



Ménopause : oser en parler. Et la sexualité dans tout ça ?

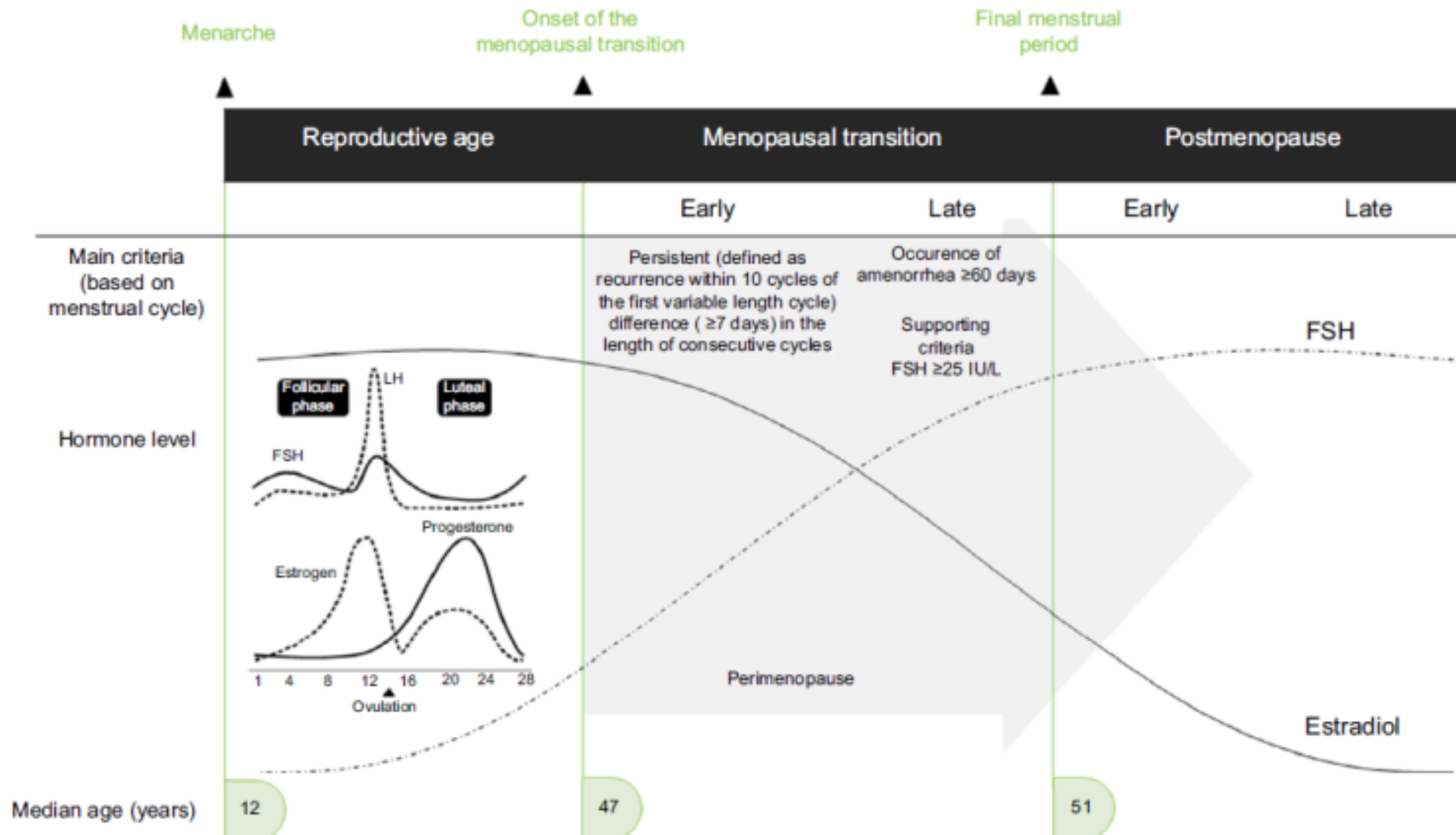
Dr Anne Firquet

Béatrice Panariello



Au cœur de la ménopause : oser en parler...

