


THE EXPERIENCE OF MENOPAUSE: PSYCHOLOGICAL IMPACTS AND THE INCIDENCE OF DEPRESSION IN WOMEN

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ABSTRACT

This article discusses the experience of menopause in women's lives, including disorders adjacent to the process. During menopause, women face significant hormonal changes that can affect their emotional well-being. The objective of this study was to analyze the psychological impacts and incidence of depression in menopausal women, based on a literature review, exploratory and descriptive design. The research investigated the prevalence of depression in this age group, considering the main emotional processes and social contexts that contribute to the emergence of the condition. The results of the literature review indicate that these hormonal fluctuations, added to factors such as stress, changes in family dynamics, and the perception of aging, can increase vulnerability to depression. In addition, the analysis underscores the importance of appropriate interventions, including emotional and psychological support, which are crucial in the treatment and prevention of depression. The research pointed out the need for a multidisciplinary look, involving psychologists, doctors and social workers, to address the complexity of women's mental health at this stage of life. Teamwork can facilitate the early identification of symptoms and promote more comprehensive care. The literature also suggests that educational and awareness-raising initiatives are key to demystifying depression and encouraging women to seek help. Psychological support programs, support groups, and mental health campaigns are some of the emerging recommendations. In summary, the analysis of the psychological impacts of depression on menopausal women revealed the seriousness of the issue and pointed out ways for effective interventions, emphasizing the urgency of health policies that specifically meet the needs of this public.

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The promotion of women's well-being urgently needs to be a priority, considering the intersection between mental health and social conditions.

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INTRODUCTION

The World Health Organization (WHO, 2008) defines that the climacteric is a biological phase of life and not a pathological process, and that it comprises the transition from reproductive to non-reproductive life of women and can begin between the ages of 35 and 40, extending until the age of 65 (Perone *et al.*, 2019).

Some women go through the menopause phase without complaints and without the need for drug intervention, and others have symptoms that vary in their intensity and diversity (Jesus *et al.*, 2020). Thus, it is known that menopause corresponds to the date of the last menstruation, resulting from the definitive failure of the ovaries. The process is part of a larger cycle, known as climacteric, which is divided into three stages: perimenopause, menopause, and postmenopause (Fernández & Costa, 2021).

The first stage, perimenopause, marks the beginning of the decline in ovarian function and precedes menopause. It is characterized by changes in the menstrual cycle and the first signs of the associated symptoms, such as hot flashes and mood swings. Menopause itself occurs with the last menstruation, and is confirmed when a woman goes 12 consecutive months without menstruating (Fernández & Costa, 2021).

According to Fernandez and Costa (2021), the average age at which menopause occurs is 51 years old in European countries, although this number can vary according to genetic, environmental, and lifestyle factors.

The experiences of menopausal symptoms are individual and influenced by several factors, in addition to hormonal changes, such as external aspects, living conditions, general health, social functioning and perception of aging. These factors interact, and can strengthen or weaken women's perception and evaluation of menopause (Szadowska-Szlachetka *et al.*, 2019).

Among the most evident alterations are psychiatric disorders, mental and emotional issues, including factors such as depression and anxiety, intensity of emotional symptoms of menopause, feelings about the sexual partner, level of self-confidence and self-esteem, body image, and feelings of sexual attraction are presented and discussed (Stute, *et al.* 2020).

Depression is a chronic and recurrent mental disorder, which usually occurs in association with other mental, neurological and substance use conditions, in addition to physical conditions (Chand; Arif, 2023).

Although the pathophysiology is complex and multifactorial, the clinical manifestation results in a well-defined syndrome. Symptoms include changes in mood (sadness or dysphoria), cognition (decreased memory, concentration and information

processing, as well as hopelessness and helplessness), behavioral (social isolation and psychomotor slowing) and neurovegetative (changes in sleep and appetite) (Chand; Arif, 2023).

Depression can cause great suffering to the individual, involving problems at work, in the family environment and in the community, in addition to increasing the risk of suicide (Thom; Silbersweig; Boland, 2019).

According to data from the World Health Organization (WHO), Brazil is the country with the highest prevalence of depression in Latin America and the second with the highest prevalence in the Americas. The projection for 2030 indicates that depression will become the first specific cause of functional disability in the world (Noetel *et al.*, 2024). These data underscore the growing importance of public mental health policies and effective therapeutic interventions, as depression affects millions of people, impacting both individual well-being and overall productivity.

