

# INTRODUCTION

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*"We understand that climacteric, derived from the Greek word climax and meaning "steps on a ladder", is the transition from the fertile to that of the infertile age, the cessation of procreative capacity and even the first steps to senility. (However, nowadays, this latter postulate no longer holds tight since today's women continue to live an average of a further 30 years postmenopausal and hence, with the onset of the menopause, are still some time away from the senium – author's comment.) It goes without saying that these transitional stages do not set in overnight and that they need not be synonymous with infirmity and unattractiveness; they also do not occur in all individuals at the same age. This stage of life is characterised anatomically and physiologically by the occurrence of atrophic changes, that is a diminution of the reproductive organs (the ovaries in women, the testicles in men), by the ceasing of the monthly periods (menstruation in women, ejaculation in men). Then, simultaneously, other changes take place if also only gradually: greater tranquillity, development of more adipose tissue, a longing for comfort and security, wrinkles in the face, receding pubic hair, sagging of the breasts, loss of the former big strong limbs etc. ... ."*

These are the words used as early as 1911 by the Swiss physician Fischer-Dückelmann in describing the onset of "change", as the menopause is called in Switzerland, in her book "Gesunde Frauen" (*Healthy Women*) as an introduction to this stage of life [1]. This account of both the anatomical and psychological changes is still as valid this day as they was then.

The sharp rise in life expectancy has resulted in women spending on average one third of their overall life span in the postmenopause, and followed later by the senium. This period has also been considerably prolonged compared to that in the past. Life expectancy, which at the end of the 19<sup>th</sup> century was still 50 years of age, has risen in our times to far over 80 years whilst the onset of the menopause has by comparison remained approximately the same or has risen only insignificantly and currently sets in at around

the age of 51 to 52 years [2, 3]. References to and reports on the onset of menopause, without actually knowing this or any other term for this occurrence, were already in existence in ancient and medieval times, however, reliable sources are not available.

We had to wait until the 18<sup>th</sup> and 19<sup>th</sup> centuries for scientists and physicians to find out about the relationship between menstruation and ovarian function. Thus in 1901 the Viennese physician Halban obtained experimental evidence that menstruation is exclusively controlled by hormones circulating in the blood [4]. Then the Greek physician Papanicolaou was able, by his method of staining cells and the cytological assessment of vaginal cells obtained from vaginal smears, to demonstrate how cells of this target organ are dependent on the action of oestrogen, and thus showed a way of determining ovulation [5].

Scientists increasingly addressed themselves to the cessation of sex hormones and both the problems and the clinical signs and symptoms associated with the onset of the menopause. At the end of the 1950s Lauritzen among others initiated the debate of oestrogen replacement therapy in the climacteric along with its benefits and side-effects [6].

The end of the reproductive period is followed by the menopause accompanied by the cessation of menstruation which means a landmark in every woman's life. Normally this phase of the cyclic ovarian function does not end abruptly but ceases gradually via the involutional phases of luteal insufficiency, follicle persistence and decreasing oestrogen incretion. Hence the climacteric can also be regarded as a transitional phase which spans over several years to include the pre- and postmenopausal period [7].

During this phase of life, in addition to a wide variety of biological proc-

esses, far-reaching changes in an individual's personal life can also be frequently encountered. Thus physiological and somatic changes directly associated with sexuality and/or being vulnerable to separation anxieties often give rise to intense psychological reactions, which frequently are closely related with the subjective life history of the individual woman and her social environment (e.g. farewell to her youth, her beauty, her child-bearing age etc.). In this context also, the perception of the body (the status which is attached by our society to the beauty and functionality of the body) plays a not insignificant role. By comparison, men frequently define themselves by their performance in their professional career and on an intellectual level as opposed to women who define themselves on the whole much more through their bodies and most of all their looks and to this day are also seen by others in this way. Women have a stereotype concept of the ideal body moulded by cultural influences. They display more certainty by describing their ideal rather than their real body image. In the majority of women a certain emotional and psychological instability can be observed in this phase of life. In addition to the well known menopausal symptoms, such as hot flushes and sweating, complaints of a depressive mood, increased irritability,

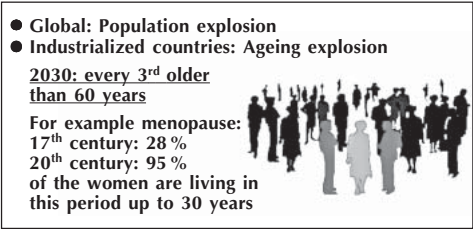


Figure 1. Population issues

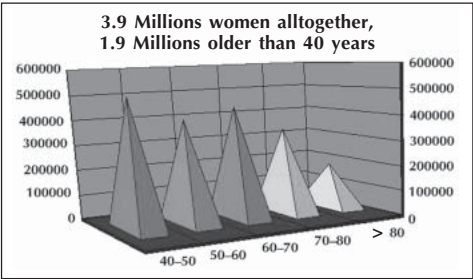


Figure 2. Age distribution of women in Austria (second half of life)

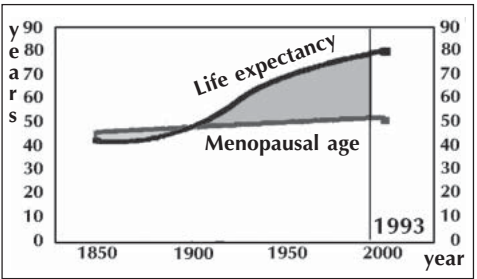


Figure 3. Changes in life expectancy and the menopausal age during the last 150 years

lack of enthusiasm and motivation, a general loss of vitality, fatigue, insomnia, loss of concentration, anxiety and panic attacks, forgetfulness and loss of libido are frequently reported [8].

It is all the more remarkable that even women living in a stable social environment, who are not subjected to any drastic professional or familial changes and in whose personal history there is a relatively good psychological stability, present with a depressive mood in this phase of life.

The discovery of both the endocrine system and the hormonal effect on psychological processes has opened up new perspectives in medical thinking. Thus a close relationship between psychological processes and changes in the sex hormone balance during the various stages of a woman's life (puberty, premenstrual syndrome, depression during the first few days after giving birth as well as during lactation) can be observed [9]. It is suspected that low oestrogen levels may be an underlying cause for the depressive state in these women. Low oestrogen levels are also made responsible as one of the contributing factors to phasic depressive disorders which frequently present for the first time in the climacteric.

The problems of allocating the underlying causes are obvious, but some questions still remain to be answered.

However, it could be shown that, particularly in the climacteric, in addition to the medical side alone, a more interdisciplinary approach to the somatic, physiological, psychological, social and cultural factors should also be adopted as a matter of necessity [10].

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