



Coping with Change: Non-pharmacological interventions for managing menopausal symptoms among women in a selected community

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Abstract

Menopause is a natural transition affecting women's physical and emotional well-being and can cause vasomotor symptoms, sleep disturbance, mood changes, genitourinary complaints, and reduced quality of life. Non-pharmacological interventions (NPIs) — such as cognitive-behavioral therapy (CBT), structured exercise, yoga, mindfulness, sleep hygiene, and community-based lifestyle programs are widely used either as first-line measures when hormone therapy is contraindicated or as adjuncts to pharmacotherapy. This article reviews current evidence for NPIs, discusses practical implementation in a selected community setting in Indore (Madhya Pradesh, India), and proposes a community-level model for delivery and evaluation. Overall, moderate-quality evidence supports CBT for vasomotor and psychological symptoms and accumulating evidence supports yoga and exercise for psychological and somatic complaints. Community programs that combine education, group activities, and culturally appropriate lifestyle modification may be feasible and acceptable in Indore, but should be evaluated with locally conducted implementation studies.

Keywords: Menopause, non-pharmacological, cognitive behavioral therapy, yoga, community intervention, Indore

Introduction

Menopause the permanent cessation of menstruation typically occurs around the median age of 50–52 years and marks a biologic transition with variable symptoms that may impair quality of life. While menopausal hormone therapy (MHT or HRT) remains a highly effective treatment for vasomotor symptoms for many women, not all are eligible, willing, or prefer pharmacological therapy. Non-pharmacological interventions (NPIs) therefore play an important role in symptom management, particularly in community settings where access to specialist care or medication may be limited. The World Health Organization emphasizes the public-health importance of addressing menopause through accessible services and community support. This article summarizes the evidence for key NPIs, considers their adaptability to a community context in Indore, and proposes a pragmatic framework for implementation and evaluation.

Methods (Review approach)

A focused literature review was conducted using major databases and guideline repositories to identify systematic reviews and randomized controlled trials of NPIs for menopausal symptoms. Priority was given to higher-quality syntheses and clinical guidance documents. Selected topics for synthesis included cognitive-behavioral therapy, yoga and exercise, mindfulness and relaxation, sleep hygiene, and community/educational interventions. Key findings were then translated into recommendations and an implementation model suitable for a selected community in Indore. (Sources informing this article include WHO fact sheets and peer-reviewed systematic reviews and trials; citations are included in text and references.)

Evidence for Major Non-Pharmacological Interventions Cognitive-Behavioral Therapy (CBT)

CBT (individual or group) targets the cognitive and

behavioral responses to vasomotor symptoms (VMS) such as hot flashes and night sweats, and addresses sleep disturbance, anxiety, and mood changes. Randomized trials and systematic reviews demonstrate that CBT reduces the perceived bother and frequency of VMS and improves sleep and quality of life, particularly when delivered in structured programs or self-help formats. CBT is an evidence-based option, especially for women who cannot or prefer not to use HRT.

Yoga and Structured Exercise

A growing body of trials suggests that yoga and other exercise programs can modestly reduce psychological and some somatic menopausal symptoms and improve sleep quality and general well-being. Systematic reviews indicate that yoga is safe and may produce benefits comparable to other forms of exercise; evidence is stronger for psychological outcomes than for vasomotor symptoms. Regular aerobic and resistance exercise also improve sleep, mood, and cardiovascular health important given increased cardiometabolic risk after menopause.

Mindfulness, Relaxation, and Hypnosis

Mindfulness-based stress reduction (MBSR), guided relaxation, and clinical hypnosis have been explored for VMS and mood symptoms. Emerging trials indicate potential benefits for reducing hot flashes and improving distress, although the evidence base is evolving and effect sizes vary. Clinical hypnosis has shown promise in some recent studies, but further replication is needed.

Sleep Hygiene and Behavioral Measures

Targeted sleep interventions (sleep hygiene, stimulus control, sleep scheduling) can mitigate insomnia commonly experienced during menopause, particularly when night sweats disturb sleep. Addressing modifiable contributor's

caffeine use, nocturnal bedroom environment, and irregular sleep routines is a low-risk, high-value strategy for community programs.

