



PREVALENCE OF MENOPAUSAL SYMPTOMS AND PERCEPTIONS ABOUT MENOPAUSE IN PERIMENOPAUSAL WOMEN: A COMPARATIVE STUDY

Dr Monika Yadav	Department of Obs and Gynae MLN Medical College Prayagraj, Uttar Pradesh, India.
Dr Sheela Maddeshiya*	Senior Resident Department Of Obs And Gynae MLN Medical College, Prayagraj, Uttar Pradesh, India. *Corresponding Author
Dr Nida khan	Department Of Obs And Gynae MLN Medical College Prayagraj, Uttar Pradesh, India.

ABSTRACT **BACKGROUND:** Perimenopausal health demands priority in Indian scenario due to increase in life expectancy. This study is done to shed light on the prevalence of menopausal symptoms and perceptions of postmenopausal women in a rural area.

AIMS: To find the prevalence of menopausal symptoms and perceptions regarding menopause among perimenopausal women.

METHODS: A cross-sectional study done among 200 perimenopausal women (111 perimenopausal +89 postmenopausal) attending the outpatient department of Obstetrics and Gynaecology, BRD Medical College, Gorakhpur. Questions are asked based on interview schedule. The results are then analysed.

RESULTS: The mean age of menopause was 47.35 ± 2.28 years. The most prevalent symptoms were somatic (50%) followed by psychological (36.48%) & least was urogenital symptoms (13.52%). Perimenopausal women had more somatic (60%) & psychological symptoms (35%) while postmenopausal women had more urogenital symptoms (65%). 75% women considered menopause as life altering, 70% as sign of ageing, 65% as transition in ageing process. Perimenopausal women were more aware about breast cancer (81.08%), cervical cancer (54.05%), stroke (36.03%), high BP (72.07%) as high-risk factors in comparison of postmenopausal women.

CONCLUSIONS: The awareness of these women in this area is poor thus limiting the treatment seeking behaviour. Improvement of awareness is a must to improve the quality of life of post-menopausal women

KEYWORDS : Menopausal symptoms, perceptions, prevalence.

INTRODUCTION

Menopause is an accepted, universal phenomenon that occurs in a woman's life. World health organisation has defined a postmenopausal lady as a woman who have stopped having menstrual bleeding one year ago or stopped as a result of medical or surgical intervention.⁽¹⁾ Natural menopause usually occurs in midlife stage. Worldwide the median age at menopause ranges from 45 to 55 years⁽¹⁾. Peri-menopause/menopause transition is the period immediately prior to menopause and up to 1 year after the final menstrual period. It may last for 3-5 years^(1, 2). The menopausal transition is characterized by menstrual cycle variability and fluctuations in reproductive hormone levels.⁽⁴⁾

A perception of the menopause as a positive event varies in different countries. Menopausal symptoms and their severity vary from person to person due to the effects of confounding factors⁽³⁾ such as lifestyle, social status, body composition, and psychological status⁽²¹⁾. Women experience many somatic, psychological, vasomotor and sexual symptoms during this period of menopausal transition. The menopause rating scale developed in Germany to measure the severity of ageing symptoms and their impact on the quality of women's lives⁽²⁾. It is composed of 11 items and divided in 3 sub categories. **A] Somatic** - hot flushes, heart discomfort/palpitation, sleeping problems and muscle and joint problems. **B] Psychological** - depressive mood, irritability, anxiety and physical and mental exhaustions (4 items) and **C] Urogenital** -sexual problems, bladder problems, and dryness of vagina. Each of 11 symptoms contained a scoring scale from 0 (no complaint) to 4 (very severe symptoms). Total score being 44 and 16 is taken as cut off score in terms of actual sufferer who need help of gynaecologist.

AIMS AND OBJECTIVES

- To study Menopausal symptoms among Perimenopausal women visiting to Gynaecology OPD
- To study perception of menopause among Perimenopausal and menopausal women
- To compare Menopausal symptoms and perception of menopause between Perimenopausal and menopausal women.

MATERIALS AND METHODS

STUDY SETTING: -Obstetrics & Gynaecology Department, BRD Medical College Gorakhpur.

STUDY POPULATION: - perimenopausal and postmenopausal women visited to Obstetrics and Gynaecology Department BRD Medical College Gorakhpur.

STUDY DESIGN: - cross sectional

STUDY PERIOD: - 1-year duration (August 2017 - July 2018)

SAMPLE SIZE: - study was conducted on 200 women between 40-65 years of age group attending Gynae OPD of BRD medical college.

SAMPLING TECHNIQUE: - consecutive sampling.

INCLUSION CRITERIA: - Perimenopausal and postmenopausal women willing to take part in the study.

