



Chennai Menopause Society



MADAL 21

Menopause Associated Disorders
Awareness Letter



MENOPAUSE



Chennai Menopause Society

Changes Not Challenges



Preserve Protect Promote

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Menopause Associated Disorders Awareness Letter

President's Note



Team CMS 2023-2025 is delighted to bring out the 21st edition of our e newsletter MADAL 21. This deals with the hormonal health which goes awry in menopause. This reflects on the skin and hair which worries the women. MADAL 21 Empowers menopause practioners to effectively address the above problems.

Happy Fruitful reading.

Ever in Academic service,

Dr. T.K. Shaanthy Gunasingh

President, CMS

May 14, 2025

Letter from Editors

The Twenty first edition of MADAL is here. This edition contains Menopause Way Forward. We have our usual entertainment and fun corner packed with exciting stuff as well.

SKIN AND HAIR IN THE MIDLIFE AND BEYOND



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CONSULTANT DERMATOLOGIST
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Women in midlife are generally vital and active physically but minor hormonal changes begin to pile up. For example, oestrogen can be reduced while androgens like testosterone may remain relatively stable or even slightly increased.

This results in various skin changes adding onto intrinsic and extrinsic ageing changes. Lose of collagen and elastic fibres lead to fine wrinkles, sagging skin, specially in neck folds.

Dry skin, pigmentary changes like melisma, patterned hair loss, skin barrier disruption leading to sensitive skin, acne and rosacea can all occur.

Women of this age should follow a skin care routine like using moisturisers, sunscreens, avoiding harsh chemicals on face and hands etc.

Non-invasive treatment modality like retinol creams, hyaluronic acid and skin lightening creams for pigmentary changes can be tried.

If wrinkles and sagging skin are more pronounced botulinum toxin injections, fillers and laser toning can be tried.

Topical minoxidil, platelet rich plasma therapy can help for female pattern hair loss. As middle aged women under go this physiological metamorphosis skin becomes a mirror for turbulence within. Combined efforts of dermatologist and gynaecologist can offer more complete compassionate care.

Hormonal Health in midlife and beyond

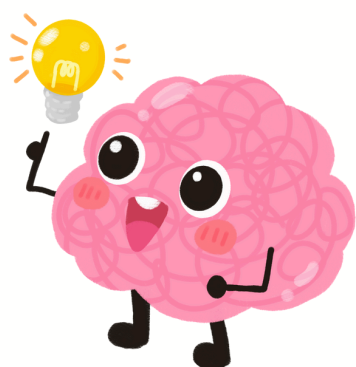


Dr. Muthu Kumaran Jayapaul
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CCT (Endo & Int Med) FRCP(Edin)

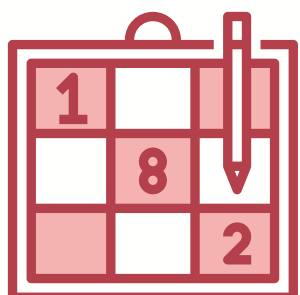
After menopause, physiological systems such as the cardiovascular system and bone health undergo significant changes primarily due to the decline in estrogen levels. Estrogen decline leads to adverse changes in lipid metabolism, including increased total cholesterol (TC), low-density lipoprotein (LDL), and triglycerides, along with decreased high-density lipoprotein (HDL), raising cardiovascular risk. Menopause accelerates cardiovascular aging by impairing endothelial function, promoting oxidative stress and causing metabolic dysfunction such as insulin resistance and unfavorable fat redistribution. These changes contribute to structural alterations in coronary arteries and increased risk of atherosclerosis, hypertension and coronary heart disease.

Women who experience menopause at a younger age have a higher risk of cardiovascular disease later in life. Lifestyle factors such as healthy diet, physical activity and managing chronic conditions are critical to reducing cardiovascular risk post-menopause. Women can lose 1% to 2% of bone density per year after menopause, potentially losing 25% or more overall, increasing the risk of osteoporosis and fractures. Bone mineral density decreases notably in the lumbar spine, femoral neck, and other critical sites, correlating with increased levels of follicle-stimulating hormone (FSH) and luteinizing hormone (LH). Osteocalcin, a marker of bone turnover, is affected by menopause and is linked to glucose and lipid metabolism, indicating the interconnections of metabolic and bone health.

Adequate calcium and vitamin D intake, along with lifestyle measures, are important to mitigate bone loss and fracture risk. In summary, menopause leads to increased cardiovascular risk through lipid and vascular changes and accelerates bone loss, heightening the risk of osteoporosis. These effects underscore the importance of monitoring and managing cardiovascular and bone health proactively in postmenopausal women



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! KYC Know Your City

- Completed in 1892, this imposing red Indo-Saracenic structure is said to be the world's largest judicial building after the Courts of London.
- The central tower was added in 1912. At research time, visitors were not permitted to wander the grounds, but if you fancy trying, take your passport.





KYS

KNOW YOUR SOCIETY



Objective of the IMS Exam

IMS Menopause Practitioner Exam aims to provide qualified Menopause experts to the society.

An IMS Menopause Practitioner Expert should be able to:

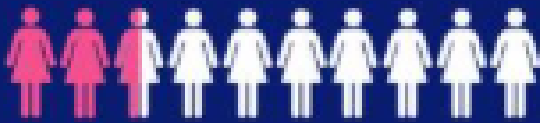
- Define menopause related terminology.
- Understand endocrinological, physical, psychological changes specific to menopause and Aging.
- Understand the Impact of failing Ovarian hormones
- Take relevant history and do proper clinical examination.
- Decide relevant test and interpret them.
- Individualize evidence based management.
- Counsel after answering the Patients' queries.
- Provide advice based on life style management.
- Address psychosexual issues.
- Make use of multidisciplinary health services.
- To make clients understand what window of opportunity is at menopause transition.
- To impress upon menopausal women, the significance of compression of morbidity.
- To decide when to prescribe or when not to prescribe HRT.
- Keep knowledge updated and well versed with the IMS position statements.

INTERESTING FACT

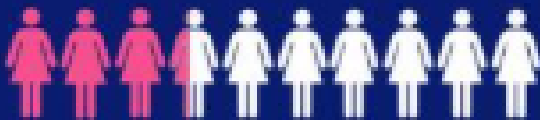




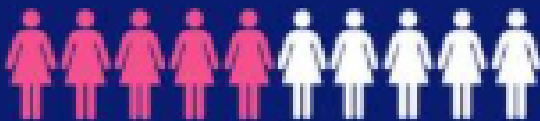
PERIMENOPAUSE AND SLEEP



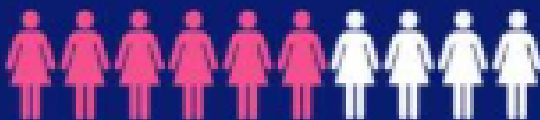
1 in 4 perimenopausal women have trouble falling asleep



1 in 3 women have trouble staying asleep, waking up multiple times per night



Half of all perimenopausal women sleep less than 7 hours per night



Over half wake up feeling tired more than 4 days a week



Kolam Corner