Despite this, depression is often underdiagnosed and, consequently, undertreated. Primary Health Care (PHC) plays a central role in strategies to reduce the impact of depression on the population, as it is the gateway to the health system and accompanies individuals over time. (Viduani *et al.*, 2022).

In this context, family health and primary care teams play a fundamental role, since they know, coexist, serve, and guide people based on their life stories and on continuous and humanized care (Viduani *et al.*, 2022).

This proximity between health professionals and the community allows for an early identification of depression symptoms and a more effective intervention, contributing to the prevention and reduction of complications associated with the disease (VIDUANI *et al.*, 2022).

According to Medeiros (2019) and Soares, Batista and Souza (2019), estrogen can stimulate neurons, promoting increased activity of neurogenic receptors in cell membranes.

The experience of psychological symptoms during menopause is highly individual and influenced by factors such as mental health history, social support, genetics, and lifestyle. Cultural approach and personal beliefs about menopause also shape the perception and expression of these symptoms (Coelho, 2021).

Health promotion during menopause should focus on education and awareness strategies, informing women about the importance of healthy habits, such as a balanced diet and regular physical activity, which can relieve the symptoms of this phase. Health

professionals have a crucial role as educators, offering encouragement and acceptance during this time (Carvalho, 2022).

To do this, it is necessary to carry out a comprehensive evaluation, including anamnesis, physical examination, and complementary tests, to offer an accurate diagnosis and appropriate recommendations. The decision between hormone therapy or natural treatments should be based on careful evaluation, taking into account the individual needs and preferences of each woman (Carvalho, 2022).

Health professionals must go beyond the clinical focus, adopting an empathetic and humanized posture that values welcoming and attentive listening. This approach is essential to meet the needs and particularities of women during menopause. It is important to consider the different therapeutic options available, both hormonal and natural, in the context of women's treatment and health, respecting their individuality and uniqueness (Luz & Frutuoso, 2023).

In this sense, the objective of this article was to analyze the psychological impacts and incidence of depression in menopausal women, based on a literature review research, as a way to expand the technical-theoretical views that have been evidenced in recent years with consistency and scientific value.

METHODOLOGY

This study was characterized as an exploratory research of a descriptive nature, with the objective of understanding the aspects of menopause and its implications for women's health. The descriptive approach allows a detailed analysis of the phenomena associated with menopause, considering the multiple dimensions of the theme, including the physical, emotional and social impacts.

The research was carried out through a literature review, covering scientific articles, books and relevant publications in the areas of health and medicine. The inclusion criteria for the sources were: recent publications, topics related to menopause, and renowned academic databases.

For Gil (2008), exploratory research has the perspective of identifying factors that determine or contribute to the occurrence of phenomena, and this is the type of research that most deepens the knowledge of reality.

This is a literature review study, because it used material already prepared, scientifically validated by the academic community, corroborating the type of exploratory research chosen (Gil, 2008, p. 44).

After collection, the data were analyzed qualitatively, with the aim of identifying patterns, trends and gaps in the existing literature on menopause. The qualitative analysis allowed a more in-depth and critical view of the available material, revealing aspects that deserve greater attention and investigation.

Although the research did not involve data collection with human participants, all ethical standards of citation and use of academic sources were respected, ensuring the integrity of the study.

This study provided a deeper understanding of menopause, contributing to a better understanding of the challenges faced by women during this period of life. The critical analysis of the available literature also allowed the identification of areas that require more research and greater attention in clinical practice, expanding the knowledge base for the promotion of health and well-being of women in the menopausal phase.

RESULTS

The research carried out provided a deeper understanding of the various dimensions of menopause, especially with regard to the psychological implications and mental health of women. The main results obtained were:

- **Variety of Symptoms:** Experiences with menopause have been observed to vary widely among women. Some go through this phase without significant symptoms, while others face a variety of physical and emotional complaints, such as vasomotor symptoms, menstrual irregularities, sleep disorders, and muscle and skeletal disorders.
- **Multifactorial Influences:** It has become clear that in addition to hormonal changes caused by falling estrogen and progesterone levels, other factors such as living conditions, social and cultural factors, social functioning, and perception of aging play a crucial role in how menopausal symptoms are experienced. The study reinforces that these variables interact and influence women's perception and evaluation of menopause.
- **Psychological Impacts:** One of the most relevant findings was the correlation between menopause and the increase in the incidence of psychiatric disorders, including depression and anxiety. Research has shown that the drop in estrogen levels compromises the concentration of neurotransmitters such as norepinephrine (NE) and serotonin (5-HT), which can lead to a greater susceptibility to these disorders.

