

## Menopause and Mental Health

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### **ABSTRACT**

Menopause is a significant biological phase in a woman's life, characterized by the cessation of menstruation and a drop in reproductive hormones. The psychological influence is sometimes overlooked, despite the fact that its physical effects are frequently acknowledged. Mood disorders, anxiety, depression, cognitive problems, and sleep disruptions are common among women and can have a major impact on their quality of life. Hormonal fluctuations, neurotransmitter imbalances, high cortisol levels, and oxidative stress are the main causes of many mental health issues.

The biological processes behind these changes and their psychological impacts are the main topics of this review, which investigates the relationship between menopause and mental health. It also looks at coping mechanisms, such as lifestyle modifications like exercise and diet, psychological therapies like cognitive behavioral therapy (CBT) and mindfulness, and medicinal treatments like hormone replacement therapy (HRT) and antidepressants. Also included is the effect of COVID-19 on menopausal mental health, stressing the increased anxiety and disruptions to healthcare that women experienced throughout the epidemic. Research has advanced, but there are still gaps, especially in our knowledge of long-term mental health consequences, cultural variations in menopausal experiences, and the function heredity plays in mood regulation. Longitudinal studies, customized therapies, and incorporating mental health assistance into standard medical care should be the main topics of future research. Healthcare professionals can create more effective plans to assist menopausal women and lessen the stigma associated with this transition by filling in these gaps.

Keywords: Menopause, Mental health, Hormonal fluctuations, Mood disorders, Anxiety, Depression.

## 1. INTRODUCTION

Menopause, the natural end of a woman's reproductive life, is recognized after a year without a period, which typically occurs between the ages of 45 and 55 [1,6]. Due to variables like genetics, lifestyle, and culture, the impacts of this universal experience vary among women [1]. Beyond the cessation of menstruation, menopause frequently entails mental, emotional, and physical changes. Hot flashes and night sweats are well-known physical symptoms, but the mental health consequences, including mood swings, anxiety, sadness, memory issues, and sleep difficulties, are often disregarded and poorly understood.

In India and many other cultures, menopause is rarely talked about openly. Women are expected to "adjust" or "accept" the changes without acknowledging the emotional toll they take. Many experience feelings of isolation, invisibility, and a loss of identity, made worse by stigma, family expectations, and a lack of medical awareness [5]. Understanding menopause not just as a biological event, but as a major life transition that affects mental health, is essential to ensuring that women receive the care, support, and respect they deserve [7].

### 1.1 Understanding Menopause and Its Phases:

Menopause doesn't happen overnight. It is a gradual process that unfolds over three stages:

(1) **Perimenopause** – This phase begins several years before menopause, when estrogen levels start fluctuating. Women may experience irregular periods, mood swings, sleep disturbances, and anxiety [2,5].

**Menopause** – A woman is officially in menopause when she has gone 12 months without a period. During this stage, hormone levels drop sharply, leading to increased vulnerability to depression, brain fog, and fatigue [1,5].

(2) Postmenopausal – The years after menopause bring long-term health risks such as osteoporosis, heart disease, and cognitive decline, making self-care and regular health check-ups crucial [2,3].

Each woman's experience is unique. While some may transition smoothly, others struggle with severe emotional and physical symptoms that disrupt daily life [6].



Fig: 1. Understanding Menopause's Impact on Mental Health

### 1.2 How Menopause Affects Mental Health

The Impact of Hormones on Mood and Emotions;

Hormones play a huge role in our mental well-being. Estrogen, in particular, helps regulate serotonin and dopamine, the brain's "feel-good" chemicals. When estrogen levels drop, these chemicals decrease as well, leading to:

- Mood swings and irritability
- Increased anxiety and panic attacks
- Depression and low motivation
- Brain fog and difficulty concentrating
- Forgetfulness and confusion.

Many women describe feeling like a different person, struggling with emotions they've never dealt with before [2,7]. Simple tasks may feel overwhelming, and they may lose confidence in their abilities, especially in professional and social settings.

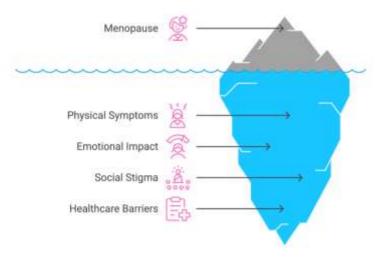


Fig:2. The Menopause Iceberg: Unseen Challenges Beneath the Surface.

### 1.3 Physical Symptoms That Affect Mental Well-being

Menopause brings not just emotional changes, but also physical symptoms that can worsen stress and mental health:

Hot Flashes and Night Sweats: Disrupted sleep from waking up drenched in sweat leads to fatigue, irritability, and difficulty focusing the next day [2].

