

Transitions

Menopause Management introduces a new column on the psychosocial issues commonly affecting women in midlife and beyond. The column is edited by Nancy Fugate Woods, PhD, RN, and will appear four times each year.

Is the Menopausal Transition Stressful?

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Although we often assume that the menopausal transition is stressful for women, there have been few efforts to evaluate the relationship of stress and menopause. In the 1960s investigators focused on the “empty nest” as a stressor for midlife women,¹ but contemporary efforts to study stress in this group have identified the “boomerang kids,” who move in and out of the family home, as an important source of stress, along with the overload of role responsibilities that many women carry at work and at home.²

Stressors Identified

So far, only Ellen Freeman and her colleagues have studied the relationship between menopausal transition symptoms and perceived stress,³ finding that women experiencing more symptoms have greater perceived stress in their lives. Studies focusing on the social origins of stress for midlife women revealed that women with more education, greater household sizes, single parenting responsibilities, paid employment and employment in professional occupations reported the highest stress levels.⁴ Sources of stress included their children’s health, parenting, relationships with a partner or family members, car-

ing for sick or elderly relatives, combining work and parenting, lack of time for oneself, insufficient money, possible unemployment, lack of confidence and lack of sleep.

Walters concluded that women who were stressed were “trying to be everything everyone wanted them to be” and “putting out for others, but receiving little in return,” and linked her findings to the cultural pressures for women to engage in gendered caring roles without access to support from the society.⁴ Other contemporary studies of midlife women support the notion that relationships with partners, children and older family members needing caregiving figure prominently as sources of stress.⁵⁻⁷ In addition, demands of paid employment, as well as worry about unemployment, account for a great deal of stress.⁸⁻⁹ Linked to worry about unemployment or underemployment is concern about financial resources, substantiated in the Study of Women and Health Across the Nation (SWAN). Data from SWAN participants indicated that difficulty paying for basics, lower educational attainment and lack of full-time employment were associated with reporting more symptoms.¹⁰ In addition, as women think about their own aging, they also express worry about the health consequences of getting older.^{6,7} Deaths of contemporaries, as well as parents, become a source of stress during midlife,⁷ as does confronting our own aging and mortality, and appraisal of goal attainment.⁷

For contemporary midlife women, role overload, role burden and lack of support seem to play unique roles in precipitating stress.⁸ Despite their gains in numbers in the workforce, many women experience non-supportive work environments in which gender-specific occupational stressors—such as inequitable treatment in hiring and promotion, salary differentials between women and men, limited career advancement opportunities and sexual harassment—persist.

The “second shift” has been used to describe women’s role overload: we invest a disproportionate number of hours at home once we return home from employment, as compared to men.¹¹ Nurturant caregiving, including parenting and caregiving for elderly family members or those with health problems, contributes to stress, although how we view our caregiving is important in the

calculus.¹² Spillover effects of family to work and work to family stress occur for employed women who lack child care and household help from their spouses.¹³ In one study of working women and men, women had higher norepinephrine levels than did men, both during and after work, but women with children at home had significantly higher norepinephrine levels after work than did other workers.¹⁴

Stress and the Menopausal Transition: Is there a Link?

And what about the menopausal transition? This is a time of changing menstrual patterns, fluctuating hormonal levels and bothersome symptoms for some women. Recently published results from the Seattle Midlife Women's Health Study indicate that there is not a dramatic increase in perceived stress during this period of a woman's life, but there is a slight decline in perceived stress levels from the late menopausal transition stage, a period of peak severity of symptoms, to the early postmenopause.¹⁵ Perceived stress ratings were not related to hot flash severity scores nor to hormone therapy use or

pants in the Seattle Midlife Women's Health Study what had been the most challenging for them over the course of up to 20 years of follow-up, only one mentioned the menopausal transition. The majority identified stressors related to family relationships (husbands, children, losses through death and divorce), work and financial stressors (unpublished data).

The Bottom Line

What can help? Women who have access to support from their partners experience less burden.^{16,17} In the extreme, those living without support, and in abusive relationships, may suffer the physical and emotional consequences of violence.¹⁸

Although it is tempting to conclude that women who experience the menopausal transition as stressful are those who become depressed during this period of their lives owing to changing biology,¹⁹⁻²² it is important to consider that other psychosocial factors loom as important in our data. Women who experience depressed mood, have poor health and are employed seem to be the most "stressed out," but they may become depressed because of situational factors, such as not feeling supported, and having too much responsibility and not enough money to meet their needs. The most dramatic findings from the Seattle Midlife Women's Health Study of perceived stress was lack of a menopausal transition-related effect and the importance of psychosocial factors, particularly employment. These findings suggest that clinicians should be alert to the psychosocial sources of stress in midlife women's lives, and avoid attributing their stress perceptions to the menopausal transition without taking a detailed history that includes the broader context of their lives. Helping women identify resources for stress management—physical activity, meditation, yoga, counseling—is important during this period of their lives and may help them set out on a course toward healthy aging. ■

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levels of estrogen or follicle-stimulating hormone. Factors that have been related to perceived stress among women during earlier periods of the lifespan were important predictors of perceived stress during the menopausal transition. Among these were employment, role burden, history of sexual abuse, depressed mood, perceiving one's health as poor, and negative perceptions about aging.¹⁵ Of all these factors, employment, depressed mood and poor perceived health had the greatest effects and, taken together, overshadowed the influence of the menopausal transition.

Of interest is that when we asked partici-

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when using HT in postmenopausal women. However, further studies are warranted to determine whether serum hormone concentrations underlie the potential mechanism for increased risk of VTE/stroke in older and heavier postmenopausal women treated with HT. In particular, researchers should investigate associations of HT-associated estrogen concentrations with VTE and stroke risk, and should further investigate clinical determinants (including age and obesity) of HT-related hormone levels. If such associations are supported, monitoring of hormone concentrations among higher-risk women may be warranted for reducing HT-related VTE and stroke risk. ■

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