



## Physical And Psychological Symptoms Associated With Menopause Among Post-Menopausal Women

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### ABSTRACT

*Occupational health like health of the people in general deals with promotion and protection of the workers, control of disease by early diagnosis and promote treatment control disablement and rehabilitation of disabled workers, thus it includes primary, secondary, tertiary level of control measures. A pre experimental research design was conducted at Hemadri cement factory, Andhra Pradesh which aimed to assess the effectiveness of Simhasana on respiratory problems among cement factory workers at Jagayyapet and its association with their demographic variables. Data were collected from 30 subjects by consecutive sampling technique which was used by respiratory assessment scale prepared by the investigators and assessed effectiveness of Simhasana. Paired 't' test value was 20.4 and the pre test score which was 56% and the post test score which was 33% significant difference between pretest and post test scores on respiratory problems was 23% . It reveals that the Simhasana was highly effective. No significant association among cement factory workers with their demographic variables ( p 0.05). Simhasana can be used to educate workers in various industries like cotton industry, rice, mills, stone cutting, jute mill to prevention of respiratory tract infections. Simhasana was highly effective on respiratory problems among cement factory workers.*

**KEYWORDS :** Post menopause; Physical symptoms; Psychological symptoms; post-menopausal women

### Introduction:

Natural menopause is defined as the permanent cessation of menstrual periods, determined retrospectively after a woman has experienced twelve months of amenorrhea without any other obvious pathological or physiological cause. It occurs at a median age of 51.4 years in normal women and is a reflection of complete or near to complete ovarian follicular depletion, with resulting hypoestrogenemia and high FSH concentrations. Menopause before the age group of forty years is considered to be abnormal and is referred to as primary ovarian insufficiency.

Menopause, also known as "the change" or "change of life," is a normal part of a woman's life. It is a point in time, the last menstrual cycle, the last period. The years leading up to the last period, when women might be experiencing menopausal symptoms like changes in their monthly cycles and other symptoms are called as menopausal transition. The menopausal transition occurs at a time in a woman's reproductive life. As a woman ages especially as she gets closer to menopause, her ovaries get smaller. This time of changes in hormone levels and menstrual cycles is called the menopausal transition. It usually lasts several years until twelve months after last period. Once a woman has gone a full twelve months without a period, she can be fairly sure that she has been through menopause. Some differences may appear such as thickening waist, vaginal dryness, hot flushes, night sweats etc are caused by changes in her hormone levels.

The time of a woman's life following menopause is called post menopause. The term post menopause is applied to women who have not experienced a menstrual blood for a minimum of twelve months, assuming that they do still have a uterus, and are not pregnant or lactating. In woman without a uterus, menopause or post menopause is identified by a very high FSH level. During this time, many of the bothersome symptoms a woman may have experienced before menopause gradually decreases.

The symptoms of menopause can actually begin years before menstrual periods stop occurring. Menopause symptoms begin gradually while the ovaries are still functioning and a woman is still having menstrual periods. These symptoms can begin as early as the fourth decade of life (when a woman is in her thirty's) and may persist for years until menopause has occurred. The symptoms occur early because the levels of hormones produced by the ovaries (estrogen and progesterone) decline slowly over time. The severity and duration

of symptoms vary widely among individuals - some women may experience only minimal symptoms for a year or two, while others may experience at least some of the symptoms for several years. While most women will experience a gradual transition to menopause with a slow onset of symptoms, some women will experience an early (premature) menopause that may bring on immediate symptoms, depending on the cause of the ovarian failure.

Menopause symptoms can be perceived as physical problems, emotional disturbances, or problems associated with sexual functioning. During menopause, approximately 85 percent of women report experiencing symptoms of varying type and severity. In longitudinal studies, during the early postmenopausal period the prevalence of vasomotor symptoms among women ranges from thirty to eighty percent, depressed mood occurs in approximately one third, and sleep disturbance in more than forty percent; diminished sexual function and vaginal dryness are also common. A natural history of symptoms can be described, including the presence, severity, and time of menopause. In the Study of Women's Health across the US, the prevalence of vasomotor symptoms was greater among blacks and women with a higher body mass index. The researcher was interested to select this topic, as there were a few studies on assessing the severity of post-menopausal symptoms, especially in India.

### Materials and Methods

The design selected for the present study was descriptive study design. 200 subjects were selected from the Alanthara village of Nellanadu panchayath, Thiruvananthapuram district using simple random sampling technique. The tools used for the data collection were structured interview schedule to collect socio demographic variables. Psychological symptoms were assessed by structured interview schedule by using Depression Anxiety Stress Scale (DASS). DASS is a screening tool for identifying, differentiating and assessing depression, anxiety, and stress in an individual. It consists of twenty one items. Depression, anxiety and stress score were assessed separately by using DASS severity rating method. If using DASS 21 item version, multiply the score obtained by two. physical symptoms were assessed by using symptom checklist. Consist of twelve items such as hot flushes, vaginal dryness, night sweats, palpitation, frequent headache, sleep disturbances, increased urinary urgency, increased urinary frequency, back pain, joint pain, loss of interest in sexual activity, weight gain. Minimum score of individual item is zero and maximum score is three, so the total score is 36 and the severity of physical symptoms

