ORIGINAL ARTICLE

Postmenopausal Symptoms and Perception of Quality of Life in Postmenopausal women

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ABSTRACT:
Objective: To evaluate the prevalence and severity of menopausal symptoms and understand the perception of quality of life and the attitudes of women towards the use of Hormone Replacement Therapy (HRT). We aimed also to establish the correlation between menopausal symptoms with age, BMI and quality of life among the postmenopausal women.
Methodology: A cross-sectional survey was conducted at the department of Obstetrics and gynecology of Ziauddin University Karachi, from June 2015 to December 2015. A total of 300 postmenopausal women between the ages of 40 and 70 years were enrolled and studied using an interview questionnaire. The questionnaire consisted of self-perception of well-being, physical activity, socio-demographic data, and information regarding HRT and modified Menopausal Rating Scale (MRS).
Results: Mean age of the subjects was 57 years, with 38 % of the study participants being illiterate. Most of the patients had mild somatic symptoms. Most frequently reported symptoms were joint and muscular pain (79.9%), anxiety and overall exhaustion (79.6%) and sweating and hot flushes (78.8%). Very few women were using HRT (12.6%). A significant link was found between women self-perception and increased weight, with severity of postmenopausal symptoms.
Conclusion: Majority of women suffer from postmenopausal symptoms but in most cases it remains untreated due to lack of awareness, hesitancy and reluctance of the treating physicians. Women self-perception of menopause affects quality of life. Those who take it positively suffer from less symptoms.
Keywords: Menopause symptoms, HRT, Attitudes

INTRODUCTION:

Menopause is a phase in women's life causing cessation of periods due to depletion of ovarian Function. It is a physiological phase which sometimes affects women's quality of life.[1] Due to lack of estrogen from ovaries, women suffer from several symptoms such as sweating or hot flushes, dryness in the vagina, disturbed sleep, depression, headache, weight gain, loss of libido, palpitations, joint and muscle pain, constipation, dysuria and urinary symptoms etc.[2]

There is increase in life expectancy of women all over the world. As a result, a large part of women's life is spent in premenopausal, menopausal and postmenopausal states and ultimately, they suffer with these symptoms. There are variations in symptoms and severity as told by postmenopausal women throughout the world in diverse studies. These variations are due to differences in attitudes towards menopause[3] and aging among different countries, ethnic groups, social groups and cultures.[4]

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Severity of symptoms also depends on how women take menopause that is the subjective perception. For example, African women take it most positively and complain of less symptoms compared to western women who consider menopause as a disease and illness.[5,6] Also factors such as, underlying psychological or social dysfunction can affect the experience of menopausal symptoms. Depression leads to low self-esteem and more severe menopausal symptoms.[7]

There is limited and scanty data in Pakistan on menopause or any of its associations. Few studies have been performed on the knowledge and attitude towards menopause. Our aim was to determine the menopausal symptoms and severity by means of Menopausal Rating Scale (MRS) and its association with age, weight, preceding use of hormone replacement therapy and perception of life by women.

METHODOLOGY:

A cross-sectional survey was conducted at the Obstetrics and Gynaecology department of Ziauddin University Hospital, Kemari and Clifton campuses Karachi, Pakistan, from June 2015 to December 2015. Around 300 postmenopausal women between the ages of 40 and 70 years were surveyed after taking their verbal consent using an interview questionnaire. The participants included the patients as well as their accomplices. The questionnaire contained socio-demographic data as well as information about the medical disorders such as diabetes, hypertension, cardiac and renal disease etc. from which the women were suffering. It also included women's self-perception of well-being and physical activity.

Information regarding HRT, its use in the past, Pap smear report, self-breast examination and Mammography was also included in the questionnaire. Women were also assessed on 11-item Menopausal Rating Scale (MRS), which was used to assess quality of life. The MRS is a list of 11 items (symptoms or complaints),

the severity of which can be scored on a scale of 0-4, where 0 means no complaint; 1 - mild; 2 - moderate; 3 - severe; and 4 reflects severe symptoms. It is divided into three subscales: somatic, psychological, and urogenital.

Somatic symptoms include hot flush, heart discomfort, sleeping problem, and muscle and joint pain. Psychological symptoms include depressive mood, irritability, anxiety, and physical and mental exhaustion. Urogenital symptoms include sexual problem, bladder problems, and dryness of vagina. The higher the score, the worse the quality of life.[6]

Body-mass index (BMI) was used to assess participant's nutritional status. It was calculated based on measured height and weight. BMI of less than 30 was taken as normal or over weight and BMI of more than 30 was taken as obesity.[7] Data was analyzed using Statistical Package for the Social Sciences (SPSS) software (version 20.0; SPSS, Chicago, IL, USA). Descriptive statistics were obtained to examine the general and socio demographic characteristics of the respondents. Pearson's correlation and multiple linear Regression analyses were performed to analyze the data further.