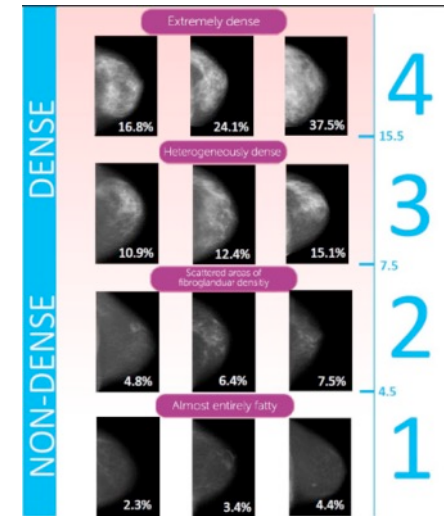
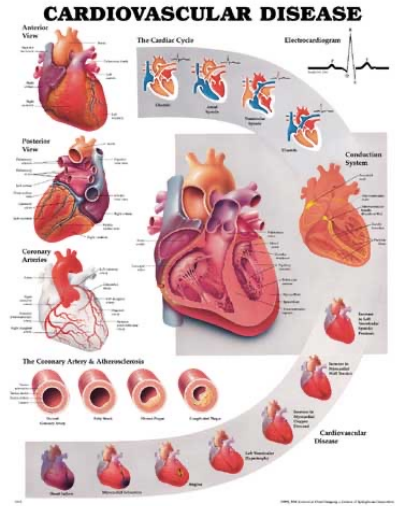
Dr Anne Firquet



Nature and Science of Sleep 2018:10

MT begins four to six years before cessation of menses, and a physiologic deterioration of hypothalamic-pituitary-ovarian axis function associated with fluctuating hormone levels

A tailored approach - individual risk factors



Midlife Aging 40 - 65 Years Old

The Menopause Transition

- Heterogeneous patterns of E2 decline and FSH rise
- Menstrual cycle irregularity
- Between-woman heterogeneity is related to factors such as race/ethnicity

Changes in Symptoms and Mental Health

↑ Depression and Anxiety Transient

↑ Urinary Incontinence

↓ Cognitive Performance (After Menopause)

