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Original Research Paper

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PERIMENOAPUSE: DOES IT AFFECT QUALITY OF LIFE AMONG MIDDLE AGED WOMEN?

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ABSTRACT

Quality of life is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, safety, and security to freedom, religious beliefs, and the environment. It has a wide range of contexts, including the fields of international development, healthcare, politics and employment. It is important not to mix up the concept of quality of life with a more recent growing area of health related quality of life.[1]

In reviewing quality of life research it is evident that different studies have used widely different definitions and methods of assessing quality of life.[2]

Today, with increasing life expectancy and life span, women spend one-third of their lifetime after menopause. Menopause is an adaptation process during which women go through a new biological state. This process is accompanied by many biological and psychosocial changes.[3]

A large number of women all over the world suffer from perimenopausal symptoms and the problem cannot be ignored. Education, creating awareness and providing suitable intervention to improve the quality of life are important social and medical issues which are to be necessary. [4]

KEYWORDS : Quality of Life, Menopause transition, Biological Psychosocial changes, Partners health, Productivity.

INTRODUCTION:

Perimenopausal women are defined as those women who have experienced irregular menses within the last 12 months or the absence of menstrual bledding for more than 3 months but less than 12 months.[5]

As circulating estrogen concentrations declines during the menopausal transition,variations in the regularity, timing and nature of menstrual bleeding may occur. [6]

Our aging population has focused attention on postmenopausal health issues. However, far less is known about the perimenopause. [7]

Perimenopause is a largely unstudied and ill-defined period in the lifespan of women. Although the demand for information has been increasing, data are lacking regarding diagnosis, screening, and treatment options for perimenopause and for the effect of physiological racial, cultural, and socioeconomic factors in this diverse population of women.[8]

Perimenopause is an ideal time to reinforce or begin a good health program that will serve women well throughout the remainder of their lives. Healthcare providers should follow these perimenopausal women regularly and discuss with each woman the therapeutic options, both prescription and nonprescription, for the management of perimenopausal disturbances.[8]

Review of Literature

Purpose of this review of literature to find out the association between perimenopause and quality of life outcomes in order to provide various coping strategies to improve quality of life in their middle age.

METHODOLOGY

The material for this article searched from pubmed,Google Scholar,Medline with full text. A literature review of abstracts and articles discussing the study aim on quality of life among middle aged women, written in English,included key words as "Perimenopause""Menopausal Symptoms""Menopausal transition" and"Quality of life."

Perimenopause:

Concept

The World Health Organization defines perimenopause as the 2–8 years preceding menopause and the 1 year after final menses. Initiation of perimenopause is when the endocrinological, biological, and clinical changes of menopause are noticed. Typically, perimenopause begins in a woman's 40s, although it may start in her 30s. Subtle hormonal changes usually commence in a woman's 30s; however, the clinical significance of these changes is not known.[9]

Stages of the menopausal transition-

Three distinct stages of the menopausal transition are identified in the Seattle Midlife Women's Health Study. [10]

1. Early menopausal transition:-menstrual cycles continue to be regular, but changes in the amount and length of flow or in cycle length are noted;
2. Middle menopausal transition: onset of menstrual cycle irregularity without skipping of periods;
3. Late menopausal transition: skipping of menstrual bleeds occurs, with periods often two or more months apart.

Prevalence of menopausal symptoms and quality of life in India-

A study conducted in South Indian women (2009) to establish the age at onset of menopause and the prevalence of menopause and menopausal symptoms in South Indian women. The mean age at menopause was 48.7 years. Most frequent menopausal symptoms were aching in muscle and joints, feeling tired, poor memory, lower backache and difficulty in sleeping. The vasomotor and sexual domains were less frequently complained when compared to physical and psychological domains.[11]

This cross-sectional study(2016) conducted on 108 women in perimenopause included in the study, 31% had depressive disorder, 7% had anxiety, while 5% had depressive disorder with anxiety features. Psychiatric morbidity was significantly more in women having lesser education, from rural background, with a history of psychiatric illness in the family, a later age of menarche, and in the late stage of perimenopause.[12]

