

A study of menopausal symptoms and its impact on lives of Nepalese perimenopausal and postmenopausal women

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Abstract

Background: Menopausal health has not been given any consideration till the recent years in developing countries. With the improving status of women in the society, more and more women are seeking help for their menopausal problems.

Objectives: The study aimed to find out the prevalence of menopausal symptoms and its impact on life of perimenopausal and postmenopausal women attending gynecology outpatient department at Kathmandu Medical College Teaching Hospital.

Methods: A hospital based cross sectional study was done at Kathmandu medical college teaching hospital among 100 perimenopausal and postmenopausal women attending gynecology outpatient department in the month of August 2016. A pretested questionnaire was administered to the women selected by convenience sampling. Data was analyzed by SPSS version 20 and presented in percentage and frequency table.

Results: The mean age of the women in the study population was 49.98 years (SD±6.18) and mean age at menopause was 48.02 years (SD±2.12). Ninety four percent of the women had one or more of the menopausal symptoms. The commonest menopausal symptom was mood swings and irritability (80% and 68% respectively) followed by vasomotor symptoms like hot flashes in 42% and night sweats in 24% of the women. These symptoms interfered with the women's daily work performances in 46% of the cases, affected family life in 28% and affected social life in 32% of the cases.

Conclusion: Majority of the women have menopausal symptoms during perimenopause and postmenopausal period. These symptoms have major impact on women's personal, social, and family lives.

Key words: Impact, Menopause, Perimenopause, Symptoms

INTRODUCTION

Menopause is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity¹. The term perimenopause denotes the period immediate prior to the menopause and the first year after menopause. The average age for menopause ranges between 45-55 years and is different for different population¹.

With the increasing life expectancy, women are living longer than their mothers and grandmothers and are spending more than one third of their life in menopause. It is estimated there will be 1200 million women above age 50 years in the world by 2030². With increasing population of menopausal women, menopausal health

and related issues will become a major responsibility of any nation. Developing countries have been facing challenges of addressing health related issues of mother and child and most of their resources are utilized on maternal and neonatal health. With growing population of aged people, the need to address the issues related to menopausal health is being felt in the country. As a result, recently Menopausal society of Nepal was formed by a group of gynecologists in the country to improve the menopausal health of the women in the country.

Menopausal symptoms in perimenopausal women can be very mild to very severe with major impact on their lifestyle³. The symptoms of menopause are thought to be the result of declining ovarian reserve with resultant declining ovarian hormones. The decline in these hormones is gradual and starts few to several years before the actual menopause. Several factors are thought to influence the age of menopause⁴.

One of the classic menopausal symptoms is change

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in menstrual cycle pattern which is one of the earliest symptoms of menopausal transition. Other symptoms include vasomotor symptoms like hot flashes and urogenital symptoms. Other menopausal symptoms are sleep disturbances, night sweats; cognitive concerns like problems with memory and concentration, psychological symptoms ranging from milder form of moodiness to anxiety to severe form of depression¹. In recent years, various researches have been done on symptomatology of menopause and its impact on the life of women as they progress from perimenopause to menopause. However, data from Nepal is limited. This study was done to find out the prevalence of menopausal symptoms and its impact on lives of perimenopausal and postmenopausal women attending gynecology outpatient department (OPD) of Kathmandu medical college teaching hospital (KMCTH).

METHODS

This is a hospital based, cross sectional, descriptive study done at the gynecological outpatient department of the KMCTH in the month of August 2016. One hundred perimenopausal and postmenopausal women in the age group between 40 to 60 years of age who were attending gynecological OPD for various gynecological problems were enrolled in the study after taking informed consent. The women were assured about the confidentiality and were interviewed in a quiet room one at a time. Menopause was defined as spontaneous cessation of menstruation for at least one year. A pretested structured questionnaire was used to collect the data from the women selected by convenience sampling. Women with long term history of psychiatric illness such as depression, anxiety, schizophrenia were excluded from the study. The questionnaire elicited information on: demographic data of the enrolled subject, menstrual history. The questionnaire consists of a series of questions concerning women's age at menopause and signs and symptoms related to menopause categorized under vasomotor symptoms, psychological symptoms, urogenital symptoms and miscellaneous symptoms like muscle/joint pain. The questionnaire also inquired about the impact these symptoms had on their lives. The severity of the impact that was experienced by the women were based on their perception. Collected data was analyzed by SPSS version 20 and presented in percentage and frequency table.

RESULTS

The mean age of the women in the study population was 49.98 years(SD±6.18) and mean age at menopause

was 48.02 years (SD± 2.12) with range between 40 to 54 years. Ninety four percent of women complained of one or more symptoms of menopause. Forty two percent of the study population complained of hot flashes. (Table 1)

Most common symptom among the women was mood swings (80%) and irritability (68%). Prevalence of other psychological symptoms like anxiety, depression and panic attack were low in this study population. (Table1)

Nearly one third of the study population had urogenital symptoms, sexual problem of decreased libido being the commonest. (Table 1)

Prevalence of musculoskeletal symptoms was present in 18%, whereas complaints of weight gain were present in 28% of the study population. (Table 1)