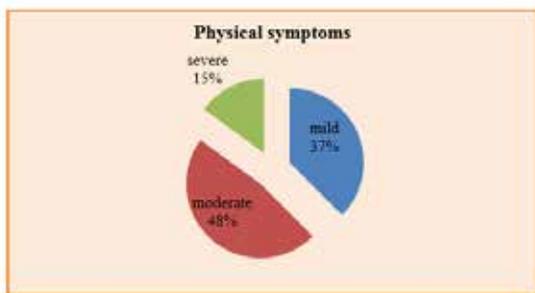
were divided into three categories by taking the tertile deviation. Formal permission to conduct the study was obtained from Institutional ethical committee. Administrative permission was obtained from Nellanadu panchayath for conducting study at Alanthara village of Nellanadu panchayath. Informed consent from each subject was taken after detailed explanation. Confidentiality and anonymity of study was maintained by not revealing names of any of the participants. The total time period taken for interviewing a single subject was twenty to thirty minutes. Giving thanks to the respondents, the data collection procedure was terminated.

## Results

### Socio demographic data of subjects

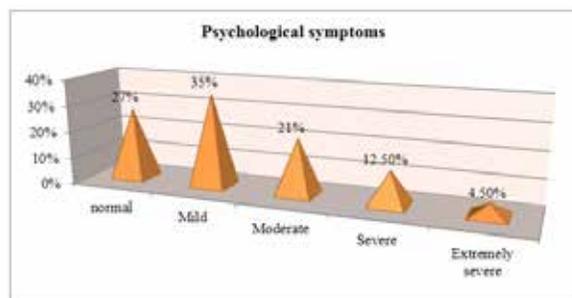
In the present study majority of (45%) subjects attained menopause 4 - 6 years back, 40.5% attained menopause 7 - 9 years back, 11% attained menopause 1 - 3 years back and 3.5% attained menopause 10 - 12 years back. In the present study, majority of (60%) subjects were married, 25.5% subjects were widows, 10.5% subjects were living single and 4% were divorced. Majority of subjects (53%) belonged to Hindu religion, 28 % were Christians and 19 % were Muslims. Study showed that majority of subjects (47%) belonged to joint family, 41% belonged to nuclear family and 12% belonged to extended family members. In this study majority (79.5 %) of subjects studied upto SSLC, 12.5 % subjects educated upto pre degree, 6 % were graduates and 2% were post graduates. Majority of subjects (55.5%) were unemployed, 30% of women were self-employed and 14.5% were employed. Result showed majority of subjects (38 %) doesn't have any diseases, 31% suffered from bone disorders, 19 % suffered from hypertension and 12% suffered from diabetes mellitus.

### Physical symptoms related to menopause



**Figure 1: Percentage distribution of subjects according to severity of physical symptoms**

### Psychological symptoms related to menopause



**Figure 2: Percentage distribution of subjects according to severity of Psychological symptoms**

## Discussion

The present study reported that majority of subjects (47.50 %) of post-menopausal women suffered from moderate physical symptoms and 37.50 % suffered from mild physical symptoms and 15 % suffered from severe symptoms. This study was supported by another cross sectional study finding which was conducted by Suwarna M et al. (2012) on the perceptions about menopausal symptoms and quality of life after menopause among 189 post-menopausal women in Bangalore. The objectives of the study were to assess the age at onset

of menopause and the prevalence of menopausal symptoms and to study and analyze the menopausal symptoms. The study reveals that mean age of women attains menopause was 49 years and 56.92 % of menopausal women felt firmly that they were affected by menopause in a negative manner. Most frequent menopausal symptoms were aching in muscle and joints, feeling tired, poor memory, lower back-ache and difficulty in sleeping. The vasomotor and sexual domains were less frequently complained when compared to physical and psychological domains. This study finding shows that 43% of women presents with physical problems, severity of those symptoms were not mentioned as the researcher was interested to assess the prevalence of post-menopausal symptoms only.

The present study result showed that 35 % of post-menopausal women suffers from mild depression, 21 % suffers from moderate depression, 12.50 % suffered from severe symptoms, 4.50 % from extremely severe symptoms and 27 % were normal. Result showed that 37.50 % has mild anxiety, 19 % has moderate anxiety, 11% were having severe anxiety and 32.50% were normal. The present study result showed that 31.5% post-menopausal women has mild stress, 27.50% suffered from moderate stress, 8.50 % suffered from severe stress and 32.50 % were normal. Present study is supported by another descriptive study conducted by Ford N et al (2000) on the prevalence of psychological problems of menopausal women in selected areas of United Kingdom and also by a cross sectional study conducted by Wang H L et al (2013) on depressive symptoms in Taiwanese women during the peri and post-menopause. The result showed that the prevalence of depressive symptoms was 38.7% in peri and post-menopausal Taiwanese women.

The study result showed that the association of stress with marital status and duration of menopause is statistically significant at ( $p < 0.001$ ) and with religion is statistically significant at ( $p < 0.05$ ). While other variable had no association with stress. Present study result is consistent with another study which was conducted by Lee Y et al (2000) on relationships between menopausal symptoms, depression, and exercise in middle-aged women in Korea. The result showed that there was a significant association between the severity of menopausal symptoms and depression.

Post-menopausal women suffered from mild to moderate rate of physical and psychological symptoms. Most of them are not aware about the changes that have happened in their body after menopause and no treatment were taken for the same. So in future nurse can incorporate various interventions to reduce the severity of post-menopausal symptoms and can give awareness on post-menopausal problems and their management.

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