

EDITOR'S COMMENT

Changing light bulbs



BRIDGET FARHAM

ugqirha@africa.com

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Correspondence for CME should be addressed to the Editor at the above address.

Tel. (021) 530-6520

Fax (021) 531-4126

E-mail: publishing@samedical.org

Head Office:

PO Box 74789, Lynnwood Ridge, 0040

Tel. (012) 481-2000

Fax (012) 481-2100

'How many menopausal women does it take to change a light bulb?' 'That's not funny!' – the traditional view of menopausal women, perimenopausal women (and also premenstrual women, but that's another subject).

Why is menopause the butt of so many jokes, inuendo and general misunderstanding? If you stop and think about it, menopause and all its potential symptomatology is a relatively new phenomenon in medical practice. Certainly, it wasn't something high up on the agenda of doctors in Victorian times and earlier. And it isn't something that people working in very poorly developed communities have a lot to do with either. It is only in the past 80 or so years that women in higher socioeconomic groups have lived long enough into menopause for any of its associated problems to be even recognised. Female life expectancy in most Western countries (and this includes the westernised sections of developing countries) is now well into the late 70s, if not early 80s. In the past, women died in childbirth, of infectious diseases, etc., etc. and seldom lived long enough to experience many postmenopausal years.

But to go back to my original question – the jokes surrounding menopausal symptoms. It was not long ago that many doctors dismissed hot flushes and mood swings as simply psychological – not helped by the fact that the experience of menopause is so different between women. We now know that these are distressing symptoms that can completely alter the quality of a woman's life for the time period (sometimes years) that she experiences them. Then there are the longer-term effects of living past the time when the ovaries produce oestrogen – brittle bones, vaginal atrophy, increased risk of cardiovascular disease, skin and hair changes – all at a time when the emphasis in society is on staying young for as long as possible. So, should women simply put up with unpleasant symptoms and try to 'grow old gracefully'? I suppose, as a woman of a certain age, I am somewhat biased in my approach. But I do remember having a row with a woman I worked with when I was a locum registrar in a London hospital 10 years ago about how interventions such as hormone replacement therapy are not 'unnatural'. My argument at the time was that menopause itself was 'unnatural' because it was only recently that women were living at least 30 years beyond their reproductive years.

But now, of course, we have all the controversy about the use of hormone replacement therapy, partly as a result of poor trial design, ably discussed by our guest editor, Claire Jamieson. Professor Davey also gives an excellent balanced approach to the topic and the rest of the journal provides an excellent summing up of the general approach to the problems that can be associated with menopause and how to tackle them.

Elsewhere in this edition we have our regular AIDS spot, an interesting short article on histoplasmosis contributed by a reader, the first part of a two-part article on enteral feeding, contributed by specialists at Red Cross Children's Hospital in Cape Town, and abstracts from the literature. Enjoy your read.