent by diet modification and life style changes.

There exists a huge need for appropriate menopause management, and South Asian Federation of Menopause Societies (SAFOMS) has a huge role to play in creating awareness among general population, regarding what is menopause, effects of menopause, coping with menopause and seeking help for menopausal problems from the right quarters. The society also aims at creating awareness and capacity building of healthcare professionals and Ob/Gyn specialist's regarding the management of menopause problems and decision-making regarding hormone replacement therapy (HRT), need, type and duration of use. They also need to be made aware that management of menopause is more than hormone replacement. The national and regional societies can also play an important role in developing, adapting and implementing practical and brief guidelines regarding management of menopause.

Since the results of WHI trial became public, the use of HRT has been almost nonexistent because of the ensuing panic and lack of clarity regarding its use. In 2013, the new recommendations by the British Menopause Society have resulted in some clarity regarding its use, duration and limitations.

In this journal of SAFOMS, some very exciting articles are available. The article titled 'Menopause and the Asian Women' creates a backdrop of this issue.

Menopause is a universal biological phenomenon which is unique to women in different parts of the world due to genetic, cultural differences. For South Asian women, the experience is welcomed as getting rid of menses and is treated as another landmark in life. Asian women hence think that the issues related to menopause are inevitable and do not seek help in most of the cases. However, more educated women find it easier to seek help for menopausal symptoms. When faced with genitourinary symptoms, such as vaginal dryness, the Asian women tend to accept it without seeking treatment for it while western women are bothered, seek help and want to be treated and would go at length to get proper treatment.

There is an interesting article on 'Menopause and Malignancy', which brings to forefront the importance of gynecological malignancy in the postmenopausal woman. It is not that menopause can cause gynecological malignancy but the fact that the incidence is greater in postmenopausal women and sometimes the injudicious use of HRT can increase the incidence of breast and endometrial cancer. Ovarian cancer is sinister in its presentation as there are no definitive early signs, which will point toward the disease till it is advanced. Cancer cervix similarly cannot have primary prevention at this stage, as vaccination is not recommended beyond menopause. Also, the fact that, in menopause, there is regression of the transformation zone into the cervical canal and cytobrush is more appropriate rather than traditional smear with years spatula.

Another article on 'Nonhormonal Approach—What's New?' is also a part of this journal which demonstrates that management of menopause is not entirely dependent on hormone replacement therapy as it is the general impression, but there are a variety of nonhormonal choices, such as medicines, vitamins, life style modification in terms of diet and exercise that can help the situation. Vasomotor symptoms can be quite cumbersome and the role of selective serotonin reuptake inhibitor (SSRI) and upcoming role of selective noradrenaline reuptake inhibitor (SNRI) is emphasized. These can result in 65% reduction in hot flushes after 12 weeks of use. Venlafaxine is safe for women with breast cancer, who are currently taking tamoxifen. The value of venlafaxine lies in the fact that it does not interfere with tamoxifen contrary to the more popular fluoxetine that interferes with the action of tamoxifen.

We hope the readers enjoy browsing through this article as we have enjoyed putting it all together.



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