Table 1: Common symptoms of menopause and their frequency

Urogenital Symptoms	Percentage
Sexual problem/decreased libido	32%
Urinary Symptoms	22%
Vaginal dryness	18%
Vasomotor symptoms	
Hot Flashes	42%
Night sweats	24%
Psychological Symptoms	
Mood swings	80%
Irritability	68%
Anxiety	20%
Low mood or depression	16%
Panic attacks	10%
Easy tearfulness	6%
Other Symptoms	
Weight gain	28%
Muscle/Joint pain	18%
Difficulty sleeping	16%

Nearly half of the women said that the menopausal symptoms had impact on their life which negatively affected their work efficiency in 46%, relationship with their family members in 18%, social life activity in 32%, and 16% of the women felt they could not carryout their home responsibility efficiently. About 2% of the women had severe negative impact on performing their home responsibility. (Table 2)

Table 2: Impact of menopausal symptoms on women's life

Negative impact on	Mild	Moderate	Severe	Total
Work efficiency	38%	8%	-	46%
Relationship with family	18%	-	-	18%
Social life activities	24%	8%	-	32%
Home responsibility	12%	2%	2%	16%

Fifty four percent of the women did not have any negative impact on their work efficiency, 82% of the women enjoyed their relationship with their family, 68% of the women continued to have good social life, and 84% of the women could continue with their home responsibility without any difficulty.

None of the women were using hormone replacement therapy at the time of data collection and only 8% of the women had used it in the past with some improvement in their symptoms.

DISCUSSION

Studies done so far have shown that the age at onset of menopause varies with populations. The mean age of menopause was found to be influenced by genetics, life style, socioeconomic status, level of education, and nutritional status of the population studied⁴⁻⁶. The menopause and perimenopausal age in developing countries have been reported to be earlier as compared to the developed countries⁴. The average age of menopause in western women is 52-53 years whereas it is 47-49 years in Asian women⁷⁻¹³.

In the current study, the mean age of menopause is 48 years which is comparable to the findings of other Nepalese studies. In a study from four districts of Nepal, mean age of menopause was found to be 47 years⁸. Similarly in another study done in Rupandehi District, the mean age of menopause was 46.81 years⁹. The mean age of menopause was 49.9 years in a study by Marahatta et al¹⁰, and Chuni et al in Kaski District¹¹.

The mean age of menopause of current study is also comparable with studies from other countries such as India and Pakistan that shows range between 46-49 years^{12, 13}. The age of menopause is similar in studies done at United Arab Emirates and Turkey^{14,15}.

Menopausal transition usually starts in early forties when women are in their peak of functionality. Most of the menopausal transition is associated with one or more symptoms and at times severe enough to have major impact on their lives¹⁶. The prevalence of menopausal

symptoms has also been seen to differ in different population. The symptoms are found to be more severe in western population in comparison to the women in eastern part of world¹⁷.

The prevalence of hot flashes in this study is 42% which is comparable to the findings of Marahatta et al where the prevalence of hot flashes was 42.3% and it was 38% in study by Ghimire et al^{10,18}. Madhukumar et al in their study from India noted the prevalence of hot flashes to be 55.9% and Nusrat et al in their study from Pakistan noted 59.4% hot flashes^{19, 20}. Prevalence of night sweat was also low in this study in comparison to the findings of Madhukumar et al (36.7%) and Rahman et al (48.3%)^{19,3}.

The prevalence of psychological symptoms of irritability was 68% in current study which is also comparable to the studies done by Marahatta et al. But Rahman et al found the prevalence of hot flashes to be 38% and irritability to be only 36%^{10,3}. This study found low prevalence of Urogenital Symptoms with sexual problem of 32% and urinary symptoms of 22% which is very less in comparison to the findings of Marahatta et al with prevalence of urinary problem in 45%, dryness of vagina in 42.3% and decreased libido in 63.5%¹⁰. However, the prevalence of urogenital symptoms is comparable to the findings of Rahman et. al. This noted sexual problem in 31.20%; and bladder problem in 12.80%³. Prevalence of depression ranged from 35-65% which is higher than findings of this study of 16%^{16,21-23}.

Menopausal symptoms in perimenopausal women can be very severe with major impact on their lifestyle³, and the impact can be worsened further in the absence of awareness about the menopausal symptoms among the menopausal women and their families. The studies from our neighboring countries have shown the lack of awareness of these problems and the knowledge about the possible intervention to cope with it. The studies showed that the women do not seek help for their problem in most instances²⁴. Studies have shown 20-30% of menopausal women struggle to cope up with everyday life due to their symptoms, 20% are forced to take time off from their work due to menopausal

symptoms^{16, 21-23}. In this study 46% of the women had impact of menopausal symptoms on their life as they felt it affected their work efficiency negatively in 46% of the cases, relationship with their family members in 18%, social life 32%, and household work in 16% of the cases.

This study highlights the impact of menopausal symptoms on women's life, however this study has some limitation due to its small sample size and sampling technique. Due to the cross sectional nature of study there are possibility that the women may have had recall biases while remembering the dates of their menopause. Possibility of biases in the reporting of

severity of the menopausal symptoms and its impact on their lives cannot be denied as it was subjective.

CONCLUSION

Majority of the women have one or more menopausal symptoms of varying severity during perimenopause and postmenopausal period. These symptoms have some impact on women's personal, social, and family life. Menopausal health should get due attention at the government level and strategies to improve the awareness of menopausal health among women, their families, society, and health care providers should be developed.

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