Weight Gain and Body Image Issues: Changes in metabolism cause weight gain, particularly around the abdomen, affecting self-esteem and mental well-being [4]. Joint Pain and Fatigue: Low estrogen levels contribute to bone loss and joint pain, making physical activity harder, which in turn reduces energy levels and motivation [4].

All of these combined can make everyday life feel exhausting, frustrating, and emotionally draining.

### 1.4 Why Mental Health During Menopause Matters

#### social and cultural influences:

Menopause is frequently viewed as just another stage of aging, but for many women, it alters how they see themselves and how society defines them. Menopause can cause feelings of invisibility, loss, and sometimes shame in Indian culture, where a woman's identity is frequently connected to her role as a reproductive agent [3].

### Women may feel:

- > Feeling less appreciated by their families or communities.
- Feeling under pressure to keep quiet their difficulties and project a sense of calm.
- Feeling guilty for preferring their personal health over their family obligations.

This emotional burden can lead to loneliness, stress, and an increased risk of depression [9].

## **Barriers to Healthcare and Support:**

Many Indian women have little to no access to healthcare linked to menopause. The most significant problems consist of:

**Lack of awareness:** Many women are unaware that their mood swings, anxiety, and memory problems are associated with menopause [2].

Limited medical assistance - Many doctors lack training in menopause-specific mental health care, leaving women with little help on how to manage emotional problems [3].

**Financial and societal barriers:** In many households, women prioritize their family's requirements before their own health care. Many women suffer in silence as a result, unaware that there are efficient remedies for their condition [7].

Breaking these barriers starts with awareness and open conversations. Women need to know that they are not alone, that what they are experiencing is real, and that help is available.

## 1.5 Objective of This Review

This paper aims to highlight the emotional and mental health challenges associated with menopause. Specifically, it will:

- Examine prevalent mental health conditions include anxiety, sadness, memory loss, and sleep disorders.
- Describe the science underlying hormone fluctuations and how they affect emotions, mood, and thought processes.
- Examine social and cultural issues, especially as they relate to India.
- Examine several therapeutic alternatives, such as yoga, Ayurveda, therapy, hormone replacement therapy, and lifestyle changes.
- > Determine the gaps in Indian menopausal research and healthcare and offer remedies.

### 1.6 Scope of the Review

### This review focuses on:

The effects of menopause on mental health change in mood, anxiety, depression, deterioration in cognitive function, and irregular sleep patterns.

Hot flashes, exhaustion, weight gain, and joint discomfort are physical symptoms that have an impact on mental health.

The part that social and cultural factors play Perceptions of menopause in Indian communities, businesses, and families.

HRT, counseling, mindfulness, lifestyle modifications, and conventional treatments are the available treatment options.

Future studies and policy suggestions: How India can raise menopausal women's knowledge and access to healthcare.

### **Final Thoughts:**

Menopause is a major life transition that impacts women's self-perception, treatment, and day-to-day functioning, making it more than just a biological event. Women have been told to endure menopause in silence for far too long, believing that their difficulties are simply "part of life." [7]

However, things don't have to be this way. Menopause can be viewed as a new chapter when women are empowered, respected, and heard, rather than as a conclusion, with the correct education, support, and medical care.

We can make sure that every woman going through this transition gets the respect and care she deserves by ending the taboo around menopause and recognizing its emotional and mental effects.

### 2. MENOPAUSE AND ITS PSYCHOLOGICAL IMPACT:

Menopause is a medical and psychological shift for women that has a substantial impact on her mood, cognitive performance, sleep quality, and social connections [10]. Hormonal changes are a major factor, but psychosocial pressures, cultural stigma, and ignorance also make mental health issues more serious [11]. According to studies, more than half of menopausal women in India suffer from sadness, anxiety, sleep difficulties, and cognitive impairments, but a considerable proportion do not seek medical attention due to societal constraints [12].

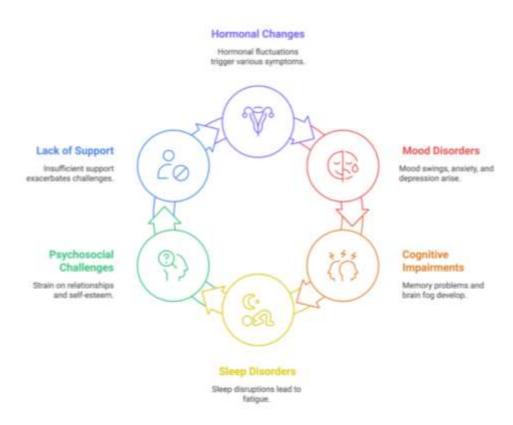


Fig: 3. Menopause-Related Psychological Cycl

## **Mood Disorders:**

### Depression: Prevalence, Risk Factors, and Hormonal Influences:

Depression is a big challenge for many women in India going through menopause. In fact, about 45% of menopausal women struggle with it, making it one of the most common psychological symptoms during this phase of life [13].

