Menopause is defined as the cessation of the menstrual cycle. Natural menopause is an age-related process involving the failure of ovarian function; secondary menopause is the consequence of iatrogenic interventions, such as the removal of the ovaries or chemotherapy.

Globally, natural menopause occurs in most women around the age of 49 years, although it occurs earlier in Africa, Latin America and the Middle East, and later in Europe and Australia. The last menstrual period is preceded by the perimenopausal phase during which hormone levels fluctuate and the first symptoms occur. Perimenopause ends 1 year after the last period, when it is very likely that no further cycles will occur.

Menopause is a clinical diagnosis that is based on the history of menstrual cycles. It is not yet possible to predict the age of menopause, although it would be helpful for family planning. Measuring hormone levels and ultrasonography of the ovaries are not useful to predict menopause due to perimenopausal fluctuations of ovarian function.

Menopause is a complex, multifactorial process and the exact steps leading to the loss of ovarian function are incompletely understood. More research and a better understanding of the underlying mechanisms would be helpful to develop new diagnostic and therapeutic options.

The impact of menopause on quality of life depends on the presence and intensity of symptoms. Vasomotor symptoms, such as hot flushes and sweating, are among the most common, with up to 75% of women affected. Urogenital atrophy and its consequences, as well as mood changes and sleep disturbance, are frequent too. The longer menopause and its symptoms last, the more quality of life is affected and the more medical consultations are needed. Several hormonal and non-hormonal treatments have been shown to effectively decrease symptom severity and, in turn, to increase quality of life.

Menopause affects all women, some of them for decades, and more safe and effective therapies are needed.