

ORIGINAL ARTICLE

Menopausal Symptoms and Quality of Life of Postmenopausal Women – A Community Based Descriptive Study

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Abstract

Background and Objective: Menopause is one point in a continuum of life stages for women and marks the end of their reproductive years. Menopause is associated with physical, psychological and uro-genital symptoms which are known to affect the quality of life of postmenopausal women. The aim of the study was to determine the intensity of menopause symptoms and quality of life of postmenopausal women.

Method: The study was conducted in selected community villages in rural Bangalore. A total of 116 postmenopausal women who were available at the time of data collection and fulfilled the study inclusion criteria were assessed using demographic proforma, Menopausal rating scale (MRS) and Menopause-specific Quality of Life questionnaire (MENQOL).

Results: The study results showed hot flashes, depressive mood, dryness of vagina and poor sexual desire as the most predominant symptoms among all domains of MRS. In the domains of MENQOL, hot flashes, experiencing poor memory, and presence of vaginal dryness during sexual intercourse were reported as the most predominant symptoms.

Conclusion: Healthcare professionals should understand the complexity of menopausal symptoms for providing suitable health interventional remedies. There is a considerable lack of awareness about the effects and treatment of menopausal symptoms among Indian women, especially among rural women in India.

Keywords: Hot flash, Menopausal symptoms, Quality of life, Post-menopausal women, MENQOL, MRS

Introduction

Women's lives are vital during the menopause. Life quality suffers during this time due to a variety of issues brought on by oestrogen shortage and ageing.¹ Starting at the age of 37, the quantity and quality of eggs decrease until the ovary is unable to continue functioning normally.² When ovarian activity decreases, fertilisation fails and the ovary produces no corpus luteum. As a result, premenopausal women experience

irregular and an-ovulatory cycles of menstruation. Later, the Graafian follicle is also unable to produce oestrogen. Amenorrhoea results from uterine atrophy caused by it. After menopause, the levels of follicular stimulating hormone may increase, and the amount of estradiol produced by the dominant follicles drastically decreases, resulting in the post-menopausal state.³ As a result of the effects of hypo-estrogenism, a woman may be at risk for developing menopausal symptoms like hot flashes and

night sweats, insomnia, vaginal dryness, mood swings, and loss of bone density. The likelihood that a woman will experience menopausal symptoms varies depending on her demographic, social, and cultural contexts.⁴ Women's quality of life in terms of health is impacted by menopausal complaints. A subjective measure of health-related quality of life, is to consider the impact of physical health on psychosocial performance.^{5,6} The severity of menopausal symptoms varies from person to person as a result of confounding factors⁷ like life style and social standing.⁸ Thus, it is necessary to evaluate the quality of life of women after menopause. The goal of the current research was to assess postmenopausal quality of life and the severity of menopausal symptoms among women.

Materials and Methods

Hundred and sixteen postmenopausal women participated in a community-based descriptive survey research that was carried out with their consent, following written approval from the Institutional Ethics Committee. The research was carried out in a few rural Bengaluru community villages. Using SigmaPlot 13.0 statistical software, the sample size was calculated assuming a 20% reduction in Menopausal rating scale (MRS), 30% reduction in SD, 90% power, and a 5% significant level (Systat, USA). Women between the ages of 40 and 60 years who had reached natural menopause, with no menstrual bleeding for the previous 12 months, and menopausal rating scale score of 11 or above indicating mild to severe menopausal symptoms, were eligible for participation in the study.

Each village included under the study had a house to house survey conducted. The first home in the lane and the lane itself were conveniently chosen during the survey. The first residence on the right side was where the census began. Every house in the lane was covered while leaning to the left. The study's goals were explained to the residents during the home visit, and their informed consent was obtained. For research eligibility, women between the ages of 40 and 60 years were interviewed. A short questionnaire was used in a face-to-face discussion to gather the data. The menopausal rating scale was then utilized, and the complaint was evaluated. Overall, 304 homes were surveyed. Around 241 women between the ages of 40 and 60 years were identified. Out of 241 women, 116 postmenopausal women were chosen for the study because they met the selection criteria, reported having hot flashes and night

sweats, and had an MRS total score of 11 or above. Menopausal rating scale (MRS), a short questionnaire, a semi-structured interview schedule, and a Quality of Life questionnaire tailored specifically for menopause women (MENQOL) were the instruments employed. MRS is a straightforward tool for assessing the severity of menopausal symptoms in female patients. MRS is a standardized, self-administered test with 11 items and a 5-point scale from none to extremely severe (with scores ranging from 0 to 4 in each category). The domains include somatic (4 items), psychological (4 items) and urogenital (3 items). The top overall score is 44. The 29-item MENQOL questionnaire assesses the quality of life of menopausal women across four domains. Vasomotor (3 questions), psychosocial (7 items), physical (16 items), and sexual are among the MENQOL domains (3 items). Each woman was questioned about whether she had experienced the symptoms in the previous month, and each domain was scored independently. If she replied "yes," she was asked to rate how concerned she was by the symptoms on a 7-point scale ranging from 0 (not at all worried) to 6 (very bothered). If she replied "no," she was instructed to move on to the next question (extremely bothered). High scores could be a sign of a low quality of life. The tool's content and linguistic validity were established. Experts in the fields of community medicine, nursing, and nutrition were given the data collection tools, research methodology, and recommended intervention for validation along with the criteria for content validity. There were professional recommendations included. Ten women who matched the inclusion requirements were pre-tested on the Kannada version of the tool. The tools' dependability was determined.

