



International Journal of Advanced Psychiatric Nursing

E-ISSN: 2664-1356
P-ISSN: 2664-1348
www.psychiatricjournal.net
IJAPN 2022; 4(1): 01-03
Received: 03-09-2022
Accepted: 05-11-2022

Sandhya Barthalomeo D' Almeida
Research Scholar JJT
University, Junjhunu,
Rajasthan, India

Dr. Anupama Vinay Oka
Associate Professor, K.D.A
College of Nursing, Andheri
(W), Mumbai, Maharashtra,
India

Impact of cognitive behavioral therapy on menopausal symptoms

Sandhya Barthalomeo D' Almeida and Dr. Anupama Vinay Oka

Abstract

During the menopausal transition, women frequently develop vasomotor symptoms. However, unpleasant symptoms may accompany this transition, which can have a severe influence on daily functioning and overall quality of life. This article discusses cognitive behavioural therapy (CBT) for women suffering from menopausal symptoms such as worry, stress, poor mood, hot flashes, and night sweats, as well as how thoughts, physical symptoms, and behaviour interact to generate misery.

Keywords: CBT, HFNS, vasomotor symptoms, behavioral therapy, low mood

Introduction

Menopause affects every woman differently. Menopause is a natural process, not a sickness or illness that all women go through at some point in their lives. However, unpleasant symptoms may accompany this change, which can have a significant detrimental influence on daily functioning and overall quality of life. (NAMS, 2019) ^[9]. In 1998, there were approximately 477 million postmenopausal women in the world, with that number predicted to rise to 1.1 billion by 2025. Menopausal safety needs are a higher priority in the Indian situation because there were around 65 million Indian women over the age of 45 in 2006, and over 130 million Indian women are expected to live with menopause by 2015, hence menopausal safety needs are a higher priority in the Indian scenario. (Society, 2019) ^[8] Menopausal symptoms were defined as the combined level of burden from a broad range of symptoms related to menopause such as psychosocial symptoms (e.g. irritability, forgetfulness), physical symptoms (e.g. joint pain, headaches), genital symptoms (e.g. dryness, itching), sexual dysfunction and vasomotor symptoms. Women now have more options than ever before for treating menopausal symptoms such as hot flashes, depression, sleep issues, and sexual function. Despite the fact that hormone therapy is a proven treatment for menopausal symptoms, there are some concerns about its use, so women seek out alternative treatments such as cognitive behavioural therapy, behavioural therapy, and mindfulness-based therapies, which can help to reduce the severity and bother of hot flashes. Such interventions potential mechanism of action is to reduce tension. Stress is thought to diminish thrush hold for responses to heat dissipation and hence can potentiate for hot flush. (Van Driel *et al.*, 2019) ^[9]

Cognitive Behavioral Therapy (CBT) is a type of psychotherapy that focuses on changing negative thinking and behavior patterns. This sort of treatment assists people in being more aware of their negative thoughts and responding more effectively to adversity. It's a quick, non-medical remedy that can help with a variety of health issues, including stress and anxiety, depression, hot flashes and night sweats, sleep issues, and weariness. CBT teaches people new skills and effective coping strategies to help them deal with menopausal concerns in a realistic way. (Rollings, N.D.)

1. Cognitive behavioral therapy for anxiety and stress

The treatment of anxiety and depression using cognitive behavioural therapy was originally created for men, but it is now regarded effective for both men and women. In recent decades, cognitive behavioural therapy has been utilized to assist people cope with physical health issues such as insomnia and chronic pain. It has recently become popular among women experiencing menopausal symptoms such as vasomotor symptoms and sleep disturbances. The goal is to help women manage their symptoms in a way that is less disruptive to their everyday lives and reduces stress. (M. S. Hunter, 2020a) Menopausal women have a high prevalence of anxiety symptoms, with reports of up to 51% of women suffering tension, anxiousness, irritability, or agitation.

Corresponding Author:
Sandhya Barthalomeo D' Almeida
Research Scholar JJT
University, Junjhunu,
Rajasthan, India

In an Indian cross-sectional investigation, the rates of syndromal depression and anxiety were 86.7 percent and 88.9 percent, respectively. Anxiety and depression are common reactions on a daily basis. Menopause is not a traumatic event, but it occurs in the middle of a woman's life, when she is dealing with issues such as illness, bereavement of parents, or work pressures. (Reddy, 2019) [3] The interplay between physical symptoms, thoughts, feelings, and behavior are the focus of CBT for anxiety and stress. In some circumstances, the way we think about symptoms appears to influence how we feel and what we do, causing bodily reactions to become more intense

2. Cognitive and behavioural strategies for anxiety and stress: CBT for anxiety and stress focuses on the links between physical symptoms, thoughts, feelings and behavior. The way we think about symptoms in certain settings has a strong influence on how we feel and act, and these behaviors might amplify biological reactions. Anxious thinking, such as anticipating the worst-case scenario, has been recognized as a key element in the onset and maintenance of anxiety. Anxious thinking tends to 'catastrophize,' or overestimate the possibility of the worst-case scenario occurring and underestimate our ability to cope, resulting in increased anxiety.

