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Empowering Women Through Menopause Counselling: Advancing Person-Centred Care for Better Health, Well-Being, and Quality of Life

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Menopause is a universal biological transition, yet the way women experience and understand it varies considerably. Although it is a natural stage of ageing, the menopausal transition can affect physical health, psychological well-being, relationships, work, and overall quality of life. Symptoms may begin during perimenopause, several years before the final menstrual period, and can include hot flushes, night sweats, sleep disturbance, fatigue, mood changes, anxiety, cognitive difficulties, joint and muscle discomfort, sexual problems, and genitourinary symptoms. The intensity and duration of these experiences differ between women and are influenced by individual health, socioeconomic circumstances, ethnicity, family and social environment, and cultural perceptions of female ageing.[1,2]

Despite the frequency and potential impact of menopause, many women enter this transition with limited knowledge and inadequate preparation. Evidence suggests that menopause education is often absent from earlier life, leaving women uncertain about what symptoms to expect and when to seek help. A survey of 947 perimenopausal women found that up to 90% had not received menopause education at school, while more than 60% considered themselves poorly informed. Difficulties are compounded when women encounter healthcare professionals who lack sufficient menopause knowledge or when responsibility for menopause care is unclear within health systems.[3,4] Consequently, some women may normalize distressing symptoms, misunderstand their significance, or delay seeking appropriate care.

This knowledge gap highlights why counselling should be considered a central component of menopause care rather than an optional addition. Effective counselling can help women understand the biological and psychological changes occurring during menopause, recognize symptoms, consider available treatment options, and develop realistic strategies for maintaining health. Importantly, counselling should not merely deliver information; it should create an opportunity for women to discuss their concerns, expectations, priorities, and personal circumstances with a healthcare professional. A person-centred approach is therefore essential because menopause is experienced differently by every woman.[2,3]

The potential value of counselling is also demonstrated by evidence from Indonesia. In a study involving 63 women in Magetan, menopause-related counselling significantly reduced anxiety levels, indicating that providing appropriate information and support can positively influence women's psychological responses to this transition.[5] Such findings are particularly relevant in community settings, where accessible counselling through primary healthcare services and community health programmes could help women prepare for menopause before symptoms become disruptive.

Menopause counselling should encompass both symptom management and longer-term health promotion. Healthcare professionals can use the consultation to identify troublesome symptoms, assess cardiovascular, bone, metabolic, psychological, and sexual health risks, and discuss appropriate preventive strategies. Some menopausal manifestations may also provide an opportunity to identify women who require closer assessment. For example, severe vasomotor symptoms and sleep disturbances have been associated with adverse cardiovascular, psychological, cognitive, and skeletal outcomes, emphasizing the importance of looking beyond immediate symptom relief.[2]

Treatment discussions should be individualized and based on informed, shared decision-making. Menopausal hormone therapy (MHT) remains an effective treatment for vasomotor symptoms and may provide additional benefits for appropriately selected women, including protection against bone loss. However, its suitability depends on factors such as age, time since menopause, medical history, symptoms, and individual risk profile. Counselling should therefore communicate both potential benefits and risks rather than presenting MHT as either universally beneficial or inherently harmful.[2] Women who do not wish to use MHT, or for whom it is unsuitable, should also be offered evidence-informed non-hormonal approaches.

Psychological and behavioural interventions are increasingly relevant to comprehensive menopause counselling. Cognitive behavioural therapy (CBT), for example, can help women develop strategies to manage vasomotor symptoms, sleep difficulties, anxiety, negative beliefs, and mood disturbances. Other approaches, including mindfulness, yoga, physical activity, and lifestyle modification, may contribute to well-being, although the strength and consistency of evidence vary across interventions.[6,7] Counselling should therefore

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distinguish between interventions supported by strong evidence and those for which evidence remains uncertain, enabling women to make informed choices.

The way counselling is delivered is as important as its content. Recent work proposes organizing menopause consultations around three interconnected elements: symptoms, stories, and solutions. Symptoms allow systematic clinical assessment; stories recognize the woman's lived experience, circumstances, concerns, and expectations; and solutions facilitate individualized management through shared decision-making.[3] This flexible structure may help healthcare professionals provide consistent care without turning counselling into a rigid checklist.

However, individual counselling cannot compensate for weaknesses within health systems. A recent scoping review of 89 studies identified persistent problems, including inadequate provider education, fragmented care pathways, inconsistent implementation of guidelines, and barriers related to socioeconomic circumstances, race, and culture.[4] Improving menopause care therefore requires investment in healthcare-professional training, clear referral pathways, culturally responsive communication, and accessible community and primary-care services. Telehealth may expand access for some women, but it should complement rather than replace approaches that are acceptable and feasible for different populations.[4]

Menopause counselling ultimately represents an opportunity to transform the experience of midlife from one characterized by uncertainty and dismissal into one supported by knowledge, choice, and preventive care. Midlife can involve substantial challenges, but it can also be a period of psychological growth and improved well-being when women receive appropriate support.[7] Providing accurate information, listening to individual experiences, discussing evidence-based treatment options, and addressing longer-term health risks can empower women to navigate menopause with greater confidence. A health system that routinely incorporates respectful, person-centred menopause counselling can therefore contribute not only to symptom control, but also to healthier ageing, improved quality of life, and greater equity in women's health.

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