Results

Prevalence of symptoms of MRS among postmenopausal women

Table 1 displays the prevalence of postmenopausal women's somatic, psychological, and urogenital domain problems. Hot flashes (62.92%), joint and muscle pain (58.58%), and sleep issues (50.86%) were the symptoms with the highest prevalence in the somatic domain. Majority of the participants (63.79%) in psychological domain displayed sad mood, which was followed by other symptoms like impatience, anxiety, and mental weariness. Majority of individuals in the urogenital sector reported experiencing vaginal dryness (62.06%), followed by sexual issues (56.89%) and bladder problems (42.24%).

Prevalence of symptoms of MENQOL among postmenopausal women

Table 2 displays the prevalence of postmenopausal women's vasomotor, psychological, physical, and sexual domain problems. Night sweats and sweating were reported as the most common vasomotor symptoms that bothered postmenopausal women and this was followed by the symptom of hot flashes. In the psychosocial

domain, majority of the women complained about their memory being bad (57.75%), and also about doing less, feeling anxious, unhappy, lonely and impatient with other people. Majority of postmenopausal women (50%) reported physical complaints of muscle and joint pains. Majority of women (65.51%) had vaginal dryness during sexual activity.

Table 1: Prevalence of symptoms of MRS among postmenopausal women (n=116)

Sl. No	Domain		Symptoms	f	%
1.	Somatic	1	Hot flushes	73	62.93
		2	Heart discomfort	45	38.79
		3	Sleep problems	59	50.86
		4	Joint and muscular discomfort	61	58.58
2	Psychological	5	Depressive mood	74	63.79
		6	Irritability	54	46.55
		7	Anxiety	55	47.41
		8	Physical and mental exhaustion	54	46.55
3	Urogenital	9	Sexual problems	66	56.89
		10	Bladder problems	49	42.24
		11	Dryness of vagina	72	62.06

Table 2: Prevalence of symptoms of MENQOL among postmenopausal women (n=116)

Domain	Q. No	Symptoms	(n=116)	
			N	%
Vasomotor	1	Hot flushes	73	62.93
	2	Night sweats	60	51.72
	3	Sweating	54	46.55
Psychosocial	4	Dissatisfied with personal life	18	15.51
	5	Feeling anxious or nervous	44	37.93
	6	Experiencing poor memory	67	57.75
	7	Less accomplishment	47	40.51
	8	Feeling depressed down or blue	45	38.79
	9	Impatience with other people	22	18.96
	10	Feeling to be alone	22	18.96
Physical	11	Flatulence (wind) or gas pains	23	19.82
	12	Aching in muscles and joint	58	50.00
	13	Feeling tired or worn out	25	21.55
	14	Difficulty in sleeping	33	28.44
	15	Aches in back of neck or head	22	18.96
	16	Decrease in physical strength	31	26.72

	17	Decrease in stamina	20	17.24
	18	Feeling of lack of energy	15	12.93
	19	Dry skin	22	18.96
	20	Weight gain	15	12.93
	21	Facial hair	15	12.93
	22	Changes in skin appearance, texture or tone	10	8.62
	23	Feeling bloated	09	7.75
	24	Low backache	13	11.26
	25	Frequent urination	20	17.24
	26	Involuntary urination when laughing or coughing	20	17.24
Sexual	27	Changes in sexual desire	58	50.00
	28	Vaginal dryness	76	65.51
	29	Avoiding intimacy	50	43.10

Discussion

According to the present study, majority of women were between the ages of 47 and 53 years. This conclusion was corroborated by the study's findings, which showed that the mean age of postmenopausal women was 52.17 years and 49.2 years, respectively.^{9,10} Using the menopausal rating scale, the severity of menopausal symptoms in women was evaluated in the current study. Many clinical and epidemiological investigations used this scale previously.¹¹ MRS is a thorough and trustworthy method for not only identifying women experiencing menopausal symptoms but also for determining their frequency and severity. Joint and muscular pain, sleep issues, and hot flashes were the most common somatic complaints reported by postmenopausal women in the present study. This result is in line with the findings of another study reporting hot flashes, physical and mental tiredness, and joint and muscular soreness as the most prevalent menopausal symptoms.¹²⁻¹⁵ The psychological domain predominated after the somatic domain. According to the study, postmenopausal women scored significantly higher on the psychological subscale of the total climacteric scale.¹⁶ According to the current study, postmenopausal women are most likely to have bladder and sexual issues. Urogenital symptoms, including urinary tract infections, issues with bladder control, and vaginal discomfort were the most prevalent menopausal symptoms among women.¹⁷ Age, employment level, quantity of physical activity,

education, period of menopause, marital contentment, income satisfaction, and the number of children, all had an impact on menopausal women's quality of life.¹⁸ Demographic factors have a positive impact on the health-related quality of life for women going through menopause. Menopausal symptoms are significantly associated with age, religion, smoking habits, exercise, and comorbidities. Menopausal symptoms thus enhance the chance of having a poor health related quality of life.^{19,20}

Conclusion

It is very important for health care professionals to understand the complexity of menopausal symptoms for providing suitable health interventional remedies. Main goal of the intervention is to reduce the symptoms burden and improve the quality of life, especially creating awareness among semi urban and rural postmenopausal women. Many working women including female nurses also experience some menopausal associated symptoms. They may seek health information about home remedial options of menopause. Nurses must be prepared to offer unbiased information and it is necessary to know about the safety and efficacy of any intervention, especially the dietary supplements. There is considerable lack of awareness about the effects and treatment of menopausal symptoms among Indian women, especially among rural women in India.

Conflict of Interest

Nil

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