CLINICAL EVALUATION AT MENOPAUSE: HISTORY, CLINICAL EXAMINATION, INVESTIGATION: MINIMUM & IDEALTripathi Archana¹**HOW TO CITE THIS ARTICLE:**

Tripathi Archana. "Clinical Evaluation at Menopause: History, Clinical Examination, Investigation: Minimum & Ideal". Journal of Evolution of Medical and Dental Sciences 2014; Vol. 3, Issue 12, March 24; Page: 3135-3139, DOI: 10.14260/jemds/2014/2256

ABSTRACT: The perimenopause, a time of changing ovarian function, precedes the final menses by 2 to 8 years. The clinical manifestations of this transition to menopause are not well understood, however, some symptoms such as hot flushes, begin in the peri-menopausal & increases as women progress through the menopause. The prevalence of symptoms differ widely & their relationship with the menopause transition varies. Natural menopause is a gradual process that occurs for most women between the ages of 47 & 55 years. It is confirmed by absence of menstrual periods for 12 consecutive months excluding other obvious pathologic or physiologic causes. It is thus very essential to know what & how much menopausal women should be investigated. Therefore this study was conducted.

KEYWORDS: Menopause, investigation, evaluation.

INTRODUCTION: Menopause marks the end of reproductive capacity of women & results from the permanent cessation of ovarian function.

Natural menopause is a gradual process that occurs for most women between the ages of 47 & 55 years. It is confirmed by absence of menstrual periods for 12 consecutive months excluding other obvious pathologic or physiologic causes.⁽⁴⁾

SYMPTOMS: The prevalence of symptoms differ widely & their relationship with the menopause transition varies. In addition, the specific symptoms associated with menopause vary among cultures, race/ethnicity, social groups & persons. Symptoms are not uncommon among premenopausal women & become more prevalent as the transition through menopause occurs.

The perimenopause, a time of changing ovarian function, precedes the final menses by 2 to 8 years. The clinical manifestations of this transition to menopause are not well understood, however, some symptoms such as hot flushes, begin in the peri-menopausal & increases as women progress through the menopause.

Climacteric, indicates the period of time when a women passes from the reproductive stage of life through the peri-menopause to the menopausal years.

In short, the symptoms frequently seen & related to decrease in ovarian follicular competence are:

- 1) Menstrual irregularities, hypo or hyper-menorrhoea, anovulation, decreased fertility & finally amenorrhoea.
- 2) Hot flushes & sweats (vasomotor symptoms).
- 3) Atrophic vaginitis, dyspareunia, pruritus vulva & urinary difficulties like increase frequency or pain during micturition.
- 4) Bony pain, fractures, osteoporosis & cardio-vascular diseases.

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- 5) Emotional or psychological such as anxiety, depression, nervousness or irritability which may be related to stress of ageing & hormonal disturbances.
- 6) Other symptoms like, fatigue, headache, memory loss & weight gain also noted.

CLINICAL EXAMINATION:

Clinical examinations take a holistic approach to health, rather than simply looking for features of menopause in isolation.

A thorough assessment of the health related problems helps in formulating treatment plan. Examination can be broadly divided into 3 main categories:-

- I) General physical examination.
Examination of respiratory, cardiovascular system & bones may detect common age related problems.
- II) Breast examination.
This should be carried out regularly due to an increased risk of breast cancer as women gets older⁽¹⁾.
- III) Pelvic examination.
This is done to assess for complications of menopause such as, urogenital atrophy & must include Pap smear.

Assessment

1. Detailed history.
2. Evaluate Women's need.
3. Evaluation of Women's individual risk factor.
4. Assess general condition of patient.
5. Physical examination:-
 - Pulse
 - Blood pressure
 - i. Optimal BP (< 130/85) to be rechecked every 2 years
 - ii. Normal level (< 140/90mmhg) to be checked yearly
 - iii. Greater than 140/90 mmhg need second measurement to confirm diagnosis of hypertension.
 - Auscultation of the heart and lungs
 - Height
 - Weight
 - Waist Circumferences
 - Calculate Body Mass Index
 - Waist/Hip Ratio
 - Breast Examination
 - Pelvic Examination

INVESTIGATIONS: MINIMUM & IDEAL: These are necessary to establish the diagnosis, determine etiology & screen for complication.