Prevalence of menopausal symptoms and quality of life in World-

Baker FC conducted study on Sleep problems during the menopausal transition A substantial number of women experience sleep difficulties in the approach to menopause and beyond, with 26% experiencing severe symptoms that impact daytime functioning, qualifying them for a diagnosis of insomnia. Here, we review both self-report and polysomnographic evidence for sleep difficulties in the context of the menopausal transition, considering severity of sleep complaints and links between hot flashes (HFs) and depression with poor sleep. [13]

The prevalence of physical, psychological, and menopause-related symptoms and their association with minor psychiatric disorders in premenopausal, perimenopausal, and postmenopausal women. Hot flashes, night sweats, and vaginal dryness were more prevalent among perimenopausal women ($P < 0.001$). Fatigue was the most frequent complaint in all groups (61%, 81%, and 88% in premenopausal, perimenopausal, and postmenopausal women, respectively). The variables most frequently associated with positive findings during the screening for minor psychiatric disorders were very low education level and memory loss and irritability. Classic vasomotor complaints were weakly associated with nonpsychotic disease. In turn, perimenopausal women, but not postmenopausal women, were at greater risk of minor psychiatric disorders.[14]

Recent vasomotor symptoms were reported by 53.9% of perimenopausal women, 43.7% of postmenopausal women, and 20.7% of older premenopausal women. Perimenopausal women with vasomotor symptoms were 4.39 times more likely to be depressed than those without vasomotor symptoms.[15]

Effect of Perimenopausal Symptoms on Quality of Life-

A cross-sectional study was conducted in 2010.Participants were divided into three categories: premenopausal (n=31), perimenopausal (n=49), and postmenopausal (n=39). The Menopause Rating Scale (MRS) assessed the prevalence and severity of eleven menopausal symptoms. Mean scores of menopausal categories were compared for different symptoms.Study result shows that The mean age at menopause was 48.3±3 years (median, 49 years). The symptoms reported to be most prevalent were joint and muscle pain (80.7%), physical and mental exhaustion (64.7%), and hot flushes and sweating (47.1%). Somatic and psychological symptoms were highly prevalent in perimenopausal women compared to other groups. The mean overall quality-of-life score was higher in perimenopausal women, while the total MRS score indicated that the symptoms were mild in severity (MRS <9).[16]

The transition through menopause is a life event that can profoundly affect quality of life. More than 80% of women report physical and psychological symptoms that commonly accompany menopause, with varying degree of severity and life disruption. The aim of this study was to assess the menopausal related symptoms and their impact on the women's quality of life. A descriptive design was used. The present study showed that the most severe symptoms of vasomotor, psychosocial, physical and sexual domains were, hot flushes (29%), experiencing poor memory (48.3%), being dissatisfied with their personal life (44.8%), Low backache (41.9%), and change in sexual desire (36.8%). The overall scores of menopausal quality of life for each domain are indicated that the highest mean score in sexual domain (3.19 ± 1.99), followed by psychosocial (2.94 ± 1.45). **Study** concluded that the most severe symptoms of vasomotor, psychosocial, physical and sexual domains were, hot flushes, poor memory, dissatisfaction with personal life, low backache, and change in sexual desire. While the mean scores of each domain suggest that menopausal symptoms were associated with decrease in women quality of life. [17]

Sexual function is an important component of quality of life for women. Midlife poses several challenges to optimal sexual function and intimacy for women. In addition to anatomic factors related to estrogen deficiency, such as genitourinary syndrome of menopause, vulvovaginal atrophy, and pelvic organ prolaps, psychosocial factors, including prior sexual trauma, play an important role in sexual function in women. Several treatments have emerged for female sexual dysfunction; long-term studies and head-to-head comparisons are lacking.[18]

The menopausal transition is a time when many physical and psychological changes are occurring for women. Women may experience irregular menses, vasomotor symptoms, sleep disruption, mood disorders as well as genitourinary symptoms. Despite irregular menstrual cycles, some women can still conceive. It is important to understand what is within normal physiologic changes and what may represent pathologic changes and how to further evaluate this. There are many options available to manage menopausal symptoms when they are impacting quality of life.[19]