EXCLUSION CRITERIA: - Women who had undergone surgical menopause, Women receiving hormone replacement therapy or patients with dementia or mentally ill, women on radiotherapy.

TOOLS OF THE STUDY: -A structure interview questionnaire sheet including 3 parts-

Part (1): - Sociodemographic data including age, education, occupation, & marital status.

Part (2): - Checklist with 14 problems (5 somatic, 5 psychological, 4 urogenital problems) with the options of "yes" or "no".

Part (3): - Multiple choice about preventive health behaviours questions (questions about knowledge of the women about concept of menopause, symptoms and signs, preventive health behaviours & management of menopause) with "yes" or "no" options.

METHODOLOGY:-

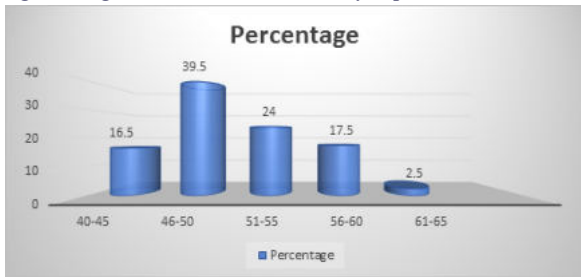
The women who satisfied the inclusion criteria were interviewed based on an interview schedule. Informed consent was obtained. The demographic factor studied was age, education, occupation, & socioeconomic status. Questions were asked to find out the pattern of cessation of menstruation, their menopausal symptoms like excessive sweating, hot flushes, irritability, depression, vaginal irritation, decreased libido, lethargy, forgetfulness, and head-ache & any abnormal uterine bleeding. Questions were asked to know whether they felt the need to visit the doctor for these symptoms so as to know the treatment seeking behaviour. Their awareness regarding the availability of treatment as well as their perception was enquired.

DATA ANALYSIS: - data analysis was done using appropriate statistical software.

ETHICAL CLEARANCE: -Ethical permission was sought from the Institutional Ethics Committee of BRD Medical College, before proceeding for the study.

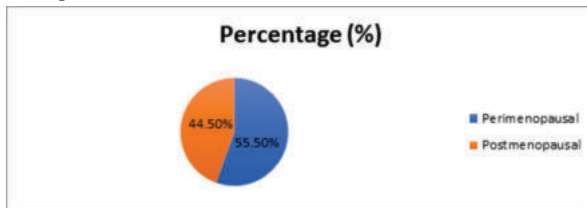
OBSERVATION

Figure-1 Age Wise Distribution Of Study Population



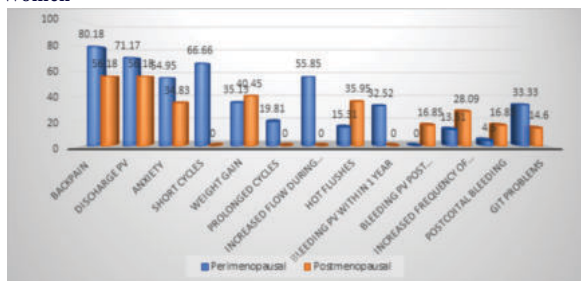
Most of the women (n=79, 39.5%) belonged to the age group of 46-50 years.

Figure- 2 Distribution Of Study Population According To Menopausal Statu



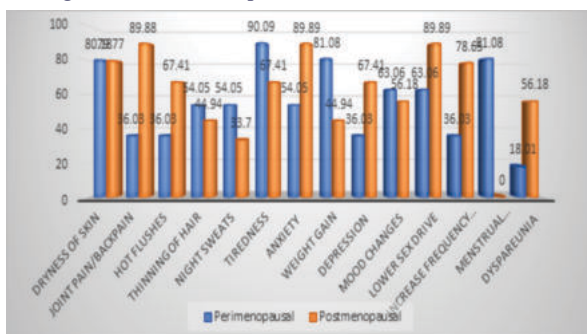
In the study population, out of 200 women, 111 (55.5%) women were perimenopausal and 89 (44.5%) were postmenopausal.

Figure-3 Presenting Symptoms Among Peri And Postmenopausal Women



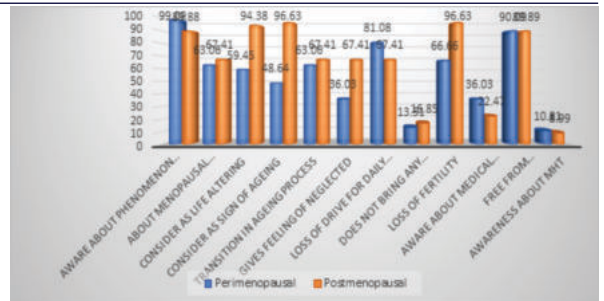
Study shows that perimenopausal women had more backpain (80.18%), discharge PV (71.17%), Anxiety (54.95%), short cycles (66.66%), weight gain (35.13%), prolonged cycles (19.81%), increase flow during menses (55.85%), GIT problems (33.33%), than the postmenopausal women whereas postmenopausal women had more hot flushes (35.95%), increase frequency of micturition (28.09%), post coital bleeding (16.85%) in comparison of perimenopausal women.

