



A STUDY ON PREVALENCE OF MENOPAUSAL SYMPTOMS AMONG POSTMENOPAUSAL WOMEN IN URBAN FIELD PRACTICE AREA OF TERTIARY HEALTH CARE CENTRE, HYDERABAD, TELANGANA

Community Medicine

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ABSTRACT

CONTEXT: The term "menopause" means permanent cessation of menstruation. Women spend 1/3rd of life in this phase. Decrease in the production of estrogen leads to symptoms like hot flushes, insomnia, mood changes, as well as osteoporosis and vaginal atrophy. These changes lead to decrease in quality of life and make them more vulnerable to physical health problems and mental health disorders. Early identification and treatment of symptoms will improve their quality of life.

OBJECTIVES: 1) To study the Sociodemographic factors among postmenopausal women. 2) To determine the prevalence of menopausal symptoms among the study subjects.

MATERIALS & METHODS: A cross-sectional community based study was conducted in urban field practice area of tertiary health care centre among 200 Postmenopausal women with natural menopause. Women with surgical/medical menopause & on medications like antidepressants, anxiolytics were excluded. Data was collected using semi structured questionnaire and analysed using MS Excel 2007

RESULTS: Mean age at menopause is 46.11 ± 4.28 years. Most frequent symptom reported by study subjects was joint pains (52%). Most common vasomotor symptom reported was hot flushes (38.5%), most common psychological symptom was sleep disturbances (42%) and most common urogenital symptom was increased urine frequency (23%). Least common symptoms reported were vaginal dryness (3%)

CONCLUSIONS: Majority of postmenopausal women (172 out of 200) are suffering from one or the other menopausal symptom.

KEYWORDS

menopause, postmenopausal women, menopause age, menopausal symptom

INTRODUCTION

The term "menopause" means permanent cessation of menstruation for more than 12 months resulting from loss of ovarian follicular activity. Populations around the world are rapidly ageing and with increasing life expectancy women spend 1/3rd of life in this phase¹. It usually occurs between ages 45-55yrs in woman's life and in Indian women it occurs a little earlier that is from 40 to 49 years (mean 45.59 ± 5.59 years)¹. There are about 37.5 million women reaching or currently at menopause².

Menopause is associated with decrease in the production of estrogen as a result many women experience a variety of symptoms like hot flushes, insomnia, mood changes and vaginal atrophy. Women often lose bone density, and their blood cholesterol levels may worsen, increasing their risk of heart disease³. Symptoms vary from woman to woman. A third of women won't even notice the transition, while another third will experience mild to moderate symptoms. The remainder may have symptoms that severely hamper their lives⁴. Menopausal symptoms, though well tolerated by some women, may be particularly troublesome in others. These changes can be traumatic and psychologically challenging for women as they lead to decrease in quality of life and make them more vulnerable to physical and mental health disorders^{5,6}.

Most women are not very well informed about menopause, and myths such as menopause being a 'disease' rather than a natural phenomenon are readily believed even by educated women. There is under-reporting of symptoms among Indian women due to socio cultural factors. Lack of awareness amongst menopausal women, educational status, busy working hours, poverty and gender bias, the high cost of drugs and lack of health facilities prevents them from taking medical help.

Majority of the existing national health programmes are focussing on problems of women in reproductive age group and infectious diseases. As a result, the health of the menopausal women is often overlooked and neglected. Public health sector hardly addresses the specific health of older women. Early identification of symptoms can help in reduction of discomfort and fears among the women. This study is

done to assess the magnitude of menopausal symptoms in community and to corroborate data so that health care providers can plan strategies for menopausal women to cope with the health needs.

AIM OF THE STUDY:

This study was done to determine the prevalence and magnitude of menopausal symptoms among post-menopausal women in the urban field practice area of tertiary health care centre, Hyderabad.

OBJECTIVES:

- 1) To study the sociodemographic factors among the postmenopausal women in study area
- 2) To determine the prevalence of menopausal symptoms among the study subjects

MATERIALS AND METHODS

Study design: Community based Cross-sectional study

Study setting: Urban field practice area of tertiary health care centre, Hyderabad.

Study period: January-April, 2019

Study subjects: Postmenopausal women residing in urban field practice area

Inclusion criteria: Women who had attained menopause naturally.

Exclusion criteria:

- 1) Women who had surgical/medical menopause
- 2) Women on medications like antidepressants, anxiolytics.

Sample size: 200

Sampling technique: Purposive sampling

Study tool: A semi structured questionnaire consisting of socio-demographic details and menopause symptoms of study subjects was used to collect information.

Data collection: Data was collected in community by conducting house-house survey by interview method using questionnaire. Information from study subjects was obtained after satisfying inclusion and exclusion criteria from study subjects after taking informed consent. Data entry and analysis was done using MS-Excel 2007

RESULTS

A total of 200 postmenopausal women satisfying inclusion and exclusion criteria participated in study. The mean age of the study subjects is 53.56 ± 6.41 years. The mean age of attaining menopause is 46.11 ± 4.28 years. Most women attained menopause in the age group of 41-50 years. The lowest age of attaining menopause was 35 years and the highest age was 64 years among study subjects. The socio-demographic details of the study subjects are described in **Table 1**.