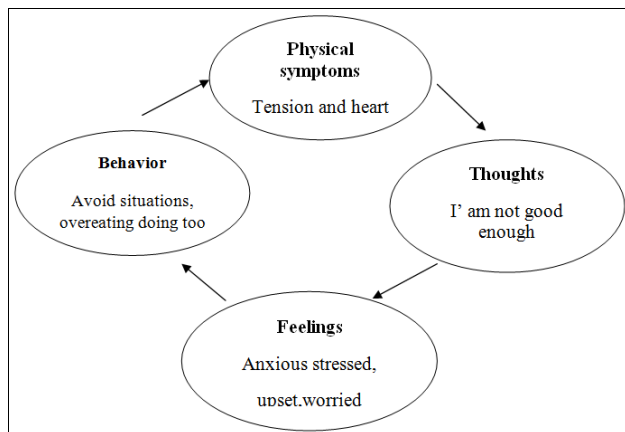


Fig 1: Cognitive behavioural model for stress and anxiety

Cognitive and behavioural tactics can be employed to build a calmer or more tolerant attitude toward a problem, allowing you to respond (behave) in a more helpful manner. Write down your thoughts, feelings, and behavioural reactions on the diagram if you're nervous or stressed. Consider whether your nervous thought is extremely negative, overestimating the threat, or underestimating your ability to deal once you've detected it. Relaxing, yoga, going for a walk, exercise, calling a friend, reading a book are some of the strategies of cognitive behavioural therapy for stress and anxiety. (M. S. Hunter, 2020b) [2].

3. Cognitive Behavioural Therapy for low Mood

CBT for depression is beneficial for people of all ages and when physical and emotional symptoms coexist. Low mood and hot flushes are frequently associated with anxiety, and cognitive and behavioural interventions can help with both emotional and physical symptoms. Cognitive behavioural therapy is good for people during menopause when they experience both physical and emotional symptoms. When people are sad, they tend to think adversely about

Themselves and the world, which has an impact on their future. Depressive thinking and behavior can trigger a loop of self-criticism and hopelessness, leading to people withdrawing and avoiding situations. Cognitive Behavioural Therapy (CBT) assists patients in recognizing excessively negative sentiments, gaining perspective on their difficulties, and gradually learning how to deal with them.

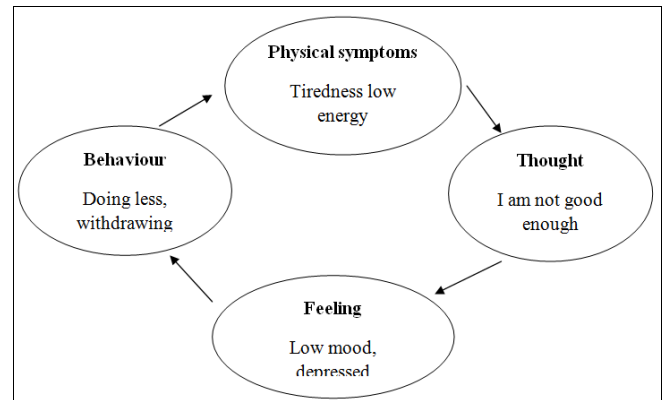


Fig 2: Cognitive behavioural model for Low Mood

4. Cognitive behavioural therapy on hot flushes and night sweat

These are the main changes that women experience during menopause transition—the time when menstrual periods stops. In terms of the bodily changes, hot flushes are commonly described as sensations of heat in the face, neck and chest, frequently accompanied by perspiration and/or shivering, and they are often accompanied by increases in skin conductance and finger temperature as well as peripheral blood flow and heart rate and can cause embarrassment, anxiety, discomfort and disruption to sleep. The exact cause is unknown but it appears to be correlated with the rate of plasma oestrogen shift that affects the thermoregulatory system through hypothalamus. (M. Hunter, 2003) [1]. Most recently (Spetz Holm *et al.*, 2012) [6] reviews evidence that There is association between serotonin and temperature control probably both noradrenalin and serotonin may affect the risk of hot flushes via a narrowed thermo neutral zone. Serum levels of serotonin are lower in postmenopausal women than the levels found before menopause, and estrogen therapy has been shown to normalize these levels. Estrogen withdrawal causes a reduction in circulating serotonin, resulting in an up-regulation of the 5-HT2A receptor in the hypothalamus. It has thus been suggested that both the concentrations of β -endorphins and serotonin in the hypothalamus decrease with decreasing estrogen concentration. The reduced β endorphin and serotonin concentrations increase the release of noradrenaline, and this may in turn cause sudden drops in the set point in the thermoregulatory center in the hypothalamus and elicit inappropriate heat loss the dimensions like Physical symptoms thoughts feelings and behavior in figure 3 says that, in some cases the way women think about symptoms tends to affect the feelings she experience and what she does, and these responses can turn to increase intensity of hot flushes. Cognitive behavioural strategies for hot flush and night sweats are paced breathing, limiting caffeine and alcohol, a cool sleeping environment.