↑ Vasomotor Symptoms (Hot Flashes and Night Sweats) Transient

↑ Sleep Complaints

↑ Cognitive Difficulties Transient

↑ Vaginal Dryness

↑ Sexual Pain ↓ Sexual Desire

Changes in Physiological Systems and Functions

↓ Physical Function Performance Transient

↑ Lipids ↑ Vascular Remodeling ↑ Metabolic Syndrome

↑ Body Mass Index ↑ Blood Pressure

↓ Bone Mineral Density

↓ Lean Mass ↑ Fat Mass

Window of Opportunity

+ Awareness
Adopt health behaviors
Design early preventive practices



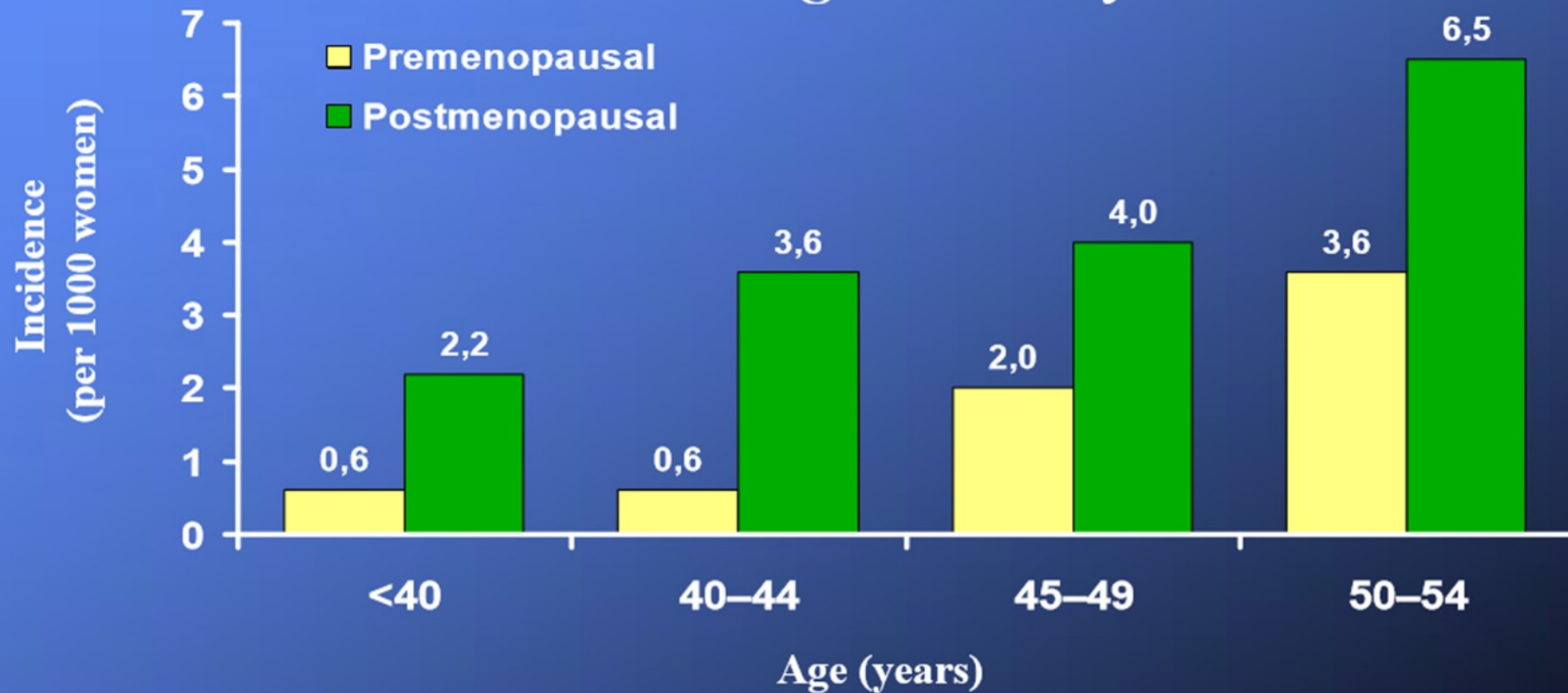
