

Peri-Menopausal Conditions for Iron Deficiency and Iron Deficiency Anemic Conditions

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Peri-menopause or menopausal transition, begins years before menopause actually begins. During this process, ovaries gradually slow down to make less estrogen. It usually starts in women's around 40s, but can even start in their earlier 30s or in some cases it may even start earlier.

Peri-menopause conditions lasts, until menopause is entered, during this situations the ovaries stop releasing eggs. In the last phase or between 1 to 2 years of peri-menopause, the estrogen levels drop and suddenly speeds up dropping. At this stage, many women have already entered with menopausal symptoms.

Peri-menopause duration?

The average duration of peri-menopause is approximately 4 years, but in some females it may last only for a few months or may exceed for 10 years. Peri-menopause conditions ends only when a women continuously have gone without having their period at least for 12 months.

Signs of peri-menopause

Women passing through the peri-menopause have at least few vasomotor symptoms (VMS). These may include:

- Hot flashes
- Breast tenderness
- Worse premenstrual syndrome
- Lower or no sex drive
- Body fatigue
- Irregular menstrual periods
- Vaginal dryness discomfort during sex
- Urine leakage when coughing or sneezing
- Urinary urgency

- Mood swings
- Trouble in sleeping no restless sleep.

Background

Iron deficiency and iron deficiency anemic conditions are usually anticipated to occur during and Post Pregnancy, Menstruations, (Menorrhagia and Metrorrhagia conditions). Peri-menopausal women always stand at higher risk of ID/IDA and warrant attention as the symptoms of ID can be misinterpreted or overlooked in most of the conditions. Experts relate iron deficiency to be considered as a major health condition for peri-menopausal women. However, evidences show scarce 'Iron deficiency during peri-menopause.

Aim of the Study

The purpose of this information is to describe the high impact of iron deficiency on health of peri-menopausal women in India and to understand its implications with clinical diagnosis. Considering an awareness and expert consensus towards diagnosis and management protocols of iron deficiency and iron deficiency anemia within the female population is the need of the hour.

Panel

A modified Delphi method was used to build up the consensus within. Several experts representing gynecology and endocrinology were present to participate on a panel for discussion.

The prevalence of iron deficiency anemia in Peri-menopausal women and risk factors of iron deficiency anemia were considered and further concluded and thus a consensus was attained for its protocols on prevalence, risk factor, diagnosis and treatment.

Results

This consensus guideline and protocols adapted will further help in standardizing care, provide guidance on screening and treatment for iron deficiency anemia in peri-menopause. This will also help in considering the right clinical decision-making for all healthcare professionals.

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