

## Guideline Editorial

# Introduction to the Guidelines on Menopause and Postmenopausal Osteoporosis

### INTRODUCTION

Guidelines are a method of translating the best available evidence into clinical, communicable, organizational, and policymaking statements to improve health care and policies. Unlike protocols, guidelines aid the clinician in decision-making. Do we need country-specific guidelines? Yes, we do, given that the model of the health-care delivery system and the prevailing environment of one country may not be extrapolated to that of another.

“Working with what you have, where you are, and not with what you wish for” is the principle each of us follows in clinical practice to give the best to our patients. This guideline hopes to bridge the gap between evidence-based practice and experience-based practice, backed by scientific evidence, from the published and unpublished Indian data and expert opinions. The target readers of the guidelines are the adult women, members of the Indian Menopause Society (IMS), allied professionals, health-care providers, and policymakers.

India is a land of rich and diverse cultural heritage. It is also diverse in terms of socioeconomic, religion, beliefs, education, nutrition, geographical regions both in the urban and rural areas. Dilemmas and challenges are unique to the different areas, and solutions vary accordingly. The specific issues of Indian women include early age of natural menopause, genetic environmental influences, and nutritional deficiencies, resulting in physiological differences. These factors contribute significantly to an increased incidence of diabetes, cardiovascular disease, osteoporosis, and thyroid dysfunction. Genetic components are likely to play a prominent role in these disorders; for example, polymorphisms in estrogen receptors alpha and Vitamin D receptor are implicated in the pathogenesis of osteoporosis. Indians are known to be deficient in Vitamin B12, folic acid, and Vitamin D. India is also going through a phase of urbanization, bringing in new cultures and lifestyles, leading to obesity problems. There is a change from traditional food to stored fast food.

Moreover, there is a breakdown of the joint family system leading to nuclear families. The support from the family during the transitional phase and aging is dwindling on one side, and on the other hand, lifespan has increased in the last two decades. The earlier age at menopause has several implications and challenges for health care in India. There will be a large number



Dr. Meeta Meeta

of women who spend a substantial part of their life after menopause. Health-care providers will need to initiate programs and provide appropriate care for the large population of women living beyond menopause. Besides, attention needs to be directed toward implementing programs that will sensitize and increase awareness of menopause among women in India.

### Objectives

- The monogram of this guideline serves as a textbook for the Credentialed Indian Menopause Society Menopause Practitioner annual examination
- To assist health-care practitioners in clinical assessment, diagnose and individualize the plan of management for the midlife woman
- To aid primary care physicians to understand the basics of menopausal health and refer to the specialist as required
- To sensitize the health-care professionals and policymakers toward the health of the aging woman and promote the concept of menopausal clinics
- To stimulate interest in research on all aspects of menopausal medicine.

### METHODS

The planning and publishing of the 2012–2013 document took 24 months. A core committee with broad-based multidisciplinary experts was to write on the topic of their expertise. The majority of the reviews and deliberations were by e-mail. A day intensive contact program of the contributors was convened at Hyderabad on September 8, 2012, and each topic was presented and deliberated. An automated response system obtained the consensus. Finally, the document was validated by an external review board.

The 2019–2020 guideline is based on the previous documents, released in 1998, 2002, 2008, 2010, and 2012–2013 by the IMS. Data were sourced from the electronic database PubMed, MEDLINE, Cochrane Database of Systematic Reviews, and published guidelines on menopause management. The Appraisal

of Guidelines for Research and Evaluation<sup>[1]</sup> Instrument was used to appraise published guidelines. The document includes abstracts of papers and posters presented at the National IMS meetings and expert opinion. The cost-effectiveness of diagnosis and treatment is based on the available market value.

### System for grading: Evidence used in the document

The quality of evidence and the level of recommendation were done using the Grades of Recommendation, Assessment, Development and Evaluation system.<sup>[2]</sup>

Recommendations are based on strong evidence and suggestions on experience-based evidence. This method is adapted to unite India's diverse conditions with the best available data and the rich experience-based evidence from the experts.

### Benefits of using the guidelines

Benefits of using these guidelines are as follows: (i) improved quality of care; (ii) early detection and management of the noncommunicable disease; (iii) understanding the urgent need of conducting preventive health programs by all stakeholders related to women's health; and (iv) additionally, given the significant lacunae in Indian data, it is hoped that the guidelines will help stimulate interest in research in various aspects of menopause.

### CONCLUSION

The onus of developing speciality menopause clinics akin to antenatal clinics in the private and public sectors besides developing management of menopause as a medical specialty lies with the government and nongovernment organizations. Meanwhile, the guideline aims to provide a resource book to aid the busy clinician in extending optimal care to the aging woman. The guideline is undoubtedly limited by the paucity of robust research evidence in India due to various factors, but the effort has been directed to tailor the recommendations to the diverse Indian scenario with the best available evidence.

This is one of the endeavour of the IMS to work toward the slogan.

***“Fit @ Forty Strong @ Sixty, and Independent @ Eighty”***

### Dissemination of the guideline

Executive Summary and Recommendations is available on the IMS website “[www.indianmenopausesociety.org](http://www.indianmenopausesociety.org).” It is published in the Journal of Midlife, April–June 2020, an IMS's official publication.

### Revision of the guideline

The revision of the guidelines is in 2020. The recommendations are to update the guidelines every five years.

### Editorial independence

The views expressed in this guideline are independent of any external influences.

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Meeta Meeta

Gynaecologist, Co-Director and Chief Consultant,  
Tanvir Hospital, Hyderabad, Telangana, India.  
E-mail: [drmeeta919@gmail.com](mailto:drmeeta919@gmail.com)

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