

“Prevalence and Severity of Early Menopausal Symptoms on Quality of Life”

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I. BACKGROUND:

According to the World Health Organization (1981), natural menopause is defined as no menses for 12 consecutive months with no obvious intervening cause. During the menopause, women may experience vasomotor, psychosocial, physical, as well as sexual dysfunction. Studies on menopausal issues and health demand priority in Indian scenario due to the growing population of menopausal women as a result of their increased life expectancy. Most are either unaware or do not pay adequate attention to these symptoms.

OBJECTIVE/AIMS:

To find the prevalence and severity of menopausal symptoms and perceptions regarding menopause among menopausal women aged 40–60 years.

SETTINGS AND DESIGN:

A community based cross-sectional house to house survey was conducted.

Basic Pathology:

All women who live up to middle age and beyond experience a period of transition from the reproductive to the no reproductive stage of life, of which the most striking feature is the cessation of menstruation known as **Menopause**.

According to the World Health Organization, “natural menopause” is defined as “no menses for 12 consecutive months with no obvious intervening cause, such as pregnancy, lactation, exogenous

hormone use, dietary deficiencies, or surgical removal of the uterus or ovaries.”

With the general increase in life expectancy worldwide, most women are likely to live for another 20–30 years after menopause, and approximately, one third of their lives in a state of estrogens deficiency¹⁻³.

Commonly, during the menopause, women may experience

-Vasomotor (hot flushes, night sweats, etc.),

-Psychosocial (memory, mood changes, etc.),

-Physical (sleep, urine incontinence, skin changes, weight gain, etc.)

-Sexual dysfunction (vaginal dryness, decrease in sexual desire)³⁻⁵.

Postmenopausal symptoms persist years after the final menstrual period, having been reported more than 10–15 years after the last menses in some women.

Although menopause is a universal phenomenon, the prevalence of each of these symptoms varies widely not only between individuals in the different populations, but also between the same populations. In India, though various studies have been carried out to study menopausal symptoms, majority of them are either hospital based or focus on the rural population with not much work done on urban women. Therefore, this study proposes to assess the prevalence of menopausal symptoms among urban women in Goa.

Table 1: Sociodemographic profile of study participants

Sociodemographic variables	Total number of Menopausal women, n (%)
Age (years) (n=100)	
40-45	36(36%)
45-50	20(20%)
50-55	26(26%)
55-60	18(18%)

Religion (n=100)	
Hindu	67 (67%)
Muslim	13 (13%)
Christian	20 (20%)
Others	00
Occupation (n=100)	
Homemaker	50(50%)
Government employee	16 (16%)
Private employee	20 (20%)
Self-employed	14 (14%)

Table 2: Frequency of self reported vasomotor symptoms among study participants

Vasomotor symptoms (n=100)	n (%)
Hot flushes	85 (85%)
Night sweats	62 (62%)
Sweating	90 (90%)

Table 3: Frequency of self reported psychosocial symptoms among study participants

Psychosocial symptoms (n=100)	n (%)
Dissatisfaction with personal life	82 (82%)
Feeling anxious or nervous	59 (59%)
Poor memory	47 (47%)
Accomplishing less than used to	63 (63%)
Feeling depressed, down or blue	96 (96%)
Being impatient with other people	61 (61%)
Feelings of wanting to be alone	59 (59%)

Table 4: Frequency of self reported sexual symptoms among study participants

Sexual symptoms (n=100)	n (%)
Decrease in sexual desire	92 (92%)
Vaginal dryness	46 (46%)
Avoiding intimacy	43 (43%)

Table 5: Frequency of self reported physical symptoms among study participants

Physical symptoms (n=100)	n (%)
Flatulence (wind) or gas pains	71 (71%)
Aching in muscles and joints	89 (89%)
Feeling tired or worn out	61 (61%)
Difficulty sleeping	88 (88%)
Aches in back of neck or head	64 (64%)
Decrease in physical strength	96 (96%)
Decrease in stamina	82 (82%)
Lack of energy	97 (97%)
Dry skin	18 (18%)
Weight gain	39 (39%)
Increased facial hair	18 (18)
Changes in appearance, texture or tone of skin	73 (73%)
Feeling bloated	
Low backache	44 (44%)
Frequent urination	71 (71%)
Involuntary urination when laughing or coughing	33 (33%)
	73 (73%)

Management Of Menopausal Syndrome In Contemporary Practice:-

1) Counselling -

It is very important to maintain her physical and mental status. She should be educated about proper diet. Diet should include at least 1.2gms of Ca, Vitamin A, C, E, D (400 mg) + weight bearing exercises are also necessary⁶⁻⁹.

2) HRT (Hormone Replacement Therapy) –

Only oestrogen replacement therapy is not sufficient to overcome this problem. Because many other hormones Eg. DHEA, melatonin and various systems are affected in menopause. Moreover, menopause is the natural process of transition to a new phase of life for a woman⁹.

Therapy needed in women who are - Symptomatic for 3-6 months. High risk for CVD (Cardiovascular Disease), osteoporosis, Alzheimer's disease. After surgical oophorectomy, premature menopause. WHO demand prophylactic HRT Oestrogens should be given in smallest effective dose for a short possible period of 3-6 months. Short term oestrogen therapy is beneficial in delaying osteoporosis & reducing the risk of cardiovascular diseases in post-menopausal woman¹⁰⁻¹⁴.

II. DISCUSSION AND CONCLUSION:

In our study, the classical presentation of menopausal symptoms; Sweating (90%) and hot flushes (85%) which is quite similar when compare to other study. The other classical presentation of menopausal symptoms; Being impatient (61%), Feeling Tired (61%) and Poor Memory (47%), increased facial hair (18%), Dry Skin (18%) were noted to be lower in comparison to findings from studies done on western women.

From our study, joints and muscular discomfort; physical and mental exhaustions and sleeping problems were experienced most by premenopausal followed by postmenopausal women and these were also Statistical significant differences in comparison to premenopausal women.¹⁰⁻¹²

Frequency of sexual problems, bladder problems and vaginal dryness were experienced mainly by premenopausal and postmenopausal group of women and it was also significant statistically in comparison to other menopausal status and similar finding were documented from other studies.¹⁴⁻¹⁶

The mean age of attaining menopause was 48.26 years. Prevalence of symptoms among ladies were emotional problems (crying spells, depression, irritability) 90.7%, headache 72.9%, lethargy 65.4%, dysuria 58.9%, forgetfulness 57%, musculoskeletal problems (joint pain, muscle pain) 53.3%, sexual problems (decreased libido, dyspareunia) 31.8%, genital problems (itching, vaginal dryness) 9.3%, and changes in voice 8.4%. Only 22.4% of women knew the correct cause of menopause.

Thus study stated that all the ladies were suffering from one or more number of menopausal symptoms. Ladies should be made aware of these symptoms, their causes and treatment respectively.

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