

Menopause is a normal, natural event—defined as the final menstrual period (FMP). It represents the permanent cessation of menses resulting from loss of ovarian follicular function usually due to aging. Menopause can occur naturally (spontaneously)—occurring on average around age 51—or be induced through a medical intervention (surgery, chemotherapy, or pelvic radiation therapy).

Aging is the natural progression of changes in structure and function that occur with the passage of time in the absence of known disease. Aging of the female reproductive system begins at birth and proceeds as a continuum. It consists of a steady loss of oocytes from atresia or ovulation, and does not necessarily occur at a constant rate. Because of the relatively wide age range (40-58 y) for natural menopause, chronologic age is a poor indicator of the beginning or the end of the menopause transition.

Menopause affects every woman. And, as the large baby-boom generation reaches midlife and beyond, an unprecedented number of women are now postmenopausal. An estimated 6,000 US women reach menopause every day (over 2 million per year). In addition, more women are living beyond age 65. A woman's life expectancy in the Western world is estimated at 79.7 years. Today, a woman who reaches age 54 can expect to reach age 84.3. About two thirds of the total US population is expected to survive to age 85 or longer.

During the transition from the reproductive years through menopause and beyond, a woman experiences many physical changes, most of which are normal consequences of both menopause and aging. Some of the physical changes observed around menopause may be signs of illness that develop during midlife, such as diabetes. Sometimes, health problems arise when changing hormone levels and the physical effects of aging are coupled with an individual's genetic makeup, certain unhealthy lifestyles, and/or other stresses of midlife.

Survey research does not verify the concept of a “midlife crisis” as universal or even widely present in the general population. However, women in midlife may fear aging for a variety of reasons, some of which are universal, some peculiar to their culture, and the rest reflecting their personal and family circumstances. Women at midlife may be reacting to a multitude of changes that are common at this time of life, such as financial, relationship, and caregiving burdens, that can elicit fear and anxiety.

All women experience menopause, but each one does so in a unique way. How a woman responds to the physical changes of menopause may be similar to the way her mother responded, although the evidence to support this notion is limited.

Lifestyle, demographic factors, and attitudes all influence a woman's perception of menopause. The menopause

experience is often perceived as merely the cessation of menses. A woman may view the end of fertility as liberation from the possibility of pregnancy, or she may grieve for the children she never had. For women who have had an unexpected early menopause, either natural or induced, their experience may be more negative. The level of menopause-related symptoms will also have an influence. Some women will have troublesome symptoms, whereas others may navigate the transition with few or even no symptoms at all.

Diverse social and cultural differences can also affect a woman's experience of menopause and her view of menopause treatments as well as her overall health and well-being. Risk factors, patterns of disease and mortality, access to health care, economic status, existing medical therapies, and societal norms related to femininity and aging all differ across groups of women. There is very little research on how these differences affect the experience of menopause. To date, menopause research has focused mostly on middle-class white women. Although different populations are now being studied, considerable information is needed before many aspects of menopause are better understood.

In one study, 80% of women experiencing menopause reported no decrease in quality of life (QOL), and 75% of the women denied experiencing any loss in their attractiveness. Most women (62%) reported positive attitudes toward menopause itself. In another study, most women viewed menopause as inconsequential, and suggested that other events of midlife were more important or stressful. A cohort of well-educated, midlife women described the menopause transition as a normal developmental event. Only about 10% of peri- and postmenopausal women participating in community-based studies reported feelings of despair, irritability, or fatigue during the menopause transition.

The QOL and health status of a generally low-income and poorly educated population of menopause-aged women were examined in a cross-sectional study. Women who were employed, had attained higher levels of education, or had higher levels of income reported better overall health and fewer menopausal symptoms. There were no significant differences between ethnic groups with respect to either menopausal QOL or health status. The surgical intervention of hysterectomy (with bilateral oophorectomy) did not appear to be a factor in decreasing QOL. Compared with women with an intact uterus, women who underwent hysterectomy expressed more improvement, especially in the areas of sexual relationships, spouse or partner relationships, personal fulfillment, and physical health. This improvement did not appear to be the result of menopausal hormone therapy (HT).

Most US postmenopausal women (51%) surveyed in a 1998 NAMS-sponsored Gallup Poll reported being happiest and most fulfilled between ages 50 and 65 compared with when they were in their 20s (10%), 30s (17%), or 40s (16%). Many women reported improvement in various areas of their