



## Review

# Psychosocial interventions in perimenopausal and postmenopausal women: A systematic review of randomised and non-randomised trials and non-controlled studies



Mercedes Vélez Toral<sup>a,b,1,2</sup>, Débora Godoy-Izquierdo<sup>a,c,\*,1</sup>, Ana Padial García<sup>a,1</sup>,  
Raquel Lara Moreno<sup>a,1</sup>, Nicolás Mendoza Ladrón de Guevara<sup>d,\*,3</sup>,  
Alberto Salamanca Ballesteros<sup>d,3</sup>, Carlos de Teresa Galván<sup>e,4</sup>, Juan F. Godoy García<sup>a,c,1</sup>

<sup>a</sup> Psicología de la Salud y Medicina Conductual/Health Psychology & Behavioural Medicine Research Group (CTS-267), Facultad de Psicología, University of Granada, Campus Universitario de Cartuja, 18071 Granada, Spain

<sup>b</sup> Departamento de Psicología Evolutiva y de la Educación, Facultad de Ciencias de la Educación, University of Huelva, Campus Universitario del Carmen, 21007 Huelva, Spain

<sup>c</sup> Departamento de Personalidad, Evaluación y Tratamiento Psicológico, Facultad de Psicología, University of Granada, Campus Universitario de Cartuja, 18071 Granada, Spain

<sup>d</sup> Departamento de Ginecología y Obstetricia, Facultad de Medicina, University of Granada, Avd. Madrid, 18071 Granada, Spain

<sup>e</sup> Centro Andaluz de Medicina del Deporte, Consejería de Cultura y Deporte, Hospital Universitario San Juan de Dios, Granada, Spain

## ARTICLE INFO

## Article history:

Received 16 August 2013

Received in revised form 30 October 2013

Accepted 31 October 2013

## Keywords:

Menopausal symptoms

Psychoeducation

Health education

Health promotion

Cognitive-behavioural therapy

Non-hormonal interventions

## ABSTRACT

Women's care during perimenopause and postmenopause is taking new paths to help women cope with both somatic manifestations and changes related to psychological and social factors. An updated, systematic review was conducted on non-pharmacological psychosocial interventions with regard to peri- and postmenopause. Several databases complemented with reference lists and reviews were used to perform a literature search of any relevant article. Studies were selected if they included psychoeducational programmes, health education and promotion and cognitive-behavioural techniques applied to peri- or postmenopausal women, independently of study design, main outcomes and intervention comparators. A total of 33 reports and 3 relevant reviews published between 1987 and 2013 were included. Psychosocial options are promising intervention options for self-management and self-care, as they provide multiple benefits with no side effects. Moreover, these options are recommended for women in clinical, subclinical and asymptomatic groups, as they offer women the agency and skills necessary to manage and relieve menopausal symptoms, as well as provide information and alternatives to prevent menopausal symptoms and to have a more positive experience during these life stages. These options do more than reduce distress and complaints, as they allow women in any condition to enjoy enhanced health, well-being and quality of life. Moreover, these options are accompanied by important cost reductions in pharmaceutical investment and healthcare. Nevertheless, several issues remain controversial or have scarcely been investigated, and additional high-quality research should address these issues properly in the future. Despite these limitations and the weaknesses of the review, the findings of this review are interesting and positive. Thus, we encourage women-focused institutions and policies (e.g., healthcare centres, public organisations and women's associations) to offer psychosocial interventions to peri- and postmenopausal women within a comprehensive healthcare paradigm.

© 2013 Elsevier Ireland Ltd. All rights reserved.

\* Corresponding author.

E-mail addresses: [deborag@ugr.es](mailto:deborag@ugr.es) (D. Godoy-Izquierdo), [nicomendoza@telefonica.net](mailto:nicomendoza@telefonica.net) (N. Mendoza Ladrón de Guevara).

<sup>1</sup> Tel.: +34 958 242331; fax: +34 958 243749.

<sup>2</sup> Tel.: +34 959 219344; fax: +34 959 219201.

<sup>3</sup> Tel.: +34 958 242873; fax: +34 958 242867.

<sup>4</sup> Tel.: +34 958 291426.