Diet, Weight Management, and Lifestyle Counselling

Although dietary supplements and specific “menopause diets” have variable evidence, general lifestyle measures (balanced diet, maintenance of healthy weight, avoiding tobacco, moderation in alcohol) confer broad benefits and may reduce symptom severity indirectly by improving cardiometabolic and mental health. Community programs that include dietary counselling and modest weight loss support are therefore valuable.

Applicability and Cultural Considerations for Indore

Indore is a large urban center in Madhya Pradesh with diverse socio-cultural groups. Community health interventions must be culturally sensitive, linguistically appropriate (Hindi/Marathi/other local languages), and cognizant of health literacy variations.

Key considerations

- **Acceptability:** Group-based formats (e.g., women’s health circles, yoga classes) may be acceptable and foster peer support. Religious and social norms should be respected when scheduling and delivering sessions.
- **Accessibility:** Utilizing existing community infrastructure primary health centers, anganwadis, women’s self-help groups, and college/university halls can lower barriers.
- **Cost:** Many NPIs (yoga, sleep hygiene, group education) require minimal equipment and can be delivered at low cost by trained community health workers or peer educators after short training.
- **Work and Family Constraints:** Scheduling evening or weekend sessions and offering short modular sessions can increase participation among women with household or work responsibilities.
- Community health programs in Indore should therefore prioritize low-cost, scalable NPIs with strong social support components and integrate referral pathways to primary care for women requiring medical assessment or pharmacologic treatment.

Proposed Community Intervention Model for a Selected Area in Indore

Aim

To implement and evaluate a community-based non-pharmacological menopausal support program that reduces symptom burden and improves quality of life.

Components

Screening and Enrollment: Outreach through community health workers and women’s groups; brief screening using a validated menopause symptom checklist to identify women with moderate–severe symptoms.

Educational Workshops (4 weekly sessions): Menopause physiology, symptom management options, sleep hygiene, lifestyle tips, and when to seek medical care.

CBT-informed Group Sessions (6–8 sessions): Delivered by a trained counselor focusing on coping strategies for hot flashes, cognitive restructuring, and sleep management. Evidence supports CBT’s effectiveness for hot flashes.

Yoga/Exercise Classes (twice weekly for 12 weeks): Gentle yoga sequences adapted for midlife women plus guidance on home practice; evidence supports improvements in psychological and somatic symptoms.

Peer Support and Follow-up: Facilitated support groups and monthly check-ins for 6 months to reinforce behavior change.

Referral Pathways: Linkage to primary care for consideration of MHT or another pharmacotherapy when indicated.

Evaluation Metrics

Symptom severity (validated instruments like the Menopause Rating Scale or Hot Flash Related Daily Interference Scale) at baseline, 3 months, and 6 months.

- Sleep quality (Pittsburgh Sleep Quality Index).
- Quality of life and functional measures.
- Program acceptability and adherence rates.
- Qualitative feedback on cultural fit and suggestions for adaptation.

Implementation Practicalities and Training

- **Human resources:** Train ASHA/ANM workers, community volunteers, or yoga instructors in menopause basics and intervention delivery. Short training modules (2–3 days) can be effective for basic facilitation.
- **Monitoring:** Simple paper or mobile forms for attendance and symptom tracking.
- **Sustainability:** Embed the program into existing women’s health initiatives (e.g., NCD screening, reproductive health outreach) for long-term continuity.
- **Privacy and stigma:** Offer private spaces and sensitive facilitation to encourage participation, especially for topics like urogenital symptoms.

Limitations and Research Needs

While evidence supports CBT and exercise/yoga, heterogeneity exists in study methods, intervention “doses,” and outcome measures. High-quality, locally relevant trials are scarce in many LMIC urban settings, including central India. Future research in Indore should prioritize pragmatic trials that evaluate effectiveness, cost-effectiveness, and implementation barriers in real-world community contexts. Additionally, equitable access for low-income and rural women living on the outskirts of Indore must be addressed.

Conclusion

Non-pharmacological interventions offer feasible, low-risk approaches to managing menopausal symptoms in community settings. In Indore, a combined model integrating education, CBT-based coping strategies, yoga/exercise, and peer support is likely to be acceptable and beneficial. Implementation should prioritize cultural adaptation, task-

sharing (training community health workers), and rigorous local evaluation. Where appropriate, NPIs can complement or serve as alternatives to pharmacotherapy, improving quality of life for women navigating the menopausal transition.

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