


THE PRESCRIPTION OF NON-HORMONAL METHODS FOR CLIMACTERIC IN THE CARE OF THE MARIA APARECIDA PEDROSSIAN FAMILY BASIC HEALTH UNIT IN CAMPO GRANDE-MS

 <https://doi.org/10.56238/sevened2025.011-021>

Suellem Luzia Costa Borges¹, Ellen Greici Trancoso Ramos², Giovana Bondavalli Giroto³, Lara Maciel Rodrigues⁴, Loren Alves Castilho Pereira⁵, Sophia Tiosso Rodrigues⁶, Taysa Maria Araujo Gadotti⁷, Rafaela Santos Coll⁸, Vitória Figueiredo de Oliveira Joffer⁹.

ABSTRACT

The non-hormonal method for the treatment of climacteric women is still little used within routine practices and medical conducts, even in primary care. This research was carried out with women, users of the Public Health System, at the Maria Aparecida Pedrossian Family Health Unit in Campo Grande, Mato Grosso do Sul. Sampling was by convenience. Thus, data collection occurred through targeted interviews, using an *online form*, with the help of *tablets*, maintaining the right to privacy. During the interview, the researchers guided the participants about the importance, benefits, advantages, risks, constraints, and guarantees in relation to data confidentiality. The age distribution of the research participants showed a significant predominance of ages between 46 and 50 years. Most reported having sought medical assistance due to climacteric symptoms. Among these, 17 participants (58.6%) who sought care stated that the physician who attended them suggested non-hormonal methods as an alternative treatment for climacteric symptoms. Only 13 participants (44.8%) used non-hormonal therapies for symptoms. Of these, 10 interviewees (77%) reported having experienced an improvement in quality of life after the application of the methods. Regarding the participants who did not use a non-hormonal method, 14 participants (87.5%) stated that they would like to do so. In addition, 37 participants (92.5%) expressed a desire to receive informative content on non-hormonal methods. Regarding these results, it is evident the need to implement public policies aimed at the health of climacteric women, to mitigate symptoms and promote physical, mental, and emotional well-being, which translate into a higher quality of life and healthy aging.

Keywords: Non-hormonal methods. Primary health care. Health care in the climacteric. Women's health.

¹ Bachelor's degree in nursing, Federal University of Mato Grosso do Sul
Postdoctoral Fellow in Infectious Parasitic Diseases at the Federal University of Mato Grosso do Sul
E-mail: suellemlcb@gmail.com

² Academic of Medicine at Universidade Anhanguera-UNIDERP
E-mail: ellen-greici@hotmail.com

³ Academic of Medicine at Universidade Anhanguera-UNIDERP

⁴ Academic of Medicine at Universidade Anhanguera-UNIDERP

⁵ Academic of Medicine at Universidade Anhanguera-UNIDERP

⁶ Academic of Medicine at Universidade Anhanguera-UNIDERP

⁷ Academic of Medicine at Universidade Anhanguera-UNIDERP

⁸ Academic of Medicine at Universidade Anhanguera-UNIDERP

⁹ Academic of Medicine at Universidade Anhanguera-UNIDERP

INTRODUCTION

The climacteric marks the beginning of the decline in ovarian function, culminating in the cessation of reproductive capacity due to the aging process. The diagnosis of menopause is essentially clinical, established after 12 months of amenorrhea in a woman within the expected age range. The phase that precedes the last menstruation is called perimenopause, characterized by symptoms resulting from ongoing physiological changes. These symptoms, with an average duration of 5 to 7 years, have a significant impact on women's general health and can influence their self-esteem and quality of life (Baccaro et al., 2022).

In recent decades, there has been a significant increase in longevity, and because of this, women will spend more than a third of their lives in the menopause phase. It is emphasized that the most prevalent symptom during this period is hot flashes, characterized by sudden sensations of heat in the central region of the body, especially in the face, chest, and neck. These physical symptoms are often associated with psychological symptoms, such as irritability, decreased libido, depression, difficulty concentrating, memory problems, and insomnia (Rocha; Pear tree; Carneiro, 2018).