RESULTS:

A total of 300 women based on inclusion criteria were interviewed. Among these, 55 had experienced artificially induced menopause that is they had undergone total abdominal hysterectomy and bilateral salpingo-oophorctomy. The mean age of the study participants was 57.2 ± 8.4 years. These women had a mean parity of 4.9 ± 2.6 and the average duration of menopause was 10.3 ± 12. The demographic information of the target population is given in Table-1.

When asked about the use of contraceptives, 74.3 % (n=223) had never used oral contraceptives. Questions about the comorbid showed osteoporosis as the most common problem in 50% (n=150) of the respondents (Fig-1). In response to questions about physical activity, 50.3 %(n=151) were not having any regular physical activity whereas 49.7 % (n= 149) reported regular physical activity. Majority of women 81.6 % (n=245) had natural menopause and 18.4 %(n=55) had it following abdominal hysterectomy with bilateral salpingo-oophorectomy.

When asked about the recommended screening for women, 22 % (n=66) were doing breast self-examination, 11% (n= 33) got screening mammogram done and 12 % (n= 36) had Pap smear done. Questions about the use of Hormone replacement therapy (HRT) showed that only 13 % (n= 39) had used it either currently or in the past, in contrast to 87 % (n=261) of the study participants who had never used it. The main reason for non-use of HRT was that 63.3% (n= 190) had never been offered (Fig-2). The mean Menopausal rating scale score was 13.8 ± 8.2. Most frequently reported symptoms were joint and muscular pain (79.9%), anxiety and physical and mental exhaustion (79.6%) and hot flushes and sweating (78.8%). Statistically significant association (p=.05) was found on cross tabulating different variables (Table-2).

Figure: 1

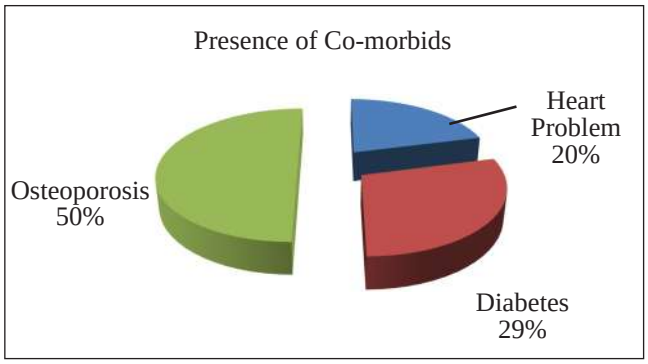

Figure: 2

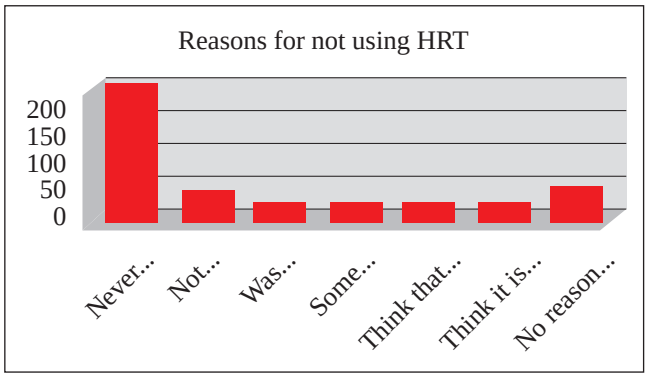

Table: 1
Demographic Information of Study Participants

Demographic factors	Category	Frequency
Employed somewhere	Yes	70
	No	230
Marital status	Single	3
	Married	227
	Widow	65
	Divorced	5
Ethnic Group	Sindhi	39
	Balochi	21
	Punjabi	96
	Pathan	62
	Gujrati	7
	Seraiki	2
	Memon	10
	Kutchi	10
	Behari	2
	Bengali	1
Educational status	No Education	115
	Primary	62
	Matric	40
	Graduation	83

Table: 2
Cross Tabulation between Level of Menopausal Symptoms and Other Variables