This study, which has been examining women's health during midlife since the late 1990s, has been collecting data on more than 3,000 multiethnic women at seven centers across the United States.

The study focuses on the physical, biological, psychological, and social changes that occur before, during, and after menopause.

Samar R. El Khoudary, Menopause: The Journal of The North American Menopause Society. 2019-Vol. 26, No. 10, pp. 1213-1227 ⁵

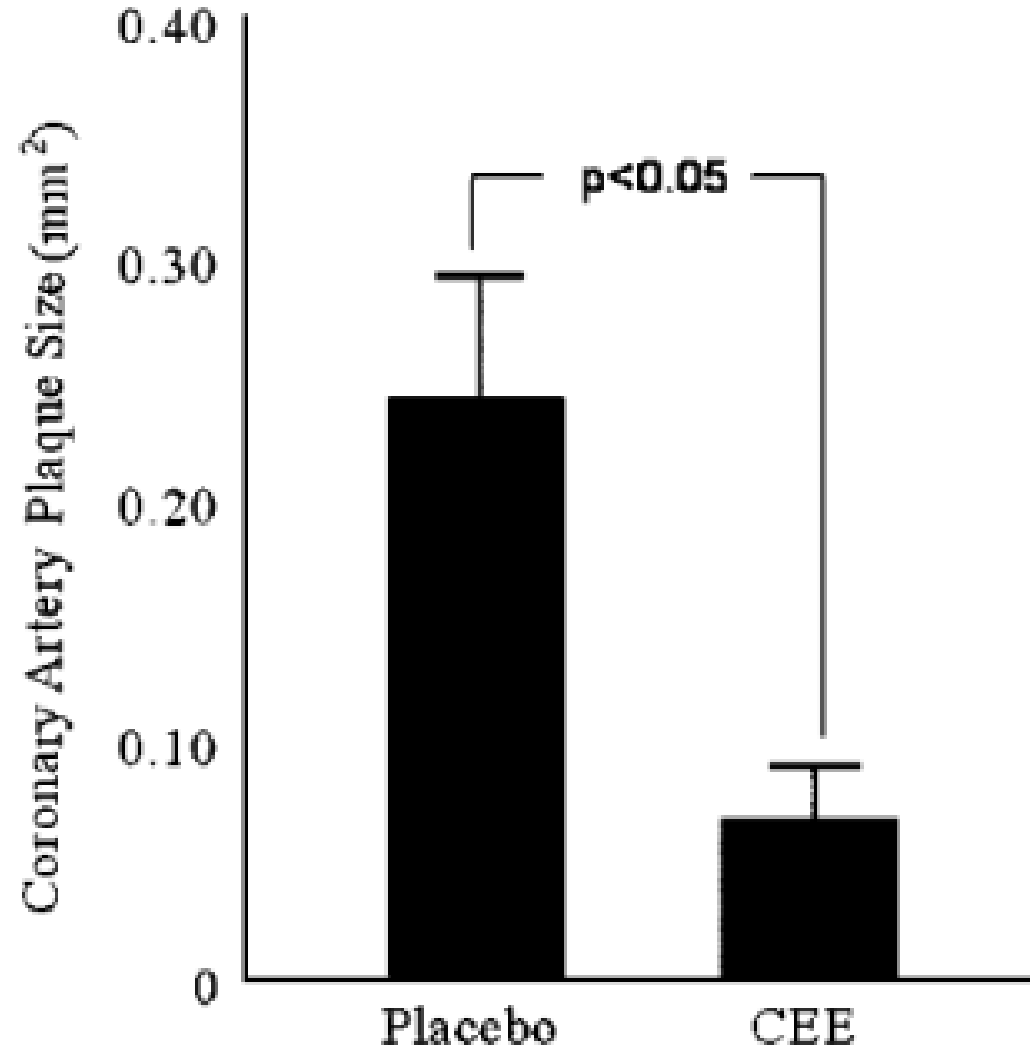
Incidence of CVD: Relation to Menopause Status