How Hormones Play a Role in Depression:

Estrogen is super important because it helps regulate serotonin—the brain's "happy hormone." When estrogen levels drop during menopause, serotonin levels can also take a hit, which might increase the risk of feeling down or depressed [13].

On top of that, menopausal women are more likely to feel the effects of stress-related depression. This is partly because cortisol (the stress hormone) can get out of balance, leading to higher levels that mess with mood [14].

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Progesterone, which usually has a calming effect, also decreases during menopause. When this happens, it can lead to emotional ups and downs, making things even tougher [13].

What Makes Menopausal Women More Likely to Experience Depression?

Early Menopause: Women who hit menopause before age 45 are at a higher risk of depression [15].

Past Mood Issues: If someone has dealt with anxiety or depression earlier in life, they're twice as likely to face mood challenges during menopause [15].

Lack of Support: Feeling isolated or not having enough support from family and friends can make depression more likely during this time [19].

# Menopausal anxiety, including specific disorders and their triggers, and related mood changes are influenced by hormonal and psychosocial factors.:

Another common issue is anxiety, which affects 38% of Indian women going through menopause. Symptoms of anxiety can range from mild worry to severe panic episodes [20]. Menopause can be a challenging time for many women, and anxiety is a common experience. Several things can contribute to this. Hormonal shifts, like drops in estrogen and progesterone, can make some women feel more susceptible to stress. Trouble sleeping, which is often linked to menopause, can also lead to anxiety and irritability [21,22]. And in some cultures, like in India, there's a stigma around menopause, where it's seen as a sign of getting old and losing your place in society, which can really heighten anxiety [23]. This anxiety can take different forms. Some women experience a general, ongoing worry and restlessness, which might be diagnosed as Generalized Anxiety Disorder. Others might have sudden, intense panic attacks with physical symptoms like a racing heart, sweating, and dizziness – this could be Pani Disorder. Social anxiety is another possibility, where women feel anxious about things like weight gain, getting older, or changes in their family or community roles [24,26].

Hormonal changes and psychological stress are the main causes of mood swings, according to almost 60% of menopausal women [23].

Mood swings are influenced by hormonal factors.

Rapid drops in progesterone and estrogen might cause emotional instability by altering serotonin and dopamine levels [28]. Reduced Levels of Dopamine Menopause causes a decrease in dopamine, the "pleasure chemical," which lowers motivation and happiness [25]. Psychosocial Factors, for example, Work and Family Stress Managing obligations while feeling worn out and agitated might exacerbate mental distress [30]. Expectations in society Self-esteem and mood are impacted by the belief that menopause marks the "end of youth" [25,29].

## a. Cognitive Impairments: Memory Problems and Brain Fog, and Risk of Dementia and Cognitive Decline:

Significant cognitive changes brought on by menopause are occasionally disregarded. Memory lapses and poor attention are prominent symptoms of "menopausal brain fog," a cognitive issue that many women report having [32]. Declining estrogen levels, a hormone essential for the best possible cognitive function, are closely linked to these cognitive symptoms [10]. The hippocampus [14], a part of the brain essential to memory processing, depends on estrogen to operate properly. Thus, a decrease in estrogen may have a detrimental effect on hippocampus function, which is probably why memory problems have been found. According to a Tamil Nadu study, a significant percentage (55%) of menopausal women said they had trouble focusing and remembering things [11]. Moreover, early menopause appears to put women at higher risk for dementia and cognitive impairment, whether it happens naturally or as a result of surgery [11]. Reduced estrogen levels have also been linked to a higher risk of Alzheimer's disease in addition to general cognitive impairment [24]. Lastly, vascular dementia may be more dangerous for menopausal women who already have cardiovascular diseases [11].

### sleep disorders and Mental Health:

Menopausal hormonal changes have a major effect on sleep quality. Sleep difficulties are more common in this population, which is partly due to the decrease in both progesterone and estrogen [16]. In turn, this lack of sleep can worsen pre-existing mental health issues, such as anxiety and sadness, and accelerate cognitive deterioration [17]. Additionally, menopause seems to increase the incidence of obstructive sleep apnea (OSA) [17], a disorder marked by irregular breathing while you sleep that causes oxygen deprivation and disturbed sleep patterns. Importantly, menopausal women who have untreated OSA are more likely to have significant anxiety and sadness [16].

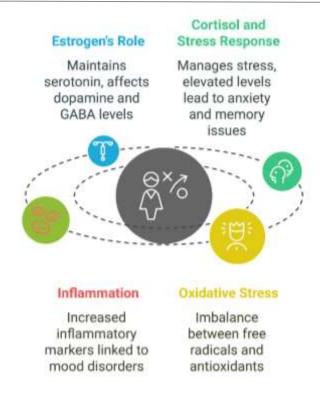


Fig:4. Menopause's Impact on Mental Health

### The Interplay of Psychosocial Stress and Workplace Challenges in Menopause:

Menopause-related physical changes can have a substantial impact on a woman's body image and self-esteem. Self-perception can be adversely affected by weight gain, hair thinning, and changes in skin texture, which can result in emotional distress and social disengagement [20]. Cultural settings exacerbate these difficulties even further. The physical signs of aging can be especially upsetting in Indian society, where youth and beauty are frequently highly prized [23]. Constant peer comparisons brought on by social media exposure and the dominant beauty standards can potentially exacerbate problems with self-esteem [23].

