

ORIGINAL ARTICLE

SYMPTOMS OF MENOPAUSE IN PERI AND POSTMENOPAUSAL WOMEN AND THEIR ATTITUDE TOWARDS THEM

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Background: The climacteric or perimenopause is the transitional phase during which reproductive function ceases. The average age of the menopause is 51.4 years with a duration of two years. Symptomatology include: vasomotor, psychological, urogenital/sexual, skin, menstrual irregularities and others. The objective was to study the attitude of these women towards menopause. **Methods:** In this cross-sectional study, 500 women were included. **Result.** Palpitations and headaches were found in 30% and 32% respectively in perimenopausal women compared to 16% and 20% in postmenopausal women. Irritability, anxiety and lethargy affected every 3 in 10 women while 24% reported forgetfulness and 12% had loss of libido in the peri menopausal group. The incidence of the above symptoms was much lower in the postmenopausal group, irritability being on the top (16%) followed by forgetfulness (12%), lethargy in 10% and loss of libido in 3%. Dyspareunia was reported by 18% of perimenopausal and 8% of menopausal women. Urinary complaints were found in 9% and 3% of the perimenopausal and menopausal women respectively. About 2 in 10 complained of dryness of skin. Menstrual irregularities affected 3 in 10 women and the commonest form of abnormality was delayed cycles (23%). Concerning their attitude towards menopause 46% perimenopausal and 76% of the postmenopausal women did not perceive menopause as a medical condition and were found satisfied as they had accepted it as a natural ageing process. Some 20-40% of women who were worried or dreading menopause were those who linked impairment of vision with menopause. **Conclusion:** Attitude of women in our society was found positive towards menopause.

Keywords: Menopause; perimenopause; climacteric; Hormone replacement therapy

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INTRODUCTION

Menopause refers to the last menstrual bleed and is generally considered to have occurred retrospectively after one year of amenorrhoea.¹ Clinically menopause is defined as cessation of menstrual cycles after which a woman has no more periods. Menopause results from either follicular depletion i.e. the "natural menopause" or it may be "iatrogenic or induced" following bilateral oophorectomy or exposure of ovaries to radiation. The term is now widely used to include the problems which arise from oestrogen deficiency and treatment for these problems. The secretion of ovarian hormones oestrogen and progesterone ends with menopause. However, menstrual cycles seldom cease abruptly; there is an interval termed "the climacteric" or perimenopause also called the menopausal transition during which there are considerable hormonal fluctuations. The term climacteric refers to the period around menopause when ovarian function is erratic and subsequently diminishes, taking a woman through decreasing fertility, the menopause and the degenerations which follow chronic oestrogen deficiency. The duration of climacteric varies in different women. Those undergoing menopause around the age of 50 years, the duration of

climacteric is usually two years. When menopause occurs earlier, around the age of 40 years then the climacteric can last for up to four years. Loss of fertility and menopause are features of climacteric and of course menopause is the one fixed event.¹

At the time of the Roman Empire, the average life expectancy of women was only 23 years. From the Middle Ages until the late 19th century fewer than 30% of women reached the menopause. Today with the average life expectancy of women being 78 years in the US, there are fewer than 10 million post-menopausal women in USA, i.e., 17% of the total population. Currently the average age of menopause has been estimated as being 51 years.²

Approximately 36 million women in the US are in the postmenopausal phase of life according to a study conducted in January 2002. By the year 2020 the size of this group is estimated to be 45.9 million. Natural menopause occurs at a median age of 51.4 years with the Gaussian distribution ranging from 40 to 58 years.³

The age of menopause does not appear to be related to the age of menarche, socioeconomic factors, race, poverty, height or weight. The only factor seeming to affect the age of natural menopause is smoking. Heavy smokers can expect a menopause 1.5 year earlier than non-smokers. Race does not

seem to influence the real age of the menopause.² There are a number of factors appear to determine the onset of natural menopause, and the risk for surgical menopause. Both seem to be determined by familial factors as well as by genetic polymorphisms of the oestrogen receptor (ER). There also appears to be a relation between childhood cognitive function and the timing of natural menopause. Multiparity and increase body mass index (BMI) are associated with later onset, whereas smoking, nulliparity, medically treated depression, toxic chemical exposure, treatment of childhood cancer with abdominal/pelvic radiation and alkylating agents have been associated with a younger age at onset.³

