

# THE CLIMACTERIC IN PERSPECTIVE

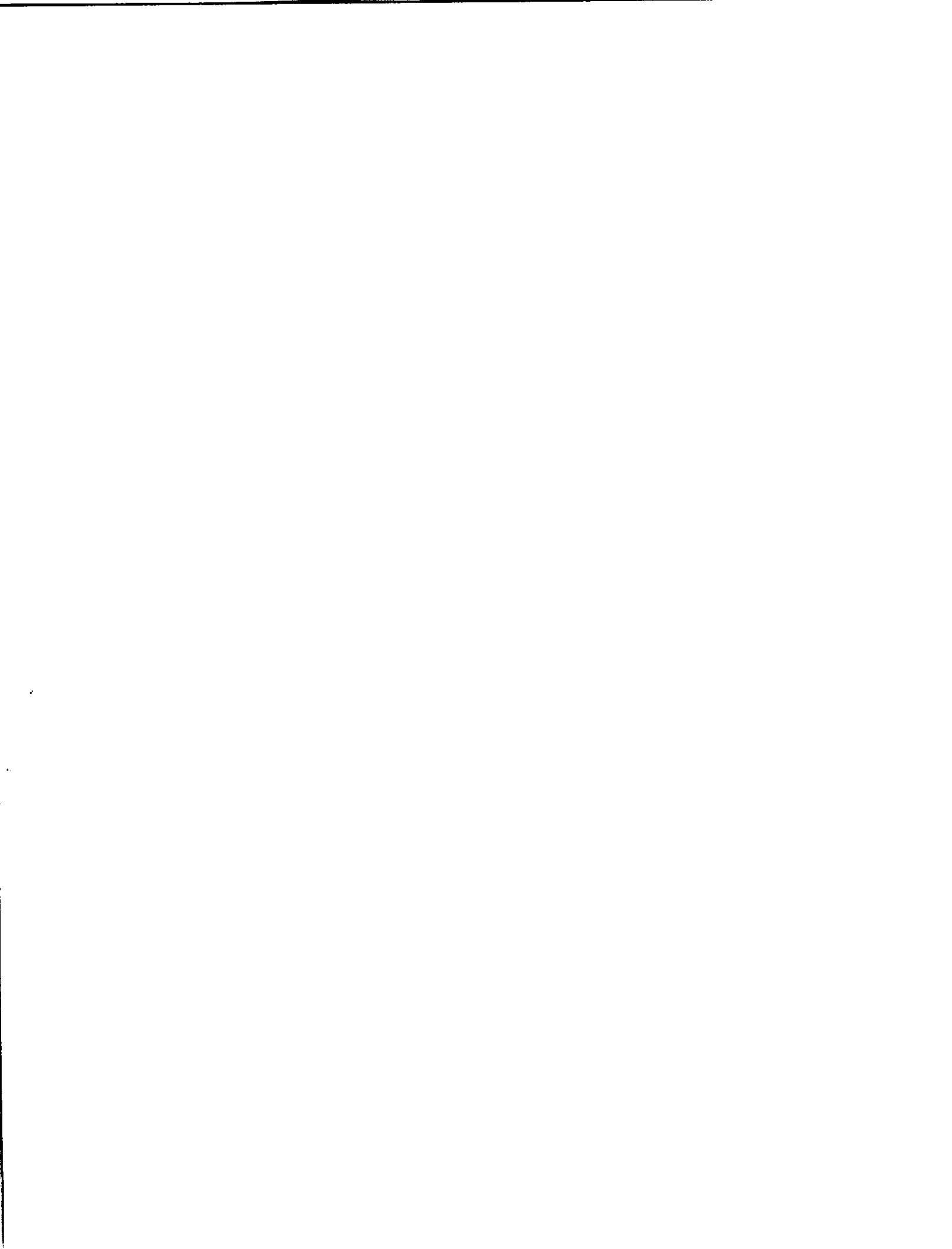
Edited by  
M. Notelovitz and P. van Keep

## About the Book

The Fourth International Congress on the Menopause was held in Lake Buena Vista, Florida. It differed from previous meetings held under the auspices of The International Menopause Society by expanding the scope of the subject matter to include the experience of professionals as diverse as anthropologists, nutritionists and exercise physiologists. The proceedings of the meeting were aptly summarized by the opening plenary session: "Climacteric Medicine and Science: A Societal Need".

Over 120 invited speakers plus numerous contributors to the free communications and poster sessions provided a cornucopia of menopausal information that brought a newer perspective to a subject previously the domain of a single specialty, gynecology. The detailed papers and workshop reports in this book provide a reference text, while an excellent overview of ongoing research (and the researchers involved) can be gleaned from the list of presentations.

This book has woven the expertise of social scientists, physicians and related health care professionals into a comprehensive text that will be of value to persons interested in gaining a better understanding of the climacteric as a whole. *The Climacteric in Perspective* provides a summation of thought on the climacteric, and a stimulus for new ideas and research.



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Proceedings of the Fourth International Congress  
on the Menopause, held at Lake Buena Vista, Florida,  
October 28–November 2, 1984

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## Chapter 2

# Climacteric medicine and science: a societal need

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The climacteric is a natural and inevitable event. All women will experience this period of change just as they did puberty. The reproductive senescence of the climacteric is a mirror image to the maturation associated with puberty and parallels the cessation of menstruation (menopause) with its onset (menarche). The menopause is thus a single event which lasts approximately 4-5 days, whereas the climacteric spans a 30-year continuum between age 35 and 65 years. Many of the changes which occur are remote from the reproductive tract; in addition pathology, associated with aging *per se*, imposes additional clinical realities creating a spectrum of conditions far removed from the traditional view of the menopause: amenorrhea and its associated 'badge' - the hot flash.