## Contents

1. Introduction.....	94
2. Methods.....	95
2.1. Search strategy.....	95
2.2. Inclusion criteria.....	96
2.3. Results.....	96
3. Results.....	96
3.1. Psychoeducation, health education and health promotion.....	96
3.2. Decision-making support.....	106
3.3. Cognitive-behavioural therapy (CBT).....	107
4. Limitations and conclusions.....	107
Contributors.....	108
Competing interest.....	108
Provenance and peer review.....	108
Acknowledgments.....	108
References.....	108

## 1. Introduction

Natural menopause is a universal process experienced by all middle-aged women [1]. At the beginning of the third millennium, females' life expectancy has been extended to 80–85 years old in developed nations [2]. Consequently, women spend an average of half of their adult lives and about a third of their whole lives in the postmenopausal stage [3,4]. Yet, having a longer life expectancy does not necessarily mean having an increased quality of life. The extension of longevity that has occurred in the last century has motivated shifts in women's healthcare in new directions, as this field has to address issues related to ageing and the changes that women experience with a pace of life that has not previously considered. In the last hundred years, women have survived menopausal age, experienced the consequences of hormonal changes and suffered the impact of age-related diseases, including cancer, osteoporosis, cardiovascular diseases and dementia. Most healthcare attention and spending is currently invested and will be devoted in the future to the female population that has passed the age of menopause. It is important to emphasise that menopause and postmenopause are complex physiological processes that are accompanied by the influences of ageing, socio-cultural backgrounds, psychosocial factors and adjustment to new life roles.

There has also been increasing recognition of the importance of women's issues and health [1,5–10]. Menopause and postmenopause are periods of females' lives that are associated with great change, and many women express a particular interest in their health, well-being and quality of life at these moments. In fact, a large number of women (from 40% to 75%) seek professional help for the management and relief of menopausal manifestations (i.e., changes, experiences and symptoms), primarily vasomotor symptoms [11–13]. Whether menopause should be treated and, if so, how are controversial issues with regard to women's health [1]. Currently, experts consider menopause and postmenopause as natural events; therefore, these events are not necessarily considered medical conditions that require drug therapy, and in most cases the recommendation is alternatives to hormone therapy (HT) [1,14,15]. Indeed, many women consider alternatives to HT among the wide range of available therapeutic options [12,15–18]. Moreover, manifestations and personal experiences of menopause and postmenopause depend on physiological processes and on psychosocial and sociocultural factors. As noted by Liao and Hunter [19], focusing only on the biomedical aspects of menopause and postmenopause may not be clinically useful. They recommend comprehensive interventions that consider psychological, social and physiological correlates. Thus, peri- and postmenopause should be approached holistically and not just as something exclusively organic. Doing so

will improve the care provided to women by offering them more options besides the medicalisation of these conditions.

In recent decades, attention to women who are in the stages of menopause and postmenopause has shifted from focusing almost exclusively on treating the biological manifestations to encouraging women to have positive and healthy experiences that are based on responsible decisions and on self-managing and self-caring actions. To do this, it is necessary to incorporate interventions focusing on the modifiable factors that influence health and well-being, which include knowledge, beliefs, attitudes, values, motives, emotions, decisions and behaviours. These factors are psychosocial in nature and can be effectively modified through a wide range of psychological strategies. It is important to stress that these interventions should be based on women's own experiences, resources and needs. Additionally, it is worth noting that not all women will require some type of intervention, which contradicts the conventional view of menopause and postmenopause as *turbulent* stages, during which women are "unbalanced", "overwhelmed" and "sick" and therefore require a medical intervention to "win the battle".

The need for comprehensive care for middle-aged women: The importance of positive health, psychosocial and behavioural aspects and women's agency.

The need for comprehensive care for middle-aged women: The importance of positive health, psychosocial and behavioural aspects and women's agency.

Currently, the management of menopause and postmenopause is focused on women's medical histories, health risks and needs [20]. It has been stressed [14] that a comprehensive plan of care includes, in the initial years, the evaluation of changes in menstruation, complaints and symptoms and the prevention of weight gain and obesity, cardiovascular, neoplastic and bone complications and other disorders by reducing risk factors. HT for menopausal symptoms or for specific risks can be considered in some cases [21,22], but changes in health-related behaviours and lifestyles should be emphasised. In the long-term, secondary and tertiary prevention of disorders that may compromise healthy ageing should continue, yet, at this moment, the central role of behavioural factors is even greater, given that HT is inadvisable due to its derived higher risk as age increases or when its use is more prolonged. Extending this proposal, beyond diseases and risks, the protection and promotion of women's health, well-being and quality of life should be considered in both the short- and long-term.

Alternative or complementary (to HT) actions should promote healthy resources and lifestyles (e.g., regular exercise, healthy eating, emotional self-regulation, social support and creative leisure) to protect and enhance health, well-being and quality of life. These actions should also eliminate or control risk factors and behaviours (e.g., prevention of sedentary behaviour, smoking cessation, alcohol

Download English Version:

<https://daneshyari.com/en/article/1917220>

Download Persian Version:

<https://daneshyari.com/article/1917220>

[Daneshyari.com](https://daneshyari.com)