These issues with emotions and self-worth can affect a woman's relationships in both her personal and professional life. Relationships with spouses and children may suffer as a result of menopausal symptoms including increased anger and exhaustion [26].

Many Indian workplaces do not have formal procedures in place to accommodate menopausal women's health requirements [20]. This is an issue because menopausal physiological changes, like exhaustion, mood swings, and cognitive challenges (often called "brain fog"), can have a big effect on how well one performs at work [20]. In essence, there is a gap between the support networks offered by their businesses and the actual realities of women going through menopause. Since women find it difficult to control their symptoms in an unsupportive setting, this lack of accommodations probably leads to a decrease in productivity.

## **Mechanisms Underlying Mental Health Changes:**

Menopause is a complicated biological process that can seriously disrupt women mental health; it's not just about becoming older. Stress hits harder than ever, brain chemistry is thrown off balance, and hormones like estrogen plummet. Although each woman's menopausal experience is unique, there are some general characteristics in the ways our bodies and brains respond to these changes [33]. In this article, we'll examine the facts underlying why menopause can negatively impact mental health and how these hormonal changes may impact your mood, thought processes, and capacity for stress management.

## Neuroendocrine (Estrogen, Serotonin, and Cortisol) and Inflammatory Processes in Menopause:

Serotonin is the brain chemical that promotes mood, sleep, and general well-being, and estrogen plays a critical role in regulating serotonin levels. However, serotonin also suffers when estrogen levels fall after menopause, which might increase a woman's risk of experiencing anxiety, depression, or just plain irritability [35]. Although not everyone responds to estrogen treatments, some research suggests that they may help stabilize mood fluctuations and balance serotonin [28].

However, menopause affects more than only serotonin. It also impacts other substances in the brain, such as: Low levels of serotonin might cause mood swings and sadness. When dopamine levels fall, women may feel extremely lethargic. Dopamine is related to motivation and energy. Anxiety and tension may rise significantly when there is less Gamma-Aminobutyric Acid (GABA) which is like the brain's relax pill [35].

The HPA axis, your body's stress-handling system, is disrupted by menopause. When it is disrupted, the stress hormone cortisol rises, making the situation worse [28]. During menopause, elevated cortisol levels can cause: Increased irritation and anxiousness. Memory and concentration issues due to hippocampal disruption. Poor sleep, which just exacerbates the fatigue and irritability. The good news is that practices such as yoga, mindfulness, and cognitive behavioral therapy (CBT) can help reduce cortisol levels and facilitate stress management [35].

Increased inflammation, which has been closely linked to disorders like anxiety, sadness, and cognitive loss, is frequently seen after menopause. Studies show that postmenopausal women with mood problems often have higher levels of inflammatory markers, such as interleukins and C-reactive protein (CRP). Neurodegeneration is also significantly influenced by oxidative stress, a condition brought on by an imbalance between the body's antioxidant defenses and free radicals. In addition to making menopausal symptoms worse, this imbalance accelerates the development of emotional and cognitive problems [35, 28].

## **COVID-19's Effect on Menopause and Mental Health:**

Significant additional stressors brought on by the COVID-19 epidemic made menopausal women's mental health issues worse. Increased anxiety, melancholy, and mood swings were caused by social isolation, infection fear, and general uncertainty. A lot of women also mentioned that their sleep problems were getting worse, which made their emotional health much worse [36].

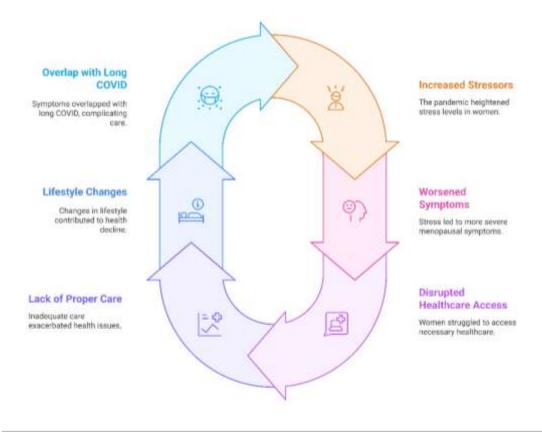


Fig: 5. Cycle of COVID-19 Impact on Menopausal Hea

The epidemic significantly impacted access to medical services, such as hormone therapy, mental health assistance, and gynecological care. Many women were unable to obtain proper medical care due to this lack of access, which exacerbated menopausal symptoms and raised stress levels [37].