Figure -4 Frequency Of Symptoms On Leading Questionnaire Among Peri And Postmenopausal Women.



- Perimenopausal women had more somatic & psychological symptoms while postmenopausal women had more urogenital symptoms.
- Postmenopausal women had more back pain/ joint pain, hot flushes, anxiety, depression, decreased libido, increase frequency of micturition, & dyspareunia

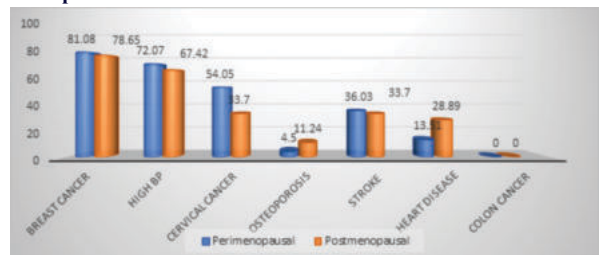
Figure -5 Perception About Menopause Among Peri And Postmenopausal Women



In study most of the perimenopausal women (99.09%) aware about menopause, 63.06% aware about menopausal symptoms, 36.03% were aware about medical consultation, 10.81 aware about MHT.

Postmenopausal women perceive menopause in a negative way. 94.38% considered menopause as life altering, 96.63% considered as sign of ageing, 67.41% had feeling of neglected, 96.63% considered as loss of fertility.

Figure- 6 Knowledge Of Health Risk Among Peri And Post Menopausal Women



Breast cancer (81.08%), high bp (72.07%), cervical cancer (54.05%), Stroke (36.03%) were the risk factors known by perimenopausal women more while heart disease (28.89%), & osteoporosis (11.24%) was more known by postmenopausal women.

DISCUSSION

Menopause is a major physiological change in a woman's life. It is a serious public health problem in developing countries. This study has been done on 200 women (111 perimenopausal + 89 postmenopausal) who came for check-up in one-year period to Department of Obstetrics and Gynaecology of BRD medical college, Gorakhpur. Among 111 perimenopausal women, 41 women had attained their menopause.

Total 200 women were studied between age group 40- 65 years , 37.5% of the women fell in 46 to 50 years age group. The mean age of menopause was 47.35 ± 2.28 years which is slightly less than that quoted in Berek and Novak (14th edition-13230)⁵ to be 51 years.

In contrast to present study C.G. Hussain *et al*⁷ studied on Indian rural population and found the mean age of menopause to be 41.6 years. Similarly, Mehreen Adhi *et al*⁸ (2007) found the mean age of menopause to be 44.5 ± 0.8 years which is slightly less than in present study.

Edel Daly *et al*⁹ studied the women in Britain and found the mean age of menopause to be 52.1 years David W Kaufman *et al*¹⁰ studied in USA & found the mean age of menopause to be 49.3 years which is slightly more than this study. In India, it has been estimated between 44-47 years (Randhawa *et al*, 1987).¹⁰ Possible explanation for this wide difference in menopausal ages may be related to ethnic, biological and cultural background (Castelo-Branco, 2005¹¹).

More than sixty percent of women had backpain (69.5%) and discharge PV (64.5%). More than 40% of them had anxiety (46%), whereas more than one third reported short cycles (37%), weight gain (37.5%), increase flow during menses (31%), GIT problems (25%), hot flushes (24.5%), increase frequency of micturition (20%). Least common symptoms were prolonged cycles (11%) and post coital bleeding (10%) & bleeding PV within one year (2.5%) In the present study vaginal discharge (64.5%) is the second most common symptom for which they came in OPD & only 30% took treatment. In contrast, Puri (2018)¹² found that vaginal irritation/discharge (42.7%) as most common menopausal symptom and only (38.7%) women ever took treatment for menopausal symptoms.

Perimenopausal women had more backpain/ joint pain (80.18%), discharge PV (71.17%), anxiety (54.95%), h/o short cycles (74%), prolonged cycles (22%), increase flow during menses (62%), and GIT problems (37%) while postmenopausal women had more weight gain (40.45%), hot flushes (35.95%), increase frequency of micturition (28.09%) and post coital bleeding (16.85%). Similarly, **Boulet et al**³ also found that the incidence of joint pain (70.6%) and backache (61.2%) are the most prevalent symptoms in postmenopausal women.