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Some investigations may be necessary to perform for diagnosis or to help in formulating a treatment plan ⁽²⁾.

Laboratory Tests:

- Complete Blood Picture
- Urine test routine and culture
- Fasting Glucose Level
- Lipid profile
- Stool for occult blood
- PAP smear
- Transvaginal Ultrasound
- Mammogram

The pap smear & mammography are strongly recommended as routine screening investigations for all women over forty⁽⁵⁾. Following are the most commonly used investigations & their investigations:--

- 1- Pap smear: Every two years, if 3 consecutive tests are normal then 5 yearly. (ACOG Guidelines).
- 2- Mammogram+/- breast ultrasound: Every two years over the age of 50 years & probably between 40-50 years particularly if post-menopausal.

The following investigations are not mandatory & should be chosen judiciously depending on the women's history & examination.

- 1) Hormonal level: FSH/Oestradiol levels, testosterone, thyroid stimulating hormone.
- 2) Lipid profile & fasting glucose-if risk factor or family history
- 3) Coagulation studies- where past history of thrombo-embolism.
- 4) Full blood examination, iron studies in case of abnormal bleeding especially menorrhagia.
- 5) Vaginal ultrasound-to assess endometrial thickness, if more than 4-5mm in the post-menopausal women endometrial sampling should be done.
- 6) Bone assessment-bone density in chronic health conditions like-rheumatoid arthritis, thyroid disease, malabsorptive disorders, chronic liver disease, vitamin D deficiency.
- 7) Urodynamic study-where there is a stress &/or urge incontinence, to determine the severity & type of the incontinence.

1.	TSH	For +ve history when hot flushes do not subside with HT.
2.	FSH	Premature menopause, women on OC pills, women who had hysterectomy, doubt as to the cause of secondary amenorrhoea or hot flushes, women on patches to rule out accumulation.
3.	Estradiol	Premature menopause, women on OC pills, women who had hysterectomy, doubt as to the cause of secondary amenorrhoea or hot flushes, women on patches to rule out accumulation.
4.	Tests to assess increased risk of thrombosis	Where there is relevant past or family history, women with previous history of unexplained thromboembolic episodes anti

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		thrombin III, Tissue factor pathway inhibitor (TFPI) activity, protein C and protein S are to be estimated. Lupus anticoagulant, anticardiolipin antibodies should also be assessed.
5.	Endometrial biopsy	Postmenopausal bleeding, recent irregular bleeding, previous use of unopposed estrogen in the presence of uterus.
6.	Bone mass measurement	For specific indication.
7.	LFT	When relevant as with suspected liver disease or recent history of liver disease.
Test Performed Solely on Indication		

Summary of majority opinions on the usefulness of pre-HRT tests after a review of the global literature on the subject⁽³⁾.

Name of the test	Indian consensus 1998	New Zealand 2001	Neatherlands 1996	ACOG 1998	John Hopkins 1999	Majority opinion	Indian Consensus 2002
Cervical cytology	R	National screening	Ia	R	R	R	R
TVS for endometrial thickness	R	I	I	I	I	I	R
Endometrial biopsy	I	I	I	I	I	I	I
Lipid profile	R	I	I	R	I	I	R
Mammography	R	National screening	R	R	R	R (for >50Yr.)	R
FSH & Oestradiol	I	I	I	I	I	I	I
BMD	I	I	I	I	I	I	I
Tests for increased risk of thrombosis	I	I	I	I	I	I	I

References: Indian national consensus on HRT and Menopause, New Zealand guidelines. Practical HRT.5 ACOG ED bulletin. John Hopkins Manual. European Consensus.

R = Recommended (should be done)

I = Indicated (may be done)

In all aspects, Menopause offers the Health Care provider an opportunity to assess each Woman's Health, her concerns and need further promotion of disease prevention measures.

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DISCUSSION: Perimenopausal is very crucial phase of life where major hormonal declination occurs. One should not get all possible investigations done. So, to minimize unnecessary investigations it is must to know minimal & ideal to be done. This will reduce the stress & cost to patient.

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