Premature or early menopause (age <40 years) has been linked to both familial and non-familial x-chromosome abnormalities. Age of menopause is less in our country, i.e., 47.4 years and is related to the age of menarche, parity, social status and social habits.⁴ Mean age of menopause is 50 years and nine months globally.⁵ Age of menopause in the United Arab Emirates is 48 years.⁶ The mean and median age of menopause in Turkish women is 47.8±4.0 and 51 years respectively.⁷

Studies have shown that women who experience a sudden menopause due to removal of ovaries tend to suffer more severe vasomotor symptoms. They are more prone to depression and other psychological symptoms and are more at risk of the long-term sequel of menopause. The earlier the ovaries are removed, the greater are the risks of severe symptomatology. This study was conducted with an aim to determine the attitude of women in our setup towards menopause.

MATERIAL AND METHODS

This cross-sectional study was conducted on 500 women. Perimenopausal and postmenopausal women were included whereas women who had experienced hysterectomy or those with diagnosed psychiatric and/or any major medical and gynaecological problems were excluded. The study was carried out in the department of Gynaecology & Obstetrics Postgraduate Medical Institute, Hayatabad Medical Complex, Peshawar where in-patients and outpatients were interviewed using a structured questionnaire. Data was analysed using SPSS 16.0.

RESULTS

Five hundred women were included. The mean age was 49.6±3.81 years that ranged from 35–55 years with 192 (38%) classified as postmenopausal and 308 (62%) were perimenopausal. Perimenopausal group comprised women who reported either because periods had ceased for between 3 and 12 months or because of reports of irregular periods.

The educational and social status of women is recorded in table-1 and 2. Symptoms reported by perimenopausal women are given in table-3. Attitude of women towards menopause is given in table-4.

Table-1: Women by educational status

Description	n	%
No formal education	353	70.6
Primary secondary	18	3.6
Secondary schooling	62	12.4
Higher (degree) education	67	13.4

Table-2: Women by social status

Description	n	%
Upper	117	23.4
Middle	186	37.2
Lower	197	39.4

Table-3: Symptoms reported by perimenopausal women included in study (n=308)

Symptoms	n	%
A. Vasomotor		
• Hot flushes and sweats	62	20
• Palpitations	95	30
• Headaches	99	32
A. Psychological		
• irritability	96	31
• lethargy	83	26.9
• forgetfulness	74	24
• loss of libido	37	12.4
B. Urogenital		
dyspareunia	56	18
vaginal dryness	56	18
urethral syndrome	28	9
C. Skin		
dryness of skin	74	24
dry hair	28	9
brittle nails	14	4.54

Table-4: Attitude towards Menopause

Description	Perimenopausal n = 308	Postmenopausal n = 192
Menopause not a medical condition but a natural ageing process	46%	76%
Dreading / worried that menopause may have adverse effects on their bones, eyesight and femininity	40%	24%
A woman thinking it as an end to her youth	14%	-

DISCUSSION

In this study, approximately 4 in 10 (38%) women were classified as postmenopausal, more than half (62%) perimenopausal, either because periods had ceased for between three and twelve months or because of reports of irregular periods. The symptoms were grouped into categories, i.e., the

vasomotor, psychological, urogenital, skin menstrual irregularities and other general somatic symptoms. Regarding the most talked about vasomotor symptoms, i.e., hot flushes etc. their incidence in our women is relatively lower than that in western women. This finding may reflect the cultural and social background. However, comparison with other studies shows that the incidence of hot flushes differs from one country to another and also varies with the sociocultural, socioeconomic and educational status. According to a study done in the East Asian region it was reported to range from zero percent in Mayan women to 80% in Dutch women.⁸

In reference to a study⁹ the most common complaints in order of their frequency are hot flushes 61%, headache 57%, joint pains 54% and irritability 42%. For most symptoms commonly associated with menopause in medical literature, rates are much lower for Japanese women than for women in the United States and Canada.¹⁰ The paper suggests that it is important to think in terms of local biological variations, that reflects the very different social and physical conditions of women's life from one society to another.