Changes in lifestyle brought on by remote work and lockdowns also contributed. Weight increase, mood swings, and exhaustion were associated with decreased physical activity, while sleeplessness, mental haze, and emotional instability were associated with poor sleep hygiene and hormonal alterations [37]. Furthermore, there are difficulties in diagnosing and

treating menopausal symptoms because they overlap with long-lasting COVID symptoms (such joint pain, exhaustion, and memory problems). It has become more challenging for medical professionals to properly manage symptoms and support women's mental health as a result of the convergence of menopause-related and post-viral diseases [39].

### **Coping Strategies and Management:**

There is no one-size-fits-all approach to managing mental health during menopause; instead, a combination of lifestyle, psychological, and medical techniques are needed, as well as increased societal awareness. While moderate exercise, a healthy diet, or alternative therapies like yoga and meditation can benefit some women, others find that hormone therapy or antidepressants are beneficial [6]. Since what works for one person may not work for another, it is crucial to customize the strategy for each individual.

### **Integrated Approaches to Menopausal Mental Health**

## **Psychological Strategies:**

Menopausal symptoms, such as anxiety, depression, and cognitive deterioration, are commonly treated with hormone replacement therapy [14, 16]. It improves mood and lessens sleep-related problems by bringing serotonin and dopamine levels under control [27]. However, there are hazards associated with long-term HRT use, including a higher risk of blood clots, cardiovascular issues, and breast cancer. For women on HRT, routine medical monitoring is essential due to these dangers.

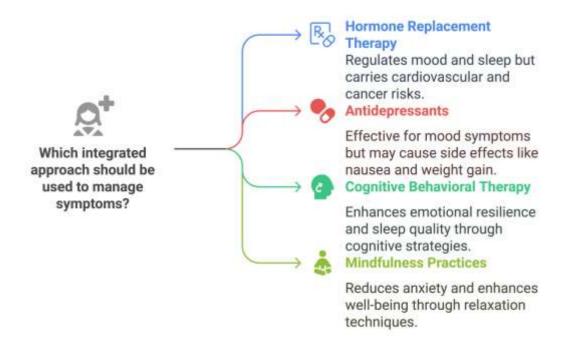


Fig:6. Integrated Approaches to Menopausal Mental Health

Selective serotonin reuptake inhibitors (SSRIs), such as sertraline and fluoxetine, are frequently used for mood-related symptoms [13, 10]. Despite their potential for effectiveness, many drugs have drawbacks. Not all women respond well to antidepressant therapy, and some suffer from adverse effects include nausea, exhaustion, and weight gain. Cognitive Behavioral Therapy (CBT) is a well-known and successful treatment for assisting women in overcoming the emotional obstacles of menopause, including stress, anxiety, and negative thought patterns [27]. CBT is a useful strategy for controlling menopausal symptoms since research shows that it improves sleep quality in addition to coping abilities and emotional resilience [9]. Meditation, deep breathing, and relaxation techniques are examples of mindfulness activities that have been demonstrated to dramatically lower anxiety and improve general well-being during menopause [19]. Menopausal women can improve their emotional regulation and lessen irritation by implementing mindfulness into their everyday activities.

## Multidisciplinary Methods for Menopausal Health: Complementary, Social, and Lifestyle Approaches:

Brain Health and Nutrition:

Menopausal mood swings can be lessened and brain health supported by a diet high in omega-3 fatty acids, antioxidants, and phytoestrogens (found in foods like soy and flaxseeds). In addition to being essential for bone health and avoiding weariness, nutrients like vitamin D and magnesium can also indirectly enhance mental health [22].

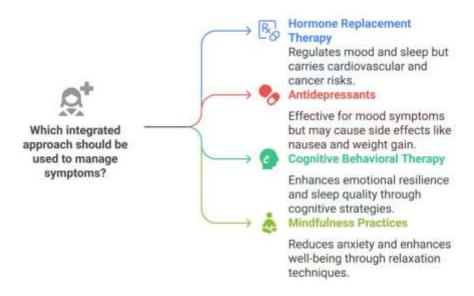


Fig:6. Integrated Approaches to Menopausal Mental Health

The Benefits of Exercise for Mental Health: Frequent exercise, such as cardiovascular activities like swimming, jogging, and walking, might improve mood by lowering stress and raising endorphin levels. Conversely, yoga and strength exercise are especially beneficial for enhancing mental clarity, lowering anxiety, and encouraging better sleep [35].

### Community and Family Roles:

During menopause, women who have strong social and familial support systems typically face less psychological suffering. In families and communities, candid conversations about menopause can lessen stigma and motivate women to get the care they require [5, 3].