		Level of menopausal symptoms			
Factor	Response	Mild	Moderate	Severe	P-value
Use Of HRT(past or Current)	Yes (n=39)	73.7% (n=28)	23.7% (n=9)	2.6% (n=1)	0.362
	No (n=261)	82.9% (n=217)	16% (n=42)	1.2% (n=3)	
Age Group	36-46 yrs (n=19)	89.5% (n=17)	10.5% (n=2)	0	0.06
	47-56 yrs (n=139)	87.8% (n=122)	11.5% (n=16)	0.7% (n=1)	
	57-66 yrs (n=104)	76.9% (n=80)	20.2% (n=21)	2.9% (n=3)	
	67-76 yrs (n=27)	70.4% (n=19)	29.6% (n=8)	0	
	77-86 (n=5)	40.0% (n=2)	60% (n=3)	0	
	>86 (n=1)	100% (n=1)	0	0	
Self-perception	Very good (n=21)	100% (n=21)	0	0	0.001
	good (n=124)	91.9% (n=114)	8.1% (n=10)	0	
	Fair (n=124)	74.2% (n=92)	25% (n=31)	0.8% (n=1)	
	Poor (n=26)	61.5% (n=16)	26.9% (n=7)	11.5% (n=3)	
BMI	Less than 30 (n=174)	87.9% (n=153)	11.5% (n=20)	0.6% (n=1)	0.001
	more than 30 (n=112)	70.5% (n=79)	26.8% (n=30)	2.7% (n=112)	

DISCUSSION:

This study investigated the various menopausal symptoms and their severity among Pakistani women. The relationship of obesity, perception of life and age with severity of postmenopausal symptoms was also assessed. It also addressed the knowledge and attitude of women towards HRT. Our results revealed that the most common symptoms were muscle and joint pain, anxiety, physical and mental fatigue, hot flushes and sweating. Similar results were observed in other studies done in Asian and Saudi women.[7, 8,9,10] We found significant correlations between different variables. Worst perception of quality of life was associated with severe menopausal symptoms. Previous research had shown that the severity of menopausal symptoms was directly related to the approach of the women towards menopause. Women who thought negatively about menopause experienced more severe symptoms compared to women who had thought positively of it.[11] The prevalence of Obesity is increasing throughout the world and the problems worsen in women between the ages of 55 and 64. Hypoestrogenism is an important reason for obesity in postmenopausal women.[12] Compared with other studies showing increasing prevalence of obesity among menopausa women,[12, 13] we found that 60% of our women had a BMI of less than 30 while 40% had a BMI more than 30. It is known that chances of severe postmenopausal symptoms are more with obesity[11]. A Saudi study also found a strong correlation between obesity and severity of menopausal symptoms.[7]

We found a positive correlation between obesity and severity of menopausal symptoms. Despite fear of cancer of breast, only 22 percent performed self-breast examination and 11% had at least one mammogram. Whereas a study done in an Asian population reported 70% of the women performed self-breast examinations and 47% of women underwent mammogram.[13] Hormone replacement therapy (HRT) is being used by women for a while and is considered effective for symptoms of menopause especially for osteoporosis, cardiovascular diseases and for prevention of Alzheimer's disease.[15] However, the results of large trials, namely, the heart estrogen progestin replacement study (HERS),[16] and the women health initiative (WHI),[17] found no advantages of HRT in prevention of heart disease. The results of WHI trial has created a lot of controversies regarding the use of HRT resulting in the loss of confidence among the physicians and patients. However, studies especially from Europe indicate a rise in the use of HRT in the previous ten years,[18,19] probably because of better education status, clear guidelines on the use of HRT and

socioeconomic and health status of their population.[19] Most of the women in our study had never used HRT. Lack of knowledge about HRT was the most important reason for its unpopularity. This was similar to the findings in other studies.[2, 21,22] The lack of awareness of HRT might be due to the negative attitude of the physicians towards HRT. We used The Menopause Rating Scale (MRS) which is a health-related Quality of Life (HRQOL) scale developed in the early 1990s. It is considered to be a standardized HRQOL scale with good psychometric characteristics.[6]

CONCLUSION:

Majority of the women in our study experienced postmenopausal symptoms but did not treat them, as they believed menopause to be a natural process, or lacked awareness due to illiteracy and poverty. The association between obesity and severe postmenopausal symptoms requires increased attention and a multidisciplinary approach to women's health to prevent increased morbidity and mortality in these women. Public health efforts should focus to address the controversies regarding the use of HRT and efforts should be made to change the approach of health care providers to HRT. The aim should be to increase awareness on HRT and promote its use among physicians and the general population and public access to HRT should be ensured.

DISCLOSURE:

There is no conflict of interest in this work.

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