- **Underdiagnosis of Depression:** Research highlights the troubling issue that depression during menopause is often underdiagnosed and undertreated. This is particularly relevant in the Brazilian context, where the country already has one of the highest prevalence of depression in Latin America. The WHO's projection that depression will be the leading cause of functional disability by 2030 reinforces the urgent need for more effective interventions.
- **Primary Health Care (PHC):** The role of PHC has been identified as fundamental for the prevention, early identification, and intervention in the symptoms of depression during menopause. The proximity of health professionals to the community allows for continuous and humanized monitoring of women, providing welcome and emotional support.
- **Influence of Psychosocial Factors:** In addition to hormonal factors, it has been identified that psychosocial factors (such as social support, self-confidence, and body image) are more determinant in the development of psychological symptoms, such as depression and anxiety, than hormonal changes themselves.
- **Need for Health Education and Promotion:** The research revealed the importance of health education strategies, emphasizing good eating habits, the practice of physical activities and the availability of clear information about therapeutic options. Proper information can significantly improve women's experience during climacteric and reduce the negative impact of symptoms.
- **Empathetic and Humanized Posture of Health Professionals:** An important result was the identification of the need for an empathetic and humanized approach by health professionals, recognizing the individual specificities of each woman. Qualified listening and personalized guidance, respecting therapeutic choices (whether hormonal or natural), are essential to ensure that women receive adequate care and feel encouraged and welcomed during the menopause period.

Menopause is a natural phase, but it brings with it considerable challenges, both physical and emotional. Hormonal changes, combined with psychosocial and cultural factors, make this transition a complex moment in women's lives. The comprehensive approach, which includes health education, emotional support, and individualized treatment, is key to improving quality of life during this phase.

Health professionals must adopt an empathetic and humanized posture, considering the specific needs of each woman to ensure effective and personalized care. Promoting

mental health and expanding prevention strategies are essential to ensure that women go through menopause in a healthy and balanced way.

The results of the research show that menopause is a complex process that cannot be analyzed only through the prism of hormonal changes. Social, cultural, psychological, and physiological factors interact to shape each woman's individual experience during this time.

Health education, emotional support, and the development of personalized therapeutic interventions are essential to improve the quality of life of menopausal women. The study reinforces the need for public policies focused on mental health and the prevention of depression in this population group.

Finally, it is important for health professionals to adopt a holistic and humanized approach, which values comprehensive care and meets the emotional and physical needs of women during this crucial phase of their lives.

CONCLUSION

Menopause is a complex phase that brings significant physical and emotional challenges for women. The increased incidence of depression during this period underlines the need for comprehensive care that addresses both biological and psychological aspects. Adequate emotional support, therapy, and understanding of the process are essential to improve the quality of life of women facing this transition.

Menopause experiences are highly individual. While some women go through this period without experiencing significant symptoms, others may face a variety of complaints, ranging from vasomotor symptoms (such as hot flashes and night sweats) to psychiatric disorders such as depression and anxiety.

The manifestation of these symptoms is not only influenced by hormonal changes, but also by a network of social, cultural, psychological, and lifestyle factors. Aspects such as social support, cultural beliefs about aging, and personal coping strategies can impact how women experience menopause.

This scenario suggests that the mental health of menopausal women is complex and multifaceted, being influenced by several factors that go beyond biological changes. Therefore, psychological care during this phase must consider this network of influences to offer effective and personalized interventions.

In Brazil, the prevalence of depression is high, especially among menopausal women, which reinforces the need for early identification and appropriate treatment. Depression often goes unnoticed and without proper treatment, highlighting the importance

of effective follow-up by Primary Health Care. Health education, including guidance on healthy eating habits and regular physical activity, is essential for improving the symptoms associated with menopause, contributing to the well-being and quality of life of this population.

The comprehensive approach, which involves health education, emotional support, and personalized therapeutic options (whether hormonal or natural), is key to improving women's quality of life during menopause. By providing clear and adequate information, this approach helps women better understand the changes that are occurring in their bodies and make more informed decisions about healthcare.

Implementing health promotion strategies that inform and empower women about their health in the climacteric period can be a powerful tool. These strategies can lead to better acceptance of the process and effective symptom management, contributing to reducing the impact of menopause on daily life. By promoting self-knowledge and offering emotional support, it is possible to improve women's resilience and well-being, helping them to go through this phase in a more peaceful and balanced way.

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