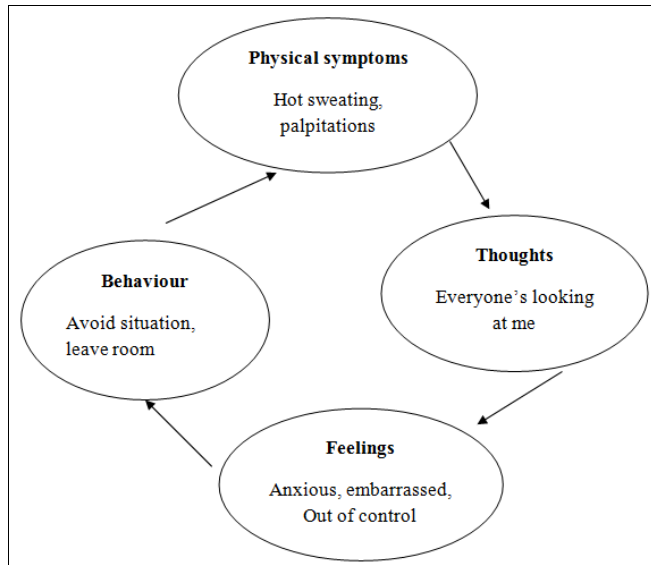


Fig 3: Cognitive behavioural model for Hot flushes and Night sweats.

Conclusion

This article has mainly focused on how cognitive behavioural therapy is helping women with troublesome menopausal symptoms like hot flush night sweats (HFNS), anxiety and stress, low mood. Using CBT, women will learn specific strategies to reduce unhelpful thought patterns and to improve women's behavioural responses to uncomfortable symptoms and stressors.

References

- Hunter M. Cognitive behavioural interventions for premenstrual and menopausal symptoms. *Journal of Reproductive and Infant Psychology*. 2003;21(3):183–193. <https://doi.org/10.1080/0264683031000155006>
- Hunter MS. Cognitive behavioral therapy for menopausal symptoms. *Climacteric*. 2020;0(0):1-6. <https://doi.org/10.1080/13697137.2020.1777965>
- Reddy NV, Omkarappa DB. Cognitive-behavioral therapy for depression among menopausal woman: A randomized controlled trial. *Journal of family medicine and primary care*. 2019;8(3):1002-1006. https://doi.org/10.4103/jfmpc.jfmpc_396_18
- Norton S, Chilcot J, Hunter MS. Cognitive-behavior therapy for menopausal symptoms (hot flushes and night sweats): Moderators and mediators of treatment effects. *Menopause*. 2014;21(6):574-578. <https://doi.org/10.1097/GME.0000000000000095>
- Rollings KH. (N.D.). Behavioral Therapies CHAPTER 21. *Evidenced-Based Management of Low Back Pain*, 286-299. <https://doi.org/10.1016/B978-0-323-07293-9.00021-0>.
- Spetz Holm ACE, Frisk J, Hammar ML. Acupuncture as treatment of hot flashes and the possible role of calcitonin gene-related peptide. *Evidence-Based Complementary and Alternative Medicine*, 2012. <https://doi.org/10.1155/2012/579321>
- Stefanopoulou E, Yousaf O, Grunfeld EA, Hunter MS. A randomised controlled trial of a brief cognitive behavioural intervention for men who have hot flushes following prostate cancer treatment (MANCAN). *Psycho-Oncology*. 2015;24(9):1159-1166. <https://doi.org/10.1002/pon.3794>
- Society IM. The winners can avail a 10 % reduction in. January The North American Menopause Society (NAMS). (2019, May 29). Cognitive behavior therapy shown to improve multiple menopause symptoms. *Science Daily*, 2019. Retrieved July 12, 2020 from www.sciencedaily.com/releases/2019/05/190529113047.htm
- Van Driel CM, Stuursma A, Schroevers MJ, Mourits MJ, de Bock GH. Mindfulness, cognitive behavioural and behaviour-based therapy for natural and treatment-induced menopausal symptoms: A systematic review and meta-analysis. *BJOG: An International Journal of Obstetrics and Gynaecology*. 2019;126(3):330-339. <https://doi.org/10.1111/1471-0528.15153>.