In the present study perimenopausal women had more somatic & psychological symptom while postmenopausal women had more urogenital symptoms. The most common somatic symptoms in perimenopausal women was Dryness of skin (80.18%), & in postmenopausal women joint pain/backpain (89.88%). The most common psychological symptoms were tiredness (80%) & anxiety (70%). Postmenopausal women were more anxious as compared to perimenopausal women. The most common urogenital symptoms in postmenopausal women were decreased libido (75%), & increase frequency of micturition (55%) while in perimenopausal women menstrual irregularities was more common (81.08%). The main Urogenital Symptoms in this study were loss of libido in 75% which is higher than the study by **R Marahatta (2012)**¹⁴ (70%).

In this study, 50% women had hot flushes among which 60% were postmenopausal. Similar to present study, **Elsabagh & AbdAllah (2012)**¹⁵ found that the women in postmenopausal period suffered more from musculoskeletal problem, hot flushes and sweating symptoms as well as sexual, bladder problem compared to premenopausal period.

In contrast, comparatively lower prevalence of hot flushes (34%) and night sweats (27%) was reported by **Liu et al**⁶ among Chinese women and **Rahman et al**⁷ in Srilankan women (40.2% and 39.1%).

In present study 95% of women have prior information on menopause and 65% have previous knowledge on symptoms of menopause. This result is similar to the study of (**Arpita et al**)¹⁸. Perimenopausal women were more aware about menopause (57.89%) and menopausal symptoms (53.84%) in comparison of postmenopausal.

94.38% postmenopausal women considered menopause in a negative way & 63.06% perimenopausal women considered it as a normal transition in ageing process & 90.09% felt free from menstruation, pregnancy and childbirth. Most women perceived menopause as a natural condition which are similar to the studies conducted by (**Loutfy et al, 2006**)¹⁹. The women in the present study perceive menopause as freedom from pregnancy and regular hazards of menstruation. Similar result was found in a study of group of Bengalee women of Kolkata, India (**Arpita Mandal 2017**)¹⁸.

In this study only 10% women were aware of MHT, and only 30% consulted physician which is slightly lower than the study on Bengali menopausal women (12.9%). Among 10%, 10.81% perimenopausal women were aware about MHT & 36.83% were aware about medical consultation which was higher in comparison of postmenopausal women (8.99%, 22.47%) respectively. Women who had knowledge about menopause hormone therapy (MHT) were educated upto secondary or above and 33.33% of the women who had no knowledge about HRT were uneducated. This indicates that illiteracy and poverty in eastern UP region accounts for this and this result correlates with the result of the study done by **CG Hussain et al**,^{6and} **Mehreen et al**.

In the present study more perimenopausal women cited breast cancer (81.08%), cervical cancer (54.05%), stroke (36.03%), high BP (72.07%) as risks associated with menopause compared to postmenopausal women. Risk associated with osteoporosis were more known by postmenopausal women (11.24%). Similar result was reported by (**Wong LP, Nur Liyana AH**)²⁰. In the present study, most of the patients were illiterate and of low socioeconomic status. As the mean age of Menopause and life expectancy is rising, the women have to spend around one third of their life span beyond menopause. Although, all the symptoms of menopause cannot be abolished, still, careful counselling, creating awareness in women about menopause and their treatment options is required to increase the quality of life after menopause.

CONCLUSION

In today's context, as the mean age of menopause & life expectancy is rising, the women have to spend one third of their life span beyond

menopause. A lot of awareness is required among women regarding their perimenopausal and menopausal health issues. Following conclusions were drawn from the study: The mean age of menopause was 47.35 ± 2.28 years. 90% of the women were unknown about MHT (Menopause Hormone Therapy). Only 30% of the total women sought therapy for their symptoms before coming to our OPD, while rest of the women ignored their symptoms. 50% women experienced somatic symptoms most prevalently, followed by psychological (36.48%) & least was urogenital symptoms (13.52%). Perimenopausal women had more somatic (60%) & psychological symptoms (35%) while postmenopausal women had more urogenital symptoms (65%). On leading questions women had complaints (Dryness of skin, night sweats, decrease libido, dyspareunia, depression, mood changes, tiredness) for which they did not consult any doctor. Most of the patient (95%) of both groups were aware about phenomenon of menopause among which perimenopausal women were more aware about it (63.06%). Out of all, 75% women considered menopause as life altering, 70% as sign of ageing, 65% as transition in ageing process, 50% being neglected, 75% considered that it leads to loss of drive for daily routine work, 80% as loss of fertility, 15% considered that it does not bring any changes to women & 90% perceive menopause as freedom from menstruation, pregnancy & childbirth.

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