The Framingham Study



n = 2873.

Kannel WB, et al. *Ann Intern Med.* 1976;85:447-52.



Coronary artery atherosclerosis of cynomolgus monkeys was about 70% when estrogen replacement begins at onset of surgical menopause

THOMAS B. CLARKSON AND MARGARET H. MEHAFFEY American Journal of Primatology 71:785–793 (2009)

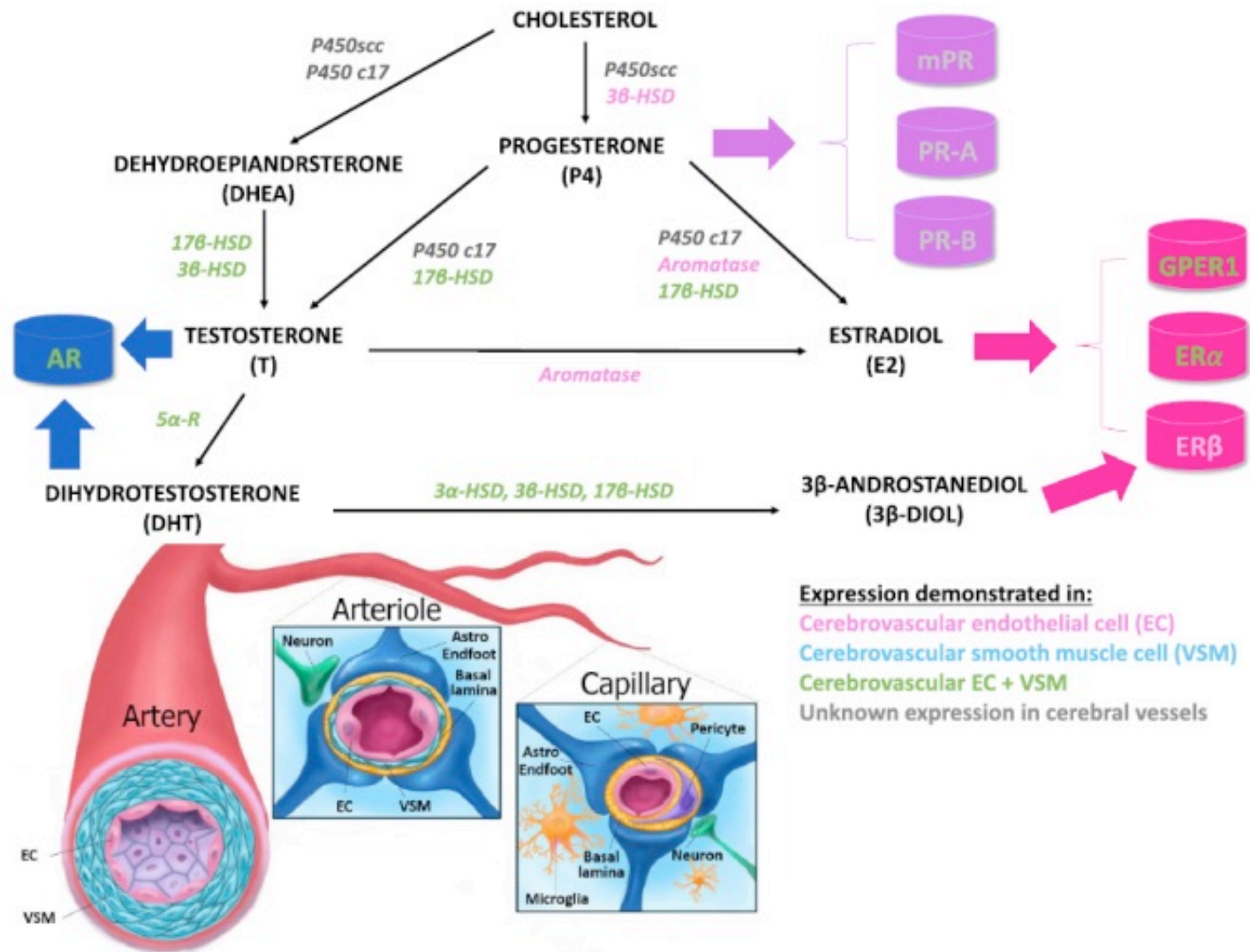
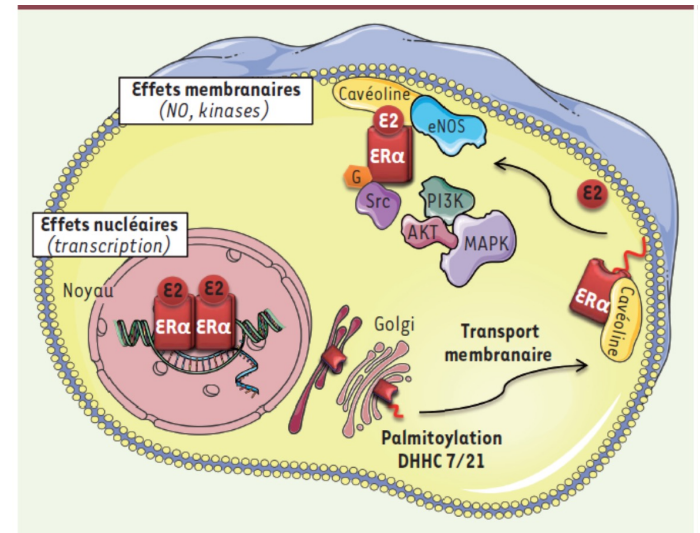


Diagram of sex hormone metabolism and signaling through sex hormone receptors. Androgen signaling pathways and receptors are shown in blue, estrogen pathways and receptors in dark pink, and progesterone pathways and receptors in purple. Names of enzymes (italicized) and receptors (round blocks) are color-coded based on confirmed expression in cells of the cerebrovasculature (see key). Schematic of the structure and cells of the cerebrovasculature are also shown. 5 α -R, 5 α -reductase; AR, androgen receptor; Astro, astrocyte; EC, endothelial cell; ER, estrogen receptor; HSD, Hydroxysteroid dehydrogenase; PR, progesterone receptor; VSM, vascular smooth muscle cell.

CAD mortality and menopause

- One-third of all deaths in post-menopausal women are due to CAD
- Higher risk and overall mortality in women who experience premature or early-onset menopause



Wenger NK. Coronary heart disease: an older woman's major health risk. *BMJ*. 1997;315(7115):1085–90.5.

Muka T, Oliver-Williams C, Kunutsor S, Laven JSE, Fauser BCJM, ChowdhuryR. Association of age at onset of menopause and time since onset of menopause with cardiovascular outcomes, intermediate vascular traits, and all-cause mortality. *JAMA Cardiol*. 2016;1(7):767–76.