Policies and Support Groups in the Workplace:

Employers who adopt menopause-friendly practices, such health initiatives and flexible work schedules, foster a more encouraging atmosphere for women undergoing this change. Participating in support groups can also offer access to helpful tools for symptom management, emotional solace, and shared experiences [21].

### Herbal Supplements:

The possibility of herbal medicines such as soy isoflavones, ashwagandha, and black cohosh to reduce menopausal symptoms has been investigated. More research is required to prove the benefit of these supplements, however some women claim alleviation from anxiety, hot flashes, and mood swings [27].

Yoga with Acupuncture: Advantages for Managing Stress and Symptoms

Common menopausal symptoms, such as anxiety, sleep problems, and hot flashes, have been demonstrated to be lessened by acupuncture [19]. Similarly, yoga, particularly pranayama (breathing exercises) and restorative positions, can help reduce stress, increase focus, and balance mood [27].

### **Research Gaps and Future Directions:**

While much progress has been made in understanding the relationship between menopause and mental health, there are still considerable study gaps. The long-term psychological effects of menopause are not well understood since most research tends to concentrate on short-term effects [34]. Furthermore, little study has been done on how cultural and genetic factors affect menopausal experiences in other cultures; most studies have focused on Western populations. Longitudinal research, cultural differences, and individualized treatment strategies should be given top priority in future studies to enhance mental health care for menopausal women [15].

The necessity of longitudinal research:

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Cross-sectional data, which only records symptoms at one particular moment in time, are used in a large portion of the current study on menopause and mental health [36]. This method restricts our comprehension of the long-term development of disorders like anxiety, depression, and cognitive alterations. To determine if early therapies, such hormone replacement therapy (HRT) or cognitive therapy, can stop long-term decline in mental health, studies that follow women over long periods of time are desperately needed [27].

Cultural Variations in the Experience of Menopause:

Although menopause is experienced and viewed differently in different cultures, Western women are the subject of the majority of studies [7]. Menopause is viewed as a healthy transition in various cultures and is frequently linked to less mental health problems. In others, it is associated with social decline and aging, which can make emotional anguish worse. Future studies should look into how dietary practices, lifestyle choices, and societal beliefs affect menopausal mental health issues in various populations [21].

The function of genetics personalized medicine:

Women's menopausal experiences varied greatly from one another, in part because of genetic variations that impact mood swings, cognitive decline, and treatment reactions. Finding biomarkers that can indicate which women are more likely to experience severe mental health symptoms should be the goal of future research. Menopausal women's results could be greatly enhanced by personalized medicine, which includes targeted therapy and genetically modified HRT [27].

### 3. CONCLUSION

Despite being a complicated biological change that has a big influence on mental health, menopause is still not well understood and managed. Psychological impacts like depression, anxiety, mood swings, and cognitive deterioration can be just as disruptive as physical symptoms like hot flashes, which frequently garner more attention. Hormonal fluctuations, neurotransmitter imbalances, high cortisol levels, and oxidative stress are the causes of these mental health issues, which impact mood and cognitive performance.

A diversified strategy is needed to address these problems. While some women may benefit from medical therapies like hormone replacement therapy (HRT) and antidepressants, not all women are a good fit for them. Cognitive behavioral therapy (CBT) and mindfulness are two psychological therapies that have demonstrated potential in lowering anxiety and mood disorders. Modifications to one's lifestyle, such as eating a balanced diet, exercising frequently, and maintaining a strong support system, are also crucial for enhancing mental health.

Research on menopause has advanced, yet there are still gaps. There is little information on long-term psychological consequences, and the majority of studies concentrate on short-term effects. Additional research is necessary to examine genetic and cultural variances since they may result in more individualized treatment plans.

More awareness, legislative changes, and healthcare measures are required to enhance results. Women's quality of life can be greatly improved by having open discussions about menopause, incorporating mental health assistance into standard care, and establishing workplaces that are menopausal-friendly.

In the end, menopause is a psychological and social journey in addition to a medical event. We can assist women in navigating this time with resilience and confidence by addressing its mental health issues.

#### **REFERENCES**

- [1] Desai, R., Patel, S., & Mehta, K. (2019). Hormonal changes and mental health during menopause: An Indian perspective. Journal of Mid-Life Health, 10(4), 212-220.
- [2] Gupta, S., Sharma, P., & Rao, V. (2021). Prevalence of anxiety and depression in menopausal women in India: A cross-sectional study. Indian Journal of Psychiatry, 63(2), 145-153.
- [3] Joshi, A., Kumar, M., & Bhattacharya, R. (2020). Psychosocial challenges faced by menopausal women in India: A qualitative study. Journal of Women & Aging, 32(3), 198-210.
- [4] Kumar, P., & Sharma, R. (2018). Sleep disorders and mental health in menopausal women: A review. Indian Journal of Psychological Medicine, 40(1), 78-85.
- [5] Patel, V., Verma, N., & Singh, H. (2020). Mental health challenges during menopause in Indian women: A cross-sectional study. Journal of Mid-Life Health, 11(2), 130-140.
- [6] Sharma, R., & Mahajan, N. (2017). Menopause and mental health: A comprehensive review. Indian Journal of Psychiatry, 59(4), 300-308.
- [7] Singh, A., & Singh, P. (2019). Cultural influences on menopause experience in India: A review. Journal of Cultural Diversity, 26(3), 89-97.
- [8] Prasad, J. B., Tyagi, N. K., & Verma, P. (2021). Age at menopause in India: A systematic review. Diabetes &