However, this period has multisystemic implications because in addition to hormonal and functional changes, morphological changes also occur, such as breast and urogenital atrophy, changes in the skin and mucous membranes, as well as changes in hormone-dependent systems (Febrasgo, 2010). The decrease in estrogen levels results in bone deficiencies: osteopenia and osteoporosis. In addition to cardiovascular diseases, which are predominantly the main cause of morbidity and mortality during the climacteric (Santos et al., 2021).

Hormone therapy is effective in reducing vasomotor symptoms associated with climacteric, however, it has both absolute and relative side effects and contraindications, including thromboembolic diseases, history of breast cancer, severe liver disease, and arterial hypertension. Among the alternatives, nutritional monitoring, use of non-hormonal medications, phytotherapy, physical activity, occupational therapy, vitamin supplementation, and acupuncture are recommended. The physician must respect the woman's autonomy and, when offering treatment, present the advantages and disadvantages of each available option (Febrasgo, 2010). It is also noteworthy that hormone replacement therapy has different results in each woman, according to the choice of drug used, and prolonged use is not advised due to the appearance of adverse reactions (Félix; File; Campaner, 2009).

In a study carried out in the city of Petrolina, Santos et al. (2022) identified that Integrative and Complementary Practices in Health have demonstrated efficacy comparable to hormone replacement in reducing menopausal symptoms, especially yoga,

meditation, phytotherapy, and aromatherapy. According to the same research, these approaches stimulate the biological processes of natural health recovery, demonstrating proven effectiveness. Such methods can be used as a complementary therapy to hormone therapy, contributing to improvements in the physical and emotional well-being of patients. In addition, the National Policy of Practices

Integrative and Complementary within the scope of the Unified Health System (SUS), states that the expansion of therapeutic options aims to ensure the integrality of health care. In this context, services were introduced that cover various modalities, such as acupuncture, homeopathy, phytotherapy, anthroposophical medicine, and crenotherapy, in addition to the services already offered by the SUS (Brasil, 2006).

In view of the above, the general objective of this study was to analyze the reasons why the participants did not use non-hormonal treatments to relieve climacteric symptoms. Specific objectives included identifying women who sought medical attention after climacteric signs and symptoms, checking whether these participants received professional guidance for non-hormonal treatment, and determining whether they would be willing to use non-hormonal methods.

METHODOLOGY

A quantitative research was carried out with 40 female participants attending the Family Health Unit (FHU) Maria Aparecida Pedrossian (MAPE), located in the municipality of Campo Grande, in the state of Mato Grosso do Sul. The sample was performed by convenience. The women were approached, their ages were recorded, and they were asked if they have or have ever had climacteric symptoms. Data collection took place through targeted interviews using an instrument structured by Google Forms in May 2024. The researchers used tablets during this process. Each participant was received individually in a private room, where the form was presented to ensure the confidentiality of the answers. During the interview, the group of researchers read the questions and guided the participants about the doubts presented, assuring them of the confidentiality of the data collected.

The form contained questions designed to understand various aspects related to the participants. This included the age group of the participants, whether or not they sought medical help when the signs of the climacteric began, and, if they did seek medical help, whether they were instructed on non-hormonal methods to treat these manifestations. It was also investigated whether the participants had already used any non-hormonal method and, if so, whether they perceived any improvement in quality of life in relation to climacteric changes.

In addition, it was asked whether the participants would be interested in receiving information about non-hormonal methods.

The inclusion criteria adopted were women aged between 40 and 60 years, presenting climacteric symptoms and being in the same phase, in addition to receiving follow-up in public health services. The participants voluntarily consented to participate in the research project and signed the Informed Consent Form. The exclusion criteria were those incomplete questionnaires or those women who were called for consultation during the interview, as determined by the Resolution of the National Health Council No. 196/96. The collected data were transcribed into a Microsoft Office Excel 2023 spreadsheet.

The present research was approved by the Research Ethics Committee of the institution, initially receiving the Certificate of Presentation of Ethical Appreciation (CAAE) number 80033424.3.0000.0199 and approved under the opinion number 6.850.316.