Terauchi M et.al.(2013) conducted study on Associations among depression, anxiety and somatic symptoms in peri-and postmenopausal women The aim of this study was to investigate the associations among depression, anxiety and physical symptoms in peri- and postmenopausal women in a clinical setting. Two hundred and thirty-seven peri- and postmenopausal women enrolled in the Systematic Health and Nutrition Education Program at the Menopause Clinic of the Tokyo Medical and Dental University Hospital. Their responses to the Menopausal Health-Related Quality of Life (MHR-QOL) and Hospital Anxiety and Depression Scale (HADS) questionnaires were subjected to a cross-sectional analysis. Headaches were associated with depression, whereas nausea and numbness were associated with anxiety in peri- and postmenopausal women. The assessment of underlying mood disorders is required for the management of middle-aged women presenting with these somatic symptoms.[20]

Role of Education Programme based on BASNEF model during Care during Perimenopause:

The BASNEF model (the name is an acronym for the component parts: Beliefs, Attitudes, Subjective Norms and Enabling Factors) Sociologists, psychologists and anthropologists have proposed a range of different theories and models to try and explain the many factors that influence behaviour. This paper describes a simplified approach to understanding behaviour called "BASNEF" which is straightforward to apply. Human behavior and the equivalent terms actions and practices play an important role in the prevention, control, treatment and rehabilitation processes of most health problems. It is a common complaint that the members of a community ignore advice and continue to practice health damaging behaviors even if they know that they are harmful. It is a common complaint that the members of a community ignore advice and continue to practice health damaging behaviours even if they know that they are harmful. [21]

Table 1: The Outline of the Educational Sessions According the BASNEF (Belief,Attitude,Subjective Norms,Enabling Factors) Model-

Phase	Session Number	Content of the Session
Phase 0: Initial assessment, familiarity with the groups, briefing the study to the groups	Starting session	Greeting, introducing the session facilitator and perimenopausal womens to each other, and explaining the numbers and the structure of the educational sessions.
		Signing the informed consent form.
		Completing the study instruments and performing the initial measurements.

Phase 1: Increasing the knowledge and changing the perimenopausal women behaviors, beliefs and attitudes according to the BASNEF model.	1 and 2	Giving a short lecture on Menopause and lifestyle modification to change the perimenopausal women beliefs and attitude and to motivate them to receive more information on care during menopause.
		Definition of perimenopause, premenopause and menopause, its causes and contributing factors.
		Explaining the progressive and silent effects of menopause.
		Explaining the effect of symptoms of perimenopause on the body and quality of life.
		Explaining the care during various symptoms.
		Presenting a list of Investigations to be carried out in Menopause.
		Explaining about the Hormone Replacement Therapy and their advantages and side-effects,
		Explaining importance of diet and exercise in their life to improve quality of life.
		A comparison between lifestyle modification and medical therapy
Phase 2: Behavioral intention in BASNEF model	3 and 4	Dividing the Menopausal behavior and quality of life into smaller components.
		Teaching the perimenopausal womens what behavior is exactly expected of them and how to do it.
		- Teaching the womens some practical methods of Exercises.
		Teaching the perimenopausal womens some practical stress management methods.
		Explaining the level of appropriate physical activity to reduce and keep the ideal weight considering the body mass index.
		- Presenting the perimenopausal womens how to stop harmful behaviors, such as lack of exercises, Diet.
		Explaining appropriate diet to get adequate calcium.
Phase 3: Subjective norms in BASNEF model	5	A meeting will held for people that were significantly effective in the perimenopausal women's lifestyle such as their spouse, friends children, etc., to discuss on their role in lifestyle and behavior modification and symptoms management and in improving quality of life.
Phase 4: Enabling factors in BASNEF model	During all Meeting	An educational pamphlet was given to all perimenopausal womens to strengthen and to keep the continuity of the educational training. All perimenopausal womens were informed how to use the services of the healthcare centers and how to receive the necessary care and financial supports if needed. Also there will be provision by the researcher's telephone number to solve their problems and asking their possible questions during the study.
Phase 5:Evaluation	A Month after the fifth session	- Reviewing the previous educations
		- Conducting the posttest (completing the Quality of life questionnaire).