Irritability was found to be the commonest psychological symptom in the perimenopausal group in our study. The incidence of the above symptoms was much lower in the postmenopausal group, irritability being on the top, i.e., 16% followed by forgetfulness 12%, lethargy 10% and loss of libido in 3% of the women. A study from our own country conducted by taking interviews of 300 menopausal women from different parts of Pakistan, mostly from Sindh province⁴ showed a much higher incidence of hot flushes 65% and palpitations 50%. However, headache (30%) did not vary much from my study and so did irritability, skin complaints and loss of libido-urinary complaints were again higher as compared to my study conducted in the region of NWFP.

According to a study conducted on the basis of women's health in midlife, the most bothersome health symptoms were aches and pains in the joints as reported by majority of women in my study too, anxiety or depression, irritability, trouble sleeping, forgetfulness and frequent severe headaches. This study showed a very high incidence of hot flushes in both the postmenopausal (60%) and peri menopausal women (40%) as compared with my study. However, the impression from both the studies turned out to be the same that women bothered by these symptoms were less educated. Postmenopausal women reported being bothered more by vaginal dryness (35%) or difficulty with intercourse (24%), compared with perimenopausal women (25%) and (13%)

respectively¹¹

Women with no educational qualification or suffering from life stress or in poor physical and emotional ill health were more likely to report general somatic symptoms¹¹, the findings were consistent with our findings.

Psychological symptoms were not related to the natural menopause except for slight rise in irritability found in peri menopausal women. It is important to distinguish the emotional and domestic problems of the middle years from the symptoms of climacteric. Women may have doubts about their marital relationship, their physical appearances and can be bothered with adolescent children or sick parents. Our study shows that stress of midlife rather than menopause causes irritability.

Stress was explained by these women as the increasing responsibilities of their children who were in adolescence stage, worrying for their education, jobs and getting them married off etc.

Concerning their attitude towards menopause, 46% perimenopausal and 76% of the postmenopausal women did not perceive menopause as a medical condition and were found satisfied as they had accepted it as a natural ageing process. Forty percent of the perimenopausal and 24% of postmenopausal women were dreading it slightly and linked impairment of vision with menopause. According to a study¹² more than half the women had a positive attitude to menopause, 24% had a negative attitude and 25% had a neutral attitude. Only vasomotor symptoms and joint pains were associated with postmenopausal status while the other symptoms were significantly related to psychological factors, lifestyle and attitude to menopause.

A study representing five ethnic/racial groups (African American, White, Chinese American, Japanese American and Hispanics) showed slight variation in their attitude towards menopause and ageing¹³. It was found that African American women were significantly more positive in attitude and the less acculturated Chinese American and Japanese American were the least positive groups. It was concluded that factors other than those directly associated with menopausal status seem to play a role in attitude.

Results of my study revealed that 46% of our women had a positive attitude towards menopause, experiencing almost similar thoughts. The analysis indicated that these women do experience the menopause symptoms that have been claimed elsewhere to be universal. Their experiences of menopause were not however regarded generally as distressing and they accepted it as a natural stage in life cycle. Interestingly in quite a number of women there do not seem to exist menopausal

symptoms. One explanation for this variation is the fact that menopause marks the end to repeated pregnancies and lifts the menstrual taboos and may therefore be welcomed.

In coherence with my study similar results regarding attitude towards menopause were obtained through a study carried out in East Asian region¹⁴ It was found that 63.7% of these women had accepted menopause as a natural phase of life and not as a medical problem. It was found that only 5% of women were aware of HRT and even fewer these were using or had used HRT at some stage. Even after detailed explanation regarding advantages and disadvantages of HRT very few were willing to think of going for it while majority did not want to interfere with nature.

CONCLUSION

In conclusion, menopause represents a transitional moment in which a quality of life has to be preserved. Attitude of women in our society was found positive towards menopause. A woman may be counselled about general health and a sensible approach to diet and exercise.

AUTHORS' CONTRIBUTION

KI: Collection of data and writing of article. ND: Helped in final compilation. LH: Proof reading

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