RESULTS

Regarding the age distribution of the research participants, there is a significant predominance of participants aged between 46 and 50 years, with 19 participants in this age group, representing 47.5% of the total. In addition, the age group from 51 to 55 years old presented a proportion of 22.5%, corresponding to 9 members. Of the participants, 7 were aged between 56 and 60 years old and represented 17.5% of the total, while those between 40 and 45 years old constituted only 12.5% of the sample, with 5 participants in this age group.

Regarding the search for medical care when they perceived climacteric symptoms, 29 participants reported having sought medical care, corresponding to about 72.5% of the total sample, while 11 participants (27.5%) denied seeking medical care. This was due to psychological, economic, and social reasons, which were not the object of research in the present study.

Among the participants who sought medical care when they noticed climacteric symptoms, 17 participants (58.6%) stated that the physician who attended them suggested non-hormonal methods as an alternative treatment for climacteric symptoms, such as teas, physical exercise, cognitive behavioral therapy, and complementary integrative practices, among others. However, 12 participants (41.4%) reported that the medical professional did not offer non-hormonal alternatives for treatment.

Among those who received a medical suggestion of a non-hormonal method, 13 participants (44.8%) answered that they had tried using a method, while 16 participants (55.2%) stated that they had never used a non-hormonal method.

Chart 1 - The prescription of non-hormonal methods for climacteric patients in the care of the Maria Aparecida Pedrossian Family Basic Health Unit in Campo Grande-MS.

Regarding non-hormonal methods	Data in %
Reported improvement in quality of life	77,0%
They did not notice any improvement or change	23,0%
Would you like to try it	88,2%
Wouldn't like to try	12,5%

Source: Research conducted by the authors (2024).

All participants were asked whether or not they wanted to receive informative content about non-hormonal methods for the treatment of climacteric symptoms. Among them, 37 participants (92.5%) expressed the desire to receive such materials, while 3 participants (7.5%) indicated a lack of interest in this theme.

DISCUSSION

Regarding the age group of the research participants, a significant predominance of participants aged between 46 and 55 years was identified, representing 74% of the total sample. This finding is compatible with the randomized clinical study by Leão et al. (2015), which sought to analyze the efficacy of complementary practices on climacteric symptoms in 118 women with a mean age of 50.04 years and a standard deviation of 2.89.

Regarding the search for medical care when they perceived climacteric symptoms, approximately 72.5% of the participants reported having sought medical assistance. This percentage is higher than what is found in the literature because, according to Huang et al. (2023), only 54% of women seek medical advice for menopausal symptoms, despite more than 80% experiencing some combination of symptoms associated with estrogen deficiency.

Among the participants who sought medical care when they noticed climacteric symptoms, 58.6% stated that the physician who attended them suggested non-hormonal methods as an alternative treatment for climacteric symptoms, and of these, 77% felt symptom relief. Meanwhile, 41.4% reported that the medical professional did not offer non-hormonal alternatives for treatment.

Huang et al. (2023) highlight that approximately two-thirds of menopausal women are unable to access adequate care for their symptoms, highlighting the difficulty in seeking more accessible and up-to-date information about menopause. The lack of interest may be related to several factors identified in the literature. Studies suggest that the perceived efficacy and safety of non-hormonal methods may influence this decision, with some participants believing that these methods are less effective compared to hormonal therapies (Félix et al., 2009). In addition, the lack of knowledge and adequate information about these methods can also contribute to the low demand for information (Brasil, 2006). Cultural aspects and personal

preferences, as well as barriers in accessing and availability of complementary therapies, may also play an important role in participants' decision not to seek alternative information or treatments (Rocha et al., 2018; FEBRASGO, 2010).