Known causes of premature ovarian insufficiency

Primary

1. Genetic
2. chromosome abnormalities
3. FMR1 premutations
4. Other gene candidates
5. Enzyme deficiencies
6. Autoimmune diseases

The Role of MCM9 in the Etiology of Sertoli Cell-Only Syndrome and Premature Ovarian Insufficiency

Iulia Potorac , Marie Laterre , Olivier Malaise , Vlad Nechifor , Corinne Fasquelle , Orphal Colleye , Nancy Detrembleur , Hannah Verdin , Sofie Symoens , Elfride De Baere , Adrian F Daly , Vincent Bours , Patrick Pétrossians , Axelle Pintiaux

J Clin Med. 2023 Jan 28;12(3):990. doi: 10.3390/jcm12030990.

Secondary

1. Chemotherapy and radiotherapy
2. Bilateral oophorectomy or surgical menopause
3. Infections

THE WOMEN'S HEALTH INITIATIVE (WHI)



Osteoporosis and fracture risk

Vertebral fracture : RR

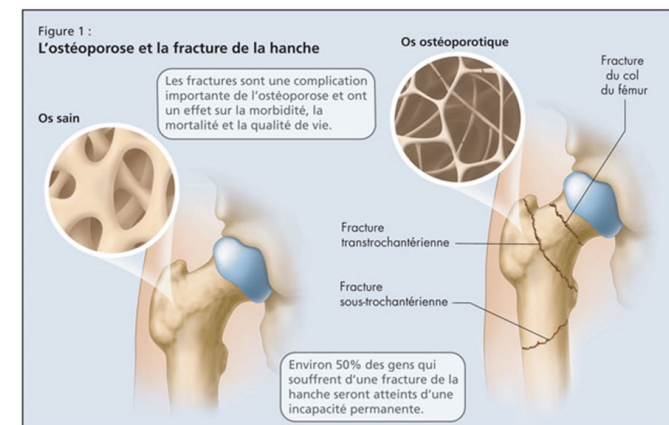
— HRT	0.66
— Raloxifene	0.60
— Alendronate	0.52
— Residronate	0.64

Non vertebral : RR

— HRT	0.66
— Raloxifene	0.91
— Alendronate	0.51
— Residronate	0,73



Endocr Rev 2002 JAMA 2002





Menopause transition



Key Points

- Perimenopause is defined as a period encompassing physiologic changes that result in the onset of menstrual irregularities and other symptoms, until a woman reaches menopause
- Commonly encountered symptoms in the perimenopausal period include hot flashes, vaginal or sexual symptoms, sleep and mood changes, and bleeding
- Menopausal symptoms may long precede the final menstrual period, and earlier onset may predict a longer duration of symptoms
- Evaluation and treatment of symptoms should be personalized based on type and severity of symptoms and contraceptive need, using a shared-decision making model

Hot flashes, sleeplessness, pain during sex: For some of menopause's worst symptoms, there's an established treatment. Why aren't more women offered it?

By Susan Dominus

Published Feb. 1, 2023 Updated Feb. 5, 2023

'It suggests that we have a high cultural tolerance for women's suffering. It's not regarded as important.'



The New York Times Magazine

We have been misled about menopause.

By Susan Dominus

February 5, 2023



La BMS a invité le Pr Petra Verdonk (département d'Éthique, droit et sciences humaines médicales de l'Université d'Amsterdam), afin de discuter de la dimension psycho-socio-professionnelle de la ménopause.

Review Article

Menopause and work: A narrative literature review about menopause, work and health

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Abstract.

BACKGROUND: Menopause is part of working women's lives. In Western countries, labour market patterns are changing rapidly: women's labour participation has increased, the percentage of full-time working women is rising, and retirement age is increasing.

OBJECTIVE: This narrative literature study aims to provide an insight in the state of the art in the literature about the relationship between menopause, work and health and to identify knowledge gaps as input for further research.

METHODS: The search was conducted in PubMed, CINAHL, MEDLINE and ScienceDirect. The final set includes 36 academic articles, 27 additional articles related to the topic and 6 additional sources.

RESULTS: Research on menopause, work and health is scarce. Results are grouped thematically as follows: Menopause and (1) a lack of recognising; (2) sickness absence and costs; (3) work ability; (4) job characteristics; (5) psychosocial and cultural factors; (6) health; (7) mental health, and (8) coping and interventions. Work ability of women with severe menopausal complaints may be negatively affected.

CONCLUSIONS: Due to taboo, menopause remains unrecognised and unaddressed within an organisational context. New theoretical and methodological approaches towards research on menopause, work and health are required in order to match the variety of the work contexts world-wide.

