Appendixes

Appendix A
The Menopause in Japan

Examination of the experiences of menopausal women in a non-Western culture offers alternative perspectives to North American attitudes toward the menopause. However, this is not necessarily inappropriate. Research on the menopause in Japan reinforces the assumption that there is universal menopausal experience.

Japanese women, with a current life expectancy of more than 82 years, live longer than anyone else in the world (2). But such longevity is a recent trend: in 1940, the average age at death for Japanese women was 49.6 years (5). Thus, the population of postmenopausal women in Japan historically has been small, and the limited attention it has received within the Japanese medical community is not surprising. *Konenki", the* Japanese term that describes the menopause, was created at the turn of the century under the influence of German medicine ***(5).*** ***Care*** and treatment for Japanese menopausal women has begun to receive more attention recently; at the urging of the Japanese gynecological association, the Japanese Government approved the group of symptoms labeled "climacteric syndrome" for inclusion in the list of diseases covered under the Japanese socialized medicine system (5).

The Japanese health care heritage reflects a long-standing interest in preventive medicine as well as the more recent influences of, first, German and, subsequently, American medical thinking and practices (4). The current Japanese medical system arose from a historical arrangement in which physician payments were contingent on the continuing good health, not the illness, of the patient (4). Concern with a growing elderly population, cultural commitment to prevention of disease, and familiarity with Western medical research findings might lead one to expect that hormone therapy would be widely and increasingly used by menopausal Japanese women. Yet, interestingly, hormone therapy is only marginally prescribed by the Japanese medical profession (2). One study conducted in 1974 concluded that only 2.6 percent of Japanese women aged 45 to 55 were currently using replacement hormones, and followup studies have revealed no significant increase in use (l).

This low level of utilization has been attributed to the interaction of a complex set of factors: patterns of morbidity and mortality among elderly Japanese, culturally constructed expectations and subjective experiences associated with the end of menstruation, ideology about who is susceptible to distress during menopause, and patient and physician attitudes toward the use of physicians and medication (3,6).

The causes of death and disability among Japan's elderly are strikingly different from those of the West. Currently, as it has been for more than 30 years, the primary cause of death for both sexes in Japan is cerebrovascular disease (3). Although breast cancer, cardiovascular disease, and osteoporosis are predominant concerns for aging North American women, incidence of these conditions among Japanese women is relatively low, although rates for breast cancer and heart disease have been increasing slightly (3). The World Health Organization estimates that the mortality rate for coronary heart disease in Japanese women is about one-quarter the rate for American women, and the mortality rate from breast cancer is between one-quarter and one-third that in North America (3). Reliable data on rates of osteoporosis are lacking, but estimates are that, despite the lower average bone mass and greater longevity of Japanese women in comparison to Caucasian women, only about half as many Japanese women are affected by osteoporosis (3).

Such variations in morbidity and mortality are poorly understood at this time, but it is thought that they arise from a complex combination of contributing factors including dietary, genetic, and, possibly, cultural differences (3). Particular attention to lifestyle, rather than genetic, protective factors against cardiovascular disease may be justified in light of the fact that the death rates from cardiovascular disease for Asian Americans over 45 years of age-while at least 60 percent lower than the rate for Caucasian Americans of the same age group--are higher than those observed in Japan (8). These differences in the incidence of various chronic diseases in later life may account in part for the lower rates of use of hormone therapy for prevention in Japan, but questions remain about its lack of use by the Japanese to combat menopausal symptoms.

The hot flash, which is discussed in detail elsewhere in this report, is a common experience of Western menopausal women, affecting at least 50 percent of American women at some time during the menopause (7). But a menopausal woman's experience of a hot flash has been found to be highly individualized; studies monitoring the measurable skin temperature elevation and luteinizing hormone secretion occurring during hot flashes report that women do not always report corresponding subjective experiences (9).

Relatively few menopausal Japanese women report having hot flashes (6). In a survey of 1,141 nonhysterectomized Japanese women aged 45 to 55, researchers recorded menopausal symptoms in the preceding 2 weeks based on self-reporting (6). Only 9.5 percent of the

women surveyed reported a hot flash in the preceding 2 weeks, and only 3.6 percent reported night sweats during the same period (6).

A study of 1,310 women, 45 to 55 years of age, in Manitoba, Canada, reported that 30.9 percent had experienced a hot flush in the preceding 2 weeks and 19.8 percent had experienced night sweats (4). Nearly 20 percent of Japanese women acknowledge having a hot flash at some point in the past; by contrast, 64.6 percent of Canadian women who were surveyed have experienced the symptom (4). Moreover, Japanese women encountered fewer difficulties with hot flashes than did Canadian women (4). These differences may be related to, or possibly account for, the fact that the Japanese language has no direct translation for the term itself-despite the Japanese sensitivity to bodily states (3).

Differences in symptomatology between Japanese and North American women are not limited to the reported incidence of hot flashes; Japanese women also report the following with greater frequency than their American counterparts: graying hair, changes in eyesight, short-term memory loss, headaches, shoulder stiffness, dizziness, unspecified aches and pains, and lassitude (2). To fully appreciate the implications of these variations, it is helpful to examine cultural differences. *Konenki", the* Japanese equivalent of the menopause, is commonly understood to be associated with aging; it is believed to be a gradual transition beginning at age 40 or 45 and entails an entrance into the latter stage of the life cycle(2). Distressing symptoms of the menopause are not usually linked in the Japanese mind to the cessation of the menses (3). Indeed, the biological transition has been shown to be inconsequential to Japanese women: 24 percent of self-reported postmenopausal Japanese women said that they had no sign of *konenki,* indicating that, for them, the end of menstruation is not a significant marker in comparison to the external signs of aging (3).

Such cultural differences extend to expectations about who is susceptible to distress at the menopause. One view of menopause symptoms in Japan is that such a' 'disease' is a result of modernity, "a luxury disease affecting women with too much time on their hands who run to doctors with their insignificant complaints" *(2).* Cultural dispositions of this kind toward menopausal distress may contribute to the low incidence of medical intervention during this phase of a Japanese woman's life. As revealed by the symptomatological differences, however, the reason for nontreatment is not clear-cut.

Appendix A References

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