Table 1: Socio-demographic characteristics of study subjects

VARIABLES	DISTRIBUTION	N (%)
Mean age	53.56 ± 6.41	
Age (in years)	31-40 41-50 51-60 61-70	39 (19.5) 96 (48) 53 (26.5) 12 (6)
Education	Illiterate Literate	128 (64) 72 (36)
Occupation	Unemployed Employed	151 (75.5) 49 (24.5)
Marital status	Married Widowed/single	116 (58) 84 (42)
Religion	Hindus Muslims Christians	96 (48) 88 (44) 16 (8)
Type of family	Nuclear Joint/3 generation	74 (37) 126 (63)
Socio-economic class	Lower Upper lower Lower middle Upper middle Upper	37 (18.5) 76 (38) 54 (27) 25 (12.5) 8 (4)
Parity	Nulliparous Primiparous Multiparous	3 (1.5) 33 (16.5) 164 (82)

The prevalence of comorbidities among study subjects are described in **Table 2**.

Table 2: Prevalence of comorbidities among study subjects

Comorbidity	Frequency	Percentage
Hypertension	76	38
Diabetes mellitus	64	32
Thyroid disorders	16	8
Anemia	68	34

In the present study 112 (56%) study subjects had normal BMI range and 56 (28%) study subjects were overweight and 32 (16%) study subjects were obese. The study subjects had other comorbidities like 76 (38%) had Hypertension, 64 (32%) had Diabetes, 16 (8%) had thyroid disorders and 68 (34%) had anemia.

Majority (172 out of 200) of the study subjects were suffering from one or the other menopausal symptoms. The prevalence of menopausal symptoms among study subjects was 86%. Most frequent symptom reported by study subjects was joint pains 104 (52%). Least common symptom reported was vaginal dryness 6 (3%).

The prevalence of menopausal symptoms among post-menopausal women is described in **Table 3**.

Table 3: Distribution of study subjects based on symptoms

Somatic symptoms	Frequency
Joint pains	104 (52%)
Back pain	75 (37.5%)
Tiredness	60 (30%)
Hair changes	29 (14.5%)
Skin changes	16 (8%)
Vasomotor symptoms	Frequency
Hot flushes	77 (38.5%)
Night sweats	40 (20%)
Palpitations	37 (18.5%)
Headache	68 (34%)
Psychological symptoms	Frequency
Sleep disturbance	84 (42%)
Depression	33 (16.5%)
Anxiety	36 (18%)

Mood swings	22 (11%)
Poor memory	29 (14.5%)
Urogenital symptoms	Frequency
Increased urine frequency	46 (23%)
Urinary incontinence	24 (12%)
Painful micturition	14 (7%)
Vaginal dryness	6 (3%)
Loss of sexual desire	10 (5%)

Among the vasomotor symptoms most common reported symptom was hot flushes by 77 (38.5%) study subjects and least common was Palpitations/ heart beat by 37 (18.5%) study subjects. In psychological symptoms, most commonly reported symptom was sleep disturbances 84 (42%) and least common symptom was mood swings 22 (11%) study subjects. Most common urogenital symptom was increased urine frequency by 46 (23%) study subjects and least common symptom was vaginal dryness by 6 (3%) study subjects. Among somatic symptoms, most commonly reported symptom was joint pains by 104 (52%) study subjects and least common symptom was skin problems by 16 (8%) study subjects.

DISCUSSION:

The Indian menopause and perimenopausal age has been reported to be earlier as compared to the developed countries. In the present study, the mean age of study subjects attaining menopause was 46.11 ± 4.28 years. This is similar to the findings observed by Ahuja M et al⁷ in their PAN India survey conducted during 2016. The study was conducted in 21 cities and included 2108 menopausal women and they identified 46.2 ± 4.9 years as the age of natural menopause in India.

In the present study the prevalence of menopausal symptoms among study subjects was 86%. This is similar to the study conducted by Ganitha G et al⁸ in 2017 in rural areas of Tamilnadu and observed that 87% women were symptomatic having atleast one symptom. In 2017, Leena AJ et al⁹ conducted study in Idukki and found that 78% of study population had at least one or more post-menopausal symptom

In the present study the most frequent symptom reported by study subjects was joint pains among 104 (52%) of women and Least common symptom reported was vaginal dryness by 6 (3%) of study subjects. In 2017, Goyal A et al¹⁰ conducted a comparative study on morbidity pattern among postmenopausal women in urban and rural areas of Allahabad, they observed that vasomotor symptoms were experienced by 69 and 78 (34.5% and 39.0%) rural and urban women respectively and Vaginal dryness was reported by 5 (2.5%) rural and 12 (6%) urban women.

CONCLUSION:

In the present study majority of the women are affected with menopause and suffering with one or the other symptom. Early recognition of these symptoms can help in reduction of discomfort and fears among the women. Studying of menopausal symptoms distribution can help in disseminating health education and creating awareness and preparedness at community level and improving the quality of life for postmenopausal women. This information can be used in providing accessible health care facilities to the postmenopausal women.

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