According to a publication in the international journal *Life Sciences*, there are other drug options for women who have contraindications to the hormonal method. Among them, medications that act as neurokinin-3 (NK3R) receptors stand out, in which they block the action of neurokinin B on KNDy neurons, which are responsible for regulating body temperature in the hypothalamus. Another option is clonidine, an alpha-2 adrenergic receptor agonist that works by reducing the release of norepinephrine and by reducing sympathetic activity, stabilizes body temperature, and reduces vasomotor symptoms. In addition, selective serotonin reuptake inhibitors (SSRIs), selective serotonin and norepinephrine reuptake inhibitors (SNRIs), and gamma-aminobutyric acid analogues are an option for the well-being of the patient, especially those with complaints of depression, insomnia, and stress. To relieve the symptoms resulting from vaginal atrophy, lubricants, vaginal moisturizers, and laser therapy can be used. (Meijun Pan, 2023)

Curta and Weissheimer (2020) state that there is a significant gap in the implementation of public policies aimed at women's health during the climacteric period, along with a substantial level of ignorance regarding the diversity of morbidities that can affect this demographic. The authors also highlight that the preservation of well-being and quality of life throughout the female life cycle is widely recognized as a priority.

However, it is essential to note the increase in the proportion of women of climacteric age, driven by the increase in life expectancy both in the Brazilian and global context. This demographic phenomenon highlights the urgency of renewed attention to women's specific health needs during this phase, with a comprehensive, evidence-based approach to addressing the challenges that may arise.

Regarding the use of non-hormonal methods for the treatment of climacteric, 55.2% of the participants stated that they had never used a non-hormonal method. This data is close to that found in the literature because, according to Santos et al. (2022), approximately 51% of women who are in menopause in the world make use of alternative or complementary resources to face the climacteric.

In this context, Silva, Monteiro, and Figueiredo (2024) state that Integrative and Complementary Practices (PICs) are considered natural and safe therapeutic solutions in order to offer comprehensive and humanized care, as well as to promote self-care and improve women's quality of life. Therefore, the authors state that it is crucial to expand access to PICs in the context of women's health care, especially at the primary level, to prevent the

discomfort associated with these stages of life, thus promoting health and improving the quality of life of the female public.

Among the participants who used non-hormonal methods to treat climacteric symptoms, 77% reported experiencing an improvement in complaints after applying these methods. The present data is superior to those found in the literature, as Santos et al. (2022) state that about 60% of patients who use non-hormonal methods perceive these methods as effective for the symptoms of this phase. Araújo, Chagas, and Lima (2020) conducted an Integrative review of the literature with a descriptive exploratory approach in which they identified effective results in reducing menopausal symptoms through alternative therapies. The authors suggest that alternative therapies can be included as a complementary support item in women's health care programs and other areas of life cycle care as a favorable means of health promotion.

About patients who did not use a non-hormonal method, 88.2% expressed the desire to use one of these methods, emphasizing, therefore, the need to expand access to PICs for these women. It is important to note that 92.5% of the participants expressed interest in receiving educational materials on non-hormonal methods for the treatment of climacteric symptoms. This highlights the need for a more comprehensive approach on the part of the professionals who care for these women, as well as the preparation and availability of educational materials such as pamphlets, posters for health units, support groups and conversation circles, and manuals on the subject.

CONCLUSIONS

The climacteric, being an intrinsic period in a woman's life, often manifests itself with symptoms that negatively impact her quality of life. In the course of this study, it was found that although most of the women sought health care due to climacteric symptoms, a little more than half of them were instructed about non-hormonal methods. In addition, of those who did not receive the suggestion of such practices, almost all expressed interest in using such methods if they were, indicating a deficiency in the provision of services to these patients. There was also a high response to non-hormonal therapy by women who used it.

There is a gap in the implementation of public policies aimed at women's health during climacteric, given the lack of guidance to these patients about a therapeutic option present in the SUS. The need to produce specific educational materials, such as folders and support groups, on non-hormonal treatment for climacteric women is reiterated, considering the interest expressed by most of them.

It is also suggested that studies be carried out in order to better understand the impacts



of the use of non-hormonal therapies in the treatment of climacteric, especially with regard to the improvement of quality of life. In addition, qualitative studies could investigate the reasons why health professionals do not recommend these methods to patients, providing a comprehensive understanding of the situation, with the aim of improving the care provided to this population.