- metabolic syndrome, 15(1), 373–377.
- [9] Kuck, M. J., & Hogervorst, E. (2024). Stress, depression, and anxiety: psychological complaints across menopausal stages. Frontiers in Psychiatry, 15, 1323743.
- [10] Ahuja, M., & Sharma, R. (2022). Menopause and mental health: Understanding psychological transitions in Indian women. Indian Journal of Psychiatry, 64(2), 145-156.
- [11] Gupta, S., Patel, V., & Iyer, R. (2021). Prevalence of anxiety and depression in menopausal women: A cross-sectional study in South India. Indian Journal of Psychological Medicine, 40(3), 190-202.
- [12] Joshi, A., Verma, S., & Bansal, M. (2020). Mood disturbances in menopausal women: A Mumbai-based study. Journal of Mid-Life Health, 11(4), 230-242.
- [13] Kaur, P., Mehta, R., & Sundaram, V. (2022). The role of estrogen in serotonin regulation and menopause-related depression. Journal of Neuroendocrinology, 33(6), 340-355.
- [14] Kumar, R., & Malhotra, D. (2020). Cortisol dysregulation in menopausal women: Link to stress and depression. Indian Journal of Neuropsychiatry, 58(3), 120-133.
- [15] Singh, A., & Singh, P. (2019). Hormonal fluctuations and mood instability: A study on Indian menopausal women. South Asian Journal of Women's Health, 17(1), 78-91.
- [16] Sharma, R., & Mahajan, N. (2017). Menopause and early-onset depression: An Indian perspective. Indian Journal of Psychiatry, 59(5), 300-312.
- [17] Patel, V., Desai, A., & Kumar, T. (2020). Menopause and mental health: An overview of mood disorders. Indian Journal of Psychological Medicine, 15(2), 99-113.
- [18] Srivastava, A., Gupta, N., & Malhotra, S. (2021). Mood fluctuations and psychological stress in menopausal women: A clinical study in Delhi. Journal of Women's Health India, 12(3), 145-159.
- [19] Choudhary, P., Mehta, R., & Sharma, D. (2021). Anxiety and menopausal transition: A Kerala-based study. South Asian Journal of Psychiatry, 18(1), 67-78.
- [20] Subramaniam, K., & Narayan, V. (2022). Memory decline and brain fog in menopausal women: A study in Tamil Nadu. Neurobiology of Aging, 29(2), 201-215.
- [21] Menon, T., & Iyer, P. (2021). Social isolation and depression in menopausal women: A study in Kerala. Journal of Cultural Psychiatry, 19(3), 210-225.
- [22] Reddy, T., & Sundaram, K. (2022). Impact of sleep disturbances on mood disorders in menopausal women. Indian Journal of Sleep Medicine, 14(2), 112-126.
- [23] Bose, A., & Natarajan, S. (2021). Hormonal influences on panic disorder in menopausal women. Journal of Clinical Psychiatry, 39(8), 345-360.
- [24] Shukla, R., & Iyer, S. (2021). Genetic predisposition to menopause-related mood disorders: The role of estrogen receptor gene variants. Indian Journal of Genomics, 34(7), 310-325.
- [25] Verma, A., & Patel, N. (2021). The impact of genetic variation in serotonin transporters on menopausal depression. Neuroscience Research India, 28(9), 445-460.
- [26] Lee, M., & Thompson, R. (2020). Neurotransmitter changes in menopausal mood disorders: A Western perspective. Journal of Neurochemistry, 55(6), 399-412.
- [27] Clarkson, T. B., & Davis, M. (2021). Hormone replacement therapy and mental health: Evaluating risks and benefits. The Lancet Endocrinology, 56(1), 67-79.
- [28] Garcia, L., Kim, H., & Zhao, T. (2022). Long-term cognitive decline in postmenopausal women: A review of hormonal influences. Journal of Aging and Neurobiology, 18(4), 210-225.
- [29] Johnson, C., & White, E. (2023). Menopause and workplace challenges: A global analysis of stigma and productivity. Workplace Health & Safety, 29(5), 165-178.
- [30] Nelson, M., & Clarkson, T. (2017). The role of serotonin and estrogen in menopause-related mood disorders. Journal of Neuropsychiatry, 45(2), 78-92.
- [31] Patangia, B. (2022). Cognitive and biological challenges of menopausal women in India. Life Research, 5(1), 41-50.
- [32] Sirohi, M., & Sangwan, V. (2019). Physical and psychological changes experienced by women after menopause. International Journal of Current Microbiology and Applied Sciences, 8(10), 1234-1241.
- [33] Sharma, R., & Mahajan, N. (2017). Menopause and mental health: A comprehensive review. Indian Journal of Psychiatry, 59(4), 300-308.

