

Psychosocial therapies could be effective treatment for non-physical symptoms of menopause

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Interventions such as mindfulness and cognitive behavioral therapy (CBT), could be an effective treatment option for menopause-related

mood symptoms, memory and concentration problems, finds a new study by UCL researchers.

The research, published in the *Journal of Affective Disorders*, is the most up-to-date study of its kind, providing a [meta-analysis](#) of 30 studies involving 3,501 women who were going through the menopause in 14 countries, including the U.K., U.S., Iran, Australia, and China.

Lead author, Professor Aimee Spector (UCL Psychology & Language Sciences), said, "Women can spend a notable number of years in their lives dealing with a range of menopausal symptoms, such as hot flushes, mood changes and brain fog. These symptoms can have a great impact on women's well-being and quality of life.

"Menopause management is now a prioritized topic in [public health](#). However, most studies of menopause symptom management focus on hormonal replacement therapy and physiological symptoms. This restricts treatment options for women who are concerned about the risks of hormone replacement therapy and overlooks the well-being of women with non-physiological symptoms, such as brain fog and mood problems, which are highly prevalent."

The studies that were analyzed examined the effects of several different kinds of therapies on mood, cognition and quality of life.

Ten studies explored the impact of CBT-based interventions on menopausal symptoms, while nine provided Mindfulness-Based Interventions (MBI) and the remaining eleven studies encompassed Acceptance and Commitment Therapy (ACT), group counseling, marital support, health promotion coaching, and emotional freedom techniques.

The CBT-based interventions included educating women about the psychological symptoms of the menopause, alongside cognitive and

behavioral strategies, relaxation techniques, and symptom monitoring.

Meanwhile, MBI-based therapies promoted a focus on the present experiences of women and a non-judgmental understanding of symptoms.

Symptoms were measured using standardized, internationally recognized self-report instruments, including the Patient Health Questionnaire PHQ-9 (which considers factors such as a lack of interest in doing things, issues with sleep, and feelings of low mood) and the GAD7 questionnaire (which asks how often a person feels worried, on edge or unable to relax).

The researchers found that women showed statistically significant improvements in anxiety and depression following CBT and MBI when compared to no or alternative treatments. This equates to small to medium changes in everyday life.

CBT and group-based psychosocial interventions were also effective in reducing memory and concentration difficulties.

All psychosocial interventions were effective in improving quality of life, regardless of their type.

With regards to the delivery of these interventions, the study suggests that CBT is the most cost-effective option for menopause management—as compared to other forms of therapy, it requires a shorter course of treatment (around 1.5 hours per session and 11.8 hours in total).

Co-author and master's graduate, Zishi Li (UCL Psychology & Language Sciences), said, "This study provides encouraging evidence to support the use of psychosocial interventions for managing non-physiological

[menopausal symptoms](#). This is in line with the NICE Menopause guidelines, updated in 2023 and currently in the consultation phase, which promote CBT as a treatment option."

Senior author Dr. Roopal Desai (UCL Psychology & Language Sciences), said, "GPs and [health care providers](#) often struggle to know what to offer beyond medical treatment. This research will help give GPs and patients more options."

In November 2023, NICE drafted updated guideline recommendations to include more treatment choices for menopause symptoms, with evidence showing that CBT could help reduce symptoms such as hot flushes and night sweats, depressive symptoms and problems sleeping.

Consequently, the guidelines stated that CBT should be considered alongside or as an alternative to Hormone Replacement Therapy (HRT).

However, this is the first study to consider other forms and doses of therapy, alongside assessing which type is best for different symptoms.

Experts at UCL have also teamed up with leading women's health charities to design a new education and support program for women across the U.K. experiencing menopause.

Study limitations

Without individual patient data, the study is unable to consider the best stage of the [menopause](#) to deliver interventions.

The research also can't account for the long-term symptom changes that occur with different types of therapy. For example, some interventions may require longer exposure to show more significant effects, while the benefits of others might fade with time.

More information: Aimee Spector et al, The effectiveness of psychosocial interventions on non-physiological symptoms of menopause: A systematic review and meta-analysis, *Journal of Affective Disorders* (2024). [DOI: 10.1016/j.jad.2024.02.048](https://doi.org/10.1016/j.jad.2024.02.048)

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