Keywords: Menopause, work ability, taboo, coping, health

1. Introduction

In Western countries, women make up half of the labour force in full- and part-time jobs [1–3]. Furthermore, labour market patterns are changing rapidly: women's participation in the labour market has increased, the percentage of full-time working women is rising, and retirement age is increasing in

many countries. As a result, a growing number of women aged 45 years and older participates in the labour market, hence, menopause is part of working women's lives. Aim of this narrative literature study is to provide an insight in the state of the art in the literature about the relationship between menopause, work and health and to identify knowledge gaps as input for further research.

Virtually all women will go through menopause and, often, experience menopausal symptoms and complaints [4]. Given their high prevalence, symptoms can impact on women's working lives. In a large representative Dutch study, older (>45 yrs)

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**Consensus of the Belgian Menopause Society
regarding therapy and strategies after the
menopause**



**THE BELGIAN
MENOPAUSE SOCIETY**



Ménopause, sexualité et états émotionnels

Béatrice Panariello Psychologue – Sexologue clinicienne

Clinique de la ménopause de l'hôpital de la Citadelle

Interférence des symptômes de la ménopause avec la sexualité

Signes cliniques	%	Interaction avec la sexualité
Bouffées de chaleur	65	+
Coup de fatigue	60	++
Troubles du sommeil	59	+
Prise de poids	58	+
Sueurs nocturnes	56	+
Changements d'humeur, irritabilité, dépression	45	++
Baisse du désir sexuel	40	++++
Sècheresse vaginale	36	++++

Source: CSA-Boiron-Gemvi, 2013

Evolution récente du rapport à la sexualité chez les femmes

- _ Etude suédoise sur des couples mariés de + 70 ans :
 - 38% rapportent des RS en 1971 contre 56 % en 2000.
- _ « Syndrome du nid vide » moins fréquent et/ou moins intense.
- _ « Revendication » des femmes à accéder à une sexualité positive.

L'activité sexuelle comme facteur de protection

- _ Chez les hommes de +70 ans : mortalité augmente si arrêt des RS.
La longévité est corrélée à la fréquence des RS.
- _ Chez la femme, c'est la perception de la qualité de sa vie sexuelle qui corrèle positivement avec la longévité.

Plaintes sexologiques principales

_ Dyspareunies superficielles

_ Importance de la prise en charge multidisciplinaire (Gynéco – Physio – PsySexo)

_ Désir Sexuel Hypoactif

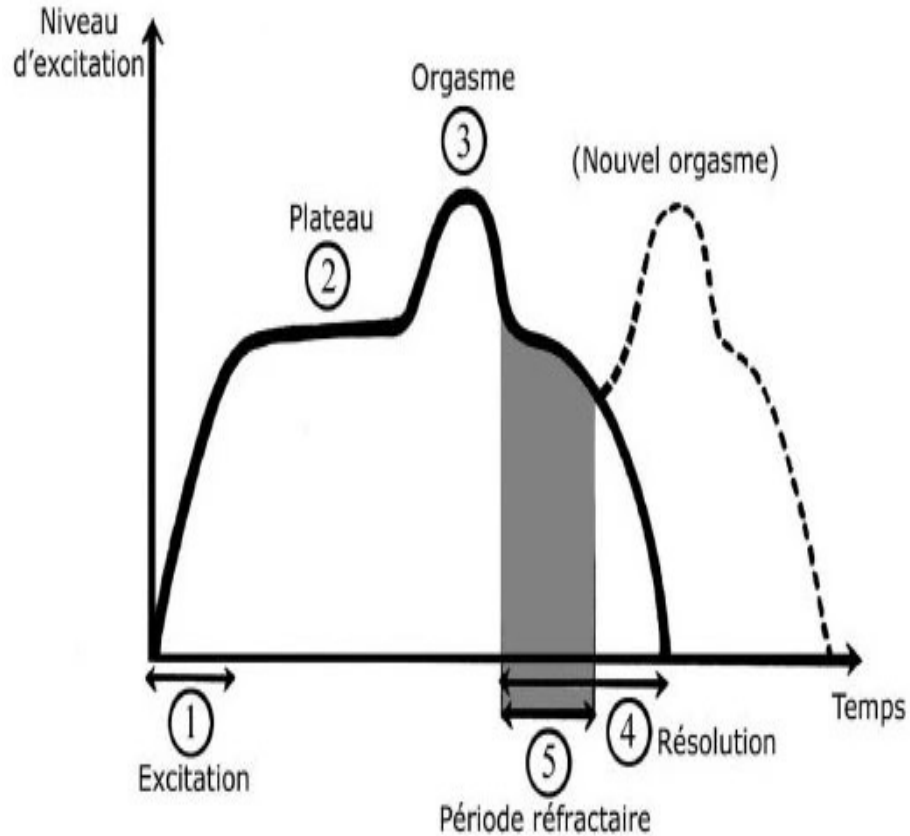
Age	Baisse du désir sexuel (%)
45-49	34
50-54	29
55-60	23
61-65	21