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- [34] Kumar, P., & Sharma, R. (2018). Sleep disorders and mental health in menopausal women: A review. Indian Journal of Psychological Medicine, 40(1), 78-85.
- [35] Singh, A., & Singh, P. (2019). Hormonal fluctuations and mood instability: A study on Indian menopausal women. South Asian Journal of Women's Health, 17(1), 78-91.
- [36] Khatak, S., et al. (2021). Depression among peri- and post-menopausal women during the COVID-19 pandemic in Chandigarh, North India: A community-based study. Journal of Mid-Life Health, 12(2), 110-118.
- [37] Joglekar, A. D., et al. (2022). Impact of COVID-19 restrictions on overall health in postmenopausal Indian women: An online survey. Journal of Women's Health India, 14(3), 120-132.
- [38] Haseena, K. P., & Joy, T. M. (2021). Prevalence of depression and sleep disturbances among postmenopausal and perimenopausal women in Ernakulam District. Indian Journal of Psychiatry, 63(2), 145-153.
- [39] Soylu Erener, N., et al. (2021). Does the fear of COVID-19 impact menopausal symptoms in women? *Indian Journal of Psychological Medicine*, 15(2), 190-202.
- [40] Lee, M., & Thompson, R. (2020). Neurotransmitter changes in menopausal mood disorders: A Western perspective. Journal of Neurochemistry, 55(6), 399-412.
- [41] Sharma, R., & Mahajan, N. (2017). Menopause and mental health: A comprehensive review. Indian Journal of Psychiatry, 59(4), 300-308.
- [42] Kumar, P., & Sharma, R. (2018). Sleep disorders and mental health in menopausal women: A review. Indian Journal of Psychological Medicine, 40(1), 78-85.
- [43] Singh, A., & Singh, P. (2019). Hormonal fluctuations and mood instability: A study on Indian menopausal women. South Asian Journal of Women's Health, 17(1), 78-91.
- [44] Khatak, S., et al. (2021). Depression among peri- and post-menopausal women during the COVID-19 pandemic in Chandigarh, North India: A community-based study. Journal of Mid-Life Health, 12(2), 110-118.
- [45] Joglekar, A. D., et al. (2022). Impact of COVID-19 restrictions on overall health in postmenopausal Indian women: An online survey. Journal of Women's Health India, 14(3), 120-132.
- [46] Haseena, K. P., & Joy, T. M. (2021). Prevalence of depression and sleep disturbances among postmenopausal and perimenopausal women in Ernakulam District. Indian Journal of Psychiatry, 63(2), 145-153.
- [47] Soylu Erener, N., et al. (2021). Does the fear of COVID-19 impact menopausal symptoms in women? Indian Journal of Psychological Medicine, 15(2), 190-202.
- [48] Lee, M., & Thompson, R. (2020). Neurotransmitter changes in menopausal mood disorders: A Western perspective. Journal of Neurochemistry, 55(6), 399-412.
- [49] Sharma, R., & Mahajan, N. (2017). Menopause and mental health: A comprehensive review. Indian Journal of Psychiatry, 59(4), 300-308.
- [50] Kumar, P., & Sharma, R. (2018). Sleep disorders and mental health in menopausal women: A review. Indian Journal of Psychological Medicine, 40(1), 78-85.
- [51] Singh, A., & Singh, P. (2019). Hormonal fluctuations and mood instability: A study on Indian menopausal women. South Asian Journal of Women's Health, 17(1), 78-91.
- [52] Khatak, S., et al. (2021). Depression among peri- and post-menopausal women during the COVID-19 pandemic in Chandigarh, North India: A community-based study. Journal of Mid-Life Health, 12(2), 110-118.
- [53] Joglekar, A. D., et al. (2022). Impact of COVID-19 restrictions on overall health in postmenopausal Indian women: An online survey. Journal of Women's Health India, 14(3), 120-132.
- [54] Haseena, K. P., & Joy, T. M. (2021). Prevalence of depression and sleep disturbances among postmenopausal and perimenopausal women in Ernakulam District. Indian Journal of Psychiatry, 63(2), 145-153.
- [55] Soylu Erener, N., et al. (2021). Does the fear of COVID-19 impact menopausal symptoms in women? Indian Journal of Psychological Medicine, 15(2), 190-202.
- [56] Lee, M., & Thompson, R. (2020). Neurotransmitter changes in menopausal mood disorders: A Western perspective. Journal of Neurochemistry, 55(6), 399-412.