Care during Perimenopause to improve Quality of life:

As global life expectancy improves, women are expected to spend more than one-third of their lives in the status of menopause. In China, many women suffer from menopausal symptoms during this period, which impacts their well-being and quality of life. However, most Chinese women simply endure menopausal symptoms. Since the Chinese Menopause Society was founded in 1999, several versions of the guidelines for menopause management and menopausal hormone therapy (MHT) have been published; international cooperation has strengthened; menopause-related activities have been advocated; and popular knowledge of menopause and MHT has gradually improved. Medical workers, menopausal women, and the general population have come to realize that MHT is the most effective treatment for menopausal symptoms and could improve quality of life. In addition to MHT, non-hormone management (traditional Chinese medicine, lifestyle changes, social/psychological interventions, dietary management, etc.) of menopausal symptoms is an important consideration, especially in situations when MHT is contra-indicated. This review summarizes the literature and research studies to help health care acknowledge the population and prevent underuse of effective therapies or use of inappropriate or ineffective therapies, which, in turn, is expected to improve public health management and women's quality of life. More efforts should be made to better disseminate the knowledge on perimenopausal management among Chinese women.[22]

The perimenopause is the transition period from normal ovulatory cycles to menopause. It is associated with erratic fluctuations in reproductive hormone levels, often leading to irregular menstrual cycles, vasomotor symptoms, changes in mood or cognition, and sexual dysfunction. The perimenopause is an ideal time to evaluate a woman's health risks for such common chronic midlife conditions as heart disease, osteoporosis, and some cancers, and to initiate appropriate preventive health measures. Low-dose oral contraceptives and other hormonal therapies are often effective in managing perimenopausal symptoms.[23]

Cardiovascular disease is the leading killer of women, a fact many women do not recognize. Although effective pharmacologic treatments for managing risk factors for cardiovascular disease have been developed, these therapies are underprescribed, and patient adherence to them is often poor. Efforts to increase postmenopausal women's awareness of cardiovascular disease and the efficacy of therapeutic regimens can help improve such patients' adherence to these lifesaving treatments.As one of the most accessible health care professionals, pharmacists are well positioned to provide counseling about the importance of medication adherence, help measure and optimize outcomes from medication use, and help patients find objective and authoritative sources of information about their conditions. By working with postmenopausal women to enhance their adherence, pharmacists can help them improve their cardiovascular health.[24]

The management of psychiatric disorders in women is complicated by reproductive life cycle events. Psychiatric disorders can be initiated or exacerbated during times of hormonal change (such as menarche, the premenstrual period, the postpartum period, and perimenopause), and during the childbearing years, treatment is complicated by pregnancy and breastfeeding. These issues make determining the appropriate psychiatric medications to use in the treatment of mood and anxiety disorders in women complex. This monograph addresses practical approaches in the provision of thorough and individualized care for women with mood or anxiety disorders.[25]

Cochrane Database Syst Review Evidence suggests that a high proportion of perimenopausal and early postmenopausal women will experience some menopause symptoms, hot flushes being the most common. The effects caused by falling levels of estrogen may be alleviated by hormone replacement therapy (HRT) but there has been a marked global decline in the prescription and use of HRT due to concerns about the risks and benefits of HRT; consequently many women are now seeking alternatives. As large numbers of women are choosing not to take HRT, it is increasingly important to identify evidence based lifestyle modifications, which can have a positive effect on menopausal symptoms.[26]

DISCUSSION AND CONCLUSION:

For many women, the transition to menopause often begins in their early 40s. Called "perimenopause," or the "menopause transition," this life stage is defined by physical, emotional and psychological changes. Turning 40 is a milestone and often a time of transition. Your children may be growing up or you may be caring for your parents or considering a career change. One change that is inevitable is the transition toward menopause.

But, before reaching this milestone, you can experience a number of changes for a decade or so before your menstrual cycle finally stops. Every part of your body is affected, from your appearance to the health of your heart and bones.

As you go through your 40s, your risk for certain diseases, such as osteoporosis, heart disease, hypertension and diabetes, increases. Some health conditions occur more often in certain families, and you may be nearing the age at which a parent developed a disease or disorder. That doesn't mean that you will develop the same problem, but it's more important than ever to have regular medical checkups and basic screening tests, including a pelvic exam, mammogram, cholesterol test and possibly others, with the advice of your health care professional.

Don't forget to keep your family medical history up to date. Your health care professional should have a copy, and you should keep one in a safe place. This important document should include your personal medical history, illnesses of relatives and the age at which family members were diagnosed with medical problems.[27]

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