Source: CSA-Boiron-Gemvi, 2013

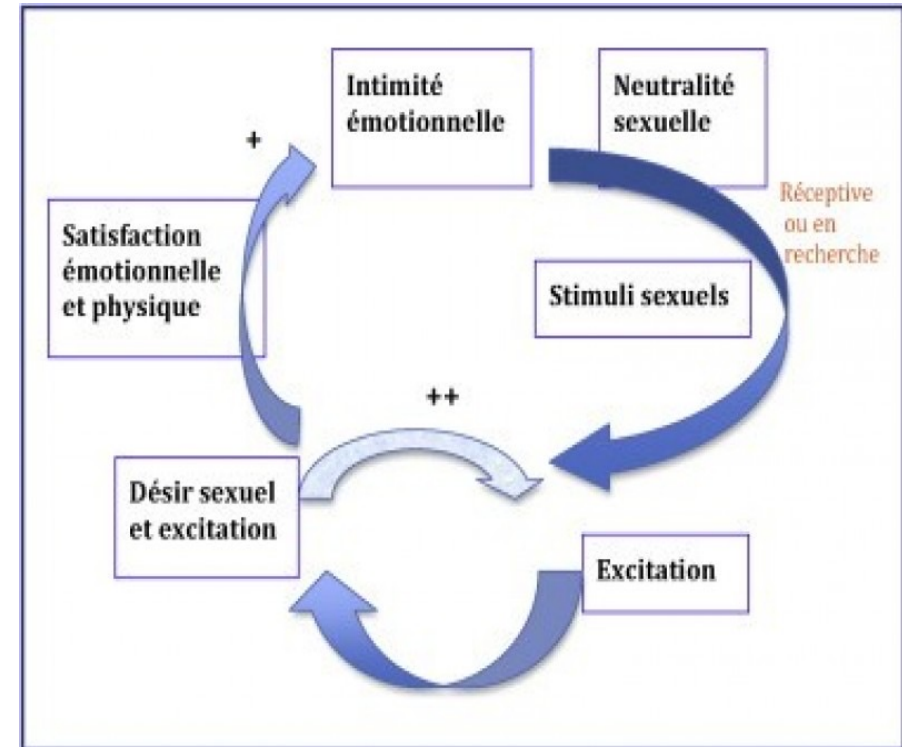
Le DS diminue avec l'âge mais la souffrance liée au symptôme diminue aussi avec le temps.

Deux visions de la sexualité féminine

Deux perceptives de traitement des plaintes sexologiques



Masters et Johnson 1959



Rosemary Basson, 2003

Etats émotionnels et ménopause

- _ Période de vulnérabilité

- _ Fatigue, modification corporelle, sommeil perturbé, trouble cognitif.

- _ Importance de l'anamnèse détaillée

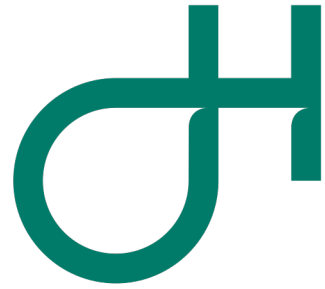
- _ Si antécédent d'EDM : risque X 5 de décompensation d'un trouble de l'humeur unipolaire.

- _ MAIS si pas d'antécédent -> privilégier les traitements hormonaux avant psychotropes.

- _ Différencier les troubles de l'humeur réactionnels >< EDM.

En conclusion

L'inévitable nécessité d'une approche BIO-PSYCHO-SOCIALE



Citadelle Hopital

Merci pour votre attention !



HÔPITAL DE LA CITADELLE

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