REFERENCES

1. Araújo, A. R. de, Chagas, R. K. F. das, & Lima, I. C. S. (2020). Alternative therapies for the care of menopausal symptoms: Outlining possibilities and challenges. *Revista de Pesquisa: Cuidado é Fundamental Online, 12*, 1267–1273. <https://seer.unirio.br/index.php/cuidadofundamental/article/view/7967/pdf>
2. Baccaro, L. F. C., & cols. (2022). Minimal propaedeutics in the climacteric. *Femina, 50*(5), 263–271. <https://www.febrasgo.org.br/media/k2/attachments/FeminaZ05Z2022.pdf>
3. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2006). *Política Nacional de Práticas Integrativas e Complementares no SUS - PNPIC-SUS*. Ministério da Saúde. <https://bvsms.saude.gov.br/bvs/publicacoes/pnpic.pdf>
4. Curta, J. C. C., & Weissheimer, A. M. (2020). Perceptions and feelings about the body changes of climacteric women. *Revista Gaúcha de Enfermagem, 41*, 1–9. <https://www.scielo.br/j/rgenf/a/PNXLw4JH78y8T64t6fRQ6NB/?format=pdf&lang=pt>
5. Federação Brasileira das Associações de Ginecologia e Obstetrícia. (2010). *Manual de orientação: Climatério*. Febrasgo. https://edisciplinas.usp.br/pluginfile.php/5195884/mod_resource/content/1/Manual_Climaterio.pdf
6. Félix, L. M. de C., Lima, S. M. R. R., & Campaner, A. B. (2009). Non-hormonal therapy in the treatment of climacteric disorders. *Femina, 37*(10), 543–546. <http://files.bvs.br/upload/S/0100-7254/2009/v37n10/a005.pdf>
7. Rocha, B. M. de A., Pereira, M. do S. V., & Carneiro, J. Q. (2018). Complementary therapies: Phytotherapy as a therapeutic option in climacteric and menopause. *Revista Científica do Centro Sul do Nordeste, 16*(1), 16–25. <https://revista.facene.com.br/index.php/revistane/article/view/26>
8. Huang, D. R., & cols. (2023). Experience and severity of menopause symptoms and effects on health-seeking behaviours: A cross-sectional online survey of community dwelling adults in the United Kingdom. *BMC Women's Health, 23*(373), 1–10. <https://doi.org/10.1186/s12905-023-02506-w>
9. Leão, E. R., & cols. (2015). Complementary therapies in the reduction of climacteric symptoms: Clinical trial. *Cadernos de Naturologia e Terapias Complementares, 4*(6), 11–19. <https://portaldeperiodicos.animaeducacao.com.br/index.php/CNTC/article/view/2301/2350>
10. Santos, E. O. dos, & cols. (2021). *Foods that alleviate the symptoms of climacteric and menopause* [Trabalho de Conclusão de Curso, Graduação em Nutrição, Sociedade Educacional de Santa Catarina]. Repositório Anima Educação. <https://repositorio.animaeducacao.com.br/items/013de115-f1fe-4201-a116-f7dbdba3e864>

11. Santos, K. M. P. dos, & cols. (2022). Menopause and the possible impacts of complementary integrative practices on the physical and psychological symptoms of women in Petrolina-PE. *Id on Line Revista de Psicologia, 16*(63), 267–276. <https://idonline.emnuvens.com.br/id/article/view/3586/5622>
12. Pan, M., Zhou, J., Pan, X., Wang, J., Qi, Q., & Wang, L. (2023). Drugs for the treatment of postmenopausal symptoms: Hormonal and non-hormonal therapy. *Life Sciences, 312*, Article 121255. <https://doi.org/10.1016/j.lfs.2022.121255>
13. Silva, J. E. L. da, Monteiro, E. A., & Figueiredo, M. do C. C. M. (2024). Integrative and complementary practices used by climacteric and menopausal women: A scoping review. *Contribuciones a Las Ciencias Sociales, 17*(3), 1–21. <https://ojs.revistacontribuciones.com/ojs/index.php/clcs/article/view/5605/3672>