Why choose the age range 35-65? The first recognizable features of failing steroidogenesis occur at this time with shortening of the menstrual cycle and subtle yet measurable decrements in plasma estradiol, and elevated levels of FSH. In addition, bone mass maturity is reached at this time - a little recognized clinical feature that can have a significant impact on later life and well-being. The distinguishing biologic features at the opposite end of the spectrum are less clear-cut: here traditional (yet arbitrary) definitions are applied to age 65 as being the onset of the geriatric years and so serves as the dividing line between the middle and older years.

The needs of women vary during the climacteric. Latent changes in the early phase have the potential for significant morbidity in the later years; by early recognition and prevention, conditions such as osteoporosis and atherogenic cardiovascular disease may be ameliorated or even prevented.

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It is for this reason that the theme for the Congress - Climacteric Medicine and Science: A Societal Need - has been chosen. By recognizing the needs of the total woman, the expertise of the primary care physician (gynecologist or family practitioner) is complemented by the skills and talents of nutritionists, exercise physiologists, psychologists and social counsellors. Traditional health care specialists, in turn, need to work with the basic and social scientist.

## THE CLIMACTERIC

### THREE DECADES OF HEALTH NEEDS

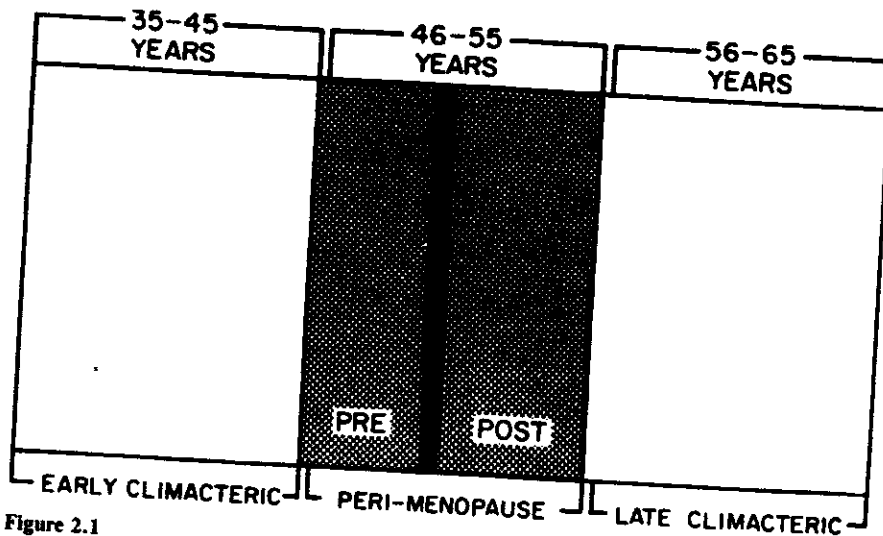


Figure 2.1

As a clinician involved with the care of women during their middle years, I have arbitrarily subdivided the climacteric into three decades: the early and late climacteric, separated by the perimenopause (Fig. 2.1). The early climacteric (when symptomatic) presents in women between the age of 35 and 45 years with gynecologic problems associated with abnormal steroidogenesis: dysfunctional uterine bleeding and the premenstrual syndrome. A need that has been neglected for many years - safe and effective contraception - is yet another common clinical requirement of early climacteric women. The perimenopausal period - premenopause (age 45-50) and the postmenopause (50-55) - is when the traditional signs and symptoms of 'the menopause' occur and hormonal therapy is often

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needed. As more experience is gained it is increasingly recognized that menstruating premenopausal women may exhibit 'classic' menopausal symptoms which are responsive to estrogen and/or progestins. On the other hand, why do only a minority of postmenopausal women develop significant symptoms. An important question that still needs to be answered is: Who needs to be treated with hormone replacement therapy? During the late climacteric (age 55-65), signs of osteoporosis and atherogenic cardiovascular disease frequently present as the overt feature of earlier asymptomatic change. These diseases are due as much to lifestyle (diet and activity) and social habits (smoking and alcohol) as they are to a loss of hormonal function. Hence the need for physicians to be as comfortable with exercise prescription and nutritional advice as they are with hormone usage. Finally, the age-related consequences of non-menopause-related conditions - cancer of breast, colon and lung; hypertension; diabetes etc. - need to be considered and measures taken to ensure their early recognition, treatment and prevention or cure.

The development of new technology aids in this process. Densitometers are now available for the early detection of osteoporosis; stress and treadmill tests can be used to determine cardiorespiratory fitness; mammography is used for breast cancer detection; urodynamics to determine the cause for urinary incontinence; while biofeedback technology may aid in stress management. The use of this and other technology is additive and should not replace the skills and clinical judgment of the clinician.

Climacteric medicine is a discipline waiting to be born. In short, it may be defined as preventive medicine for women (and men) in their middle years, and has as its basic premise consideration of the individual as a whole, with the objective of achieving a healthy mind in a healthy body in a healthy environment. As such, it may be regarded as a national insurance policy. A healthy middle-age population will be a productive population; by preventing or ameliorating chronic illnesses much of the need for and cost of long-term geriatric care can be avoided. We have noted the benefit of preventive medicine in obstetrics and dentistry. Why should the climacteric be any different?

It is in this context that climacteric medicine has emerged as a science and has become a societal need.