Severity of Menopausal Symptoms and Biophysical Parameters among Perimenopausal Women

Bhat AV[1*], Carvalho L[2] and Carvalho P[2]

*[*1]Department of OBG Nursing, KAHER Institute of Nursing Sciences, Belagavi, India*

[2]KAHER Institute of Nursing Sciences, Belagavi, India.

ABSTRACT

Background: Menopause is a critical transition period in the life of women which affects quality of life. It affects all the spheres of life in a women and it is associated with physical changes, psychological changes, vasomotor changes and altered sexual activity. Thus this study was aimed to assess the severity of menopausal symptoms experienced, biological parameters of perimenopausal women.

Methods: A descriptive study was conducted in the selected areas of Belagavi City. Total 59 perimenopausal women were the samples by convenient sampling technique. Semi structured questionnaire to collect the socio demographic information and collect biophysical parameters was used. Menopause rating scale (MRS was used to collect information about the menstrual symptoms.

Results: The results revealed that hot flushes, sweating (6.78%), heart discomfort (3.39%), sleep problems (1.69%), depressive mood (1.69%), irritability (6.78%), anxiety (8.47%), physical and mental exhaustion (5.08%), sexual problems (1.69%), bladder problems (1.69%) and dryness of vagina (13.56%) were having severe symptoms and joint muscular discomfort (3.39%) had very severe symptoms. Regarding the severity of menopausal symptoms 50 women (84.75%) had mild symptoms, 8 women (13.56) had moderate symptoms and 1 woman (1.69) does not have any symptoms related to menopause. All samples (100%) were having high waist hip ratio (0.86 and higher). With regard to BMI was healthy (18.6 to 24.9) in 61% of the women, 27.12% were overweight and 8.47% were obese.

Conclusion: Severity of the menopausal symptoms directly affects the day today life of the woman. Identification and understanding will help them to cope with the menopause.

Keywords: Menopause, Biophysical parameters, Perimenopausal, Menopausal symptoms

INTRODUCTION

India is a developing country and it is growing rapidly in all aspects of life and hence the health status of population has been improving and so thus the life expectancy. Women are more affected by this improvement and their life expectancy has become longer than men. It has been estimated that women have to spend 1/3 of their life in menopausal year. Hence, menopause now is a concerning matter to maintain and improve women's health [1].

Menopause is an inevitable milestone in the lifetime of every woman. Technically it is the permanent cessation of menses. By convention the diagnosis of menopause is not made until the woman has had 12 months of amenorrhea. Menopause is the permanent cessation of menstruation resulting from the loss of ovarian follicular activity leading to decrease in ovarian hormones is the time in a woman's life when she is adapting to the physical, emotional, mental and hormonal changes associated with ceasing to have menstrual periods. Menopause happens in the critical period of women's life when there is a lot of social transition and it coincides with the 'Empty nest syndrome', when children leave home and women find themselves alone with increased incidence of psychosomatic symptoms. While most women traverse the menopausal transition with little difficulty, others may undergo significant stress. The presence and severity of symptoms vary tremendously from woman to woman and can last from months to years. During this transitional periodic Menopausal symptom have significant impact on quality of life of menopausal women at different status of

Corresponding author: Bhat AV, Department of OBG Nursing, KAHER Institute of Nursing Sciences, Belagavi, India, E-mail: ashabhat_1976@yahoo.com

menopause [1].

Symptoms that may appear during menopause and continue through post menopause include: Painful intercourse, vaginal dryness, lack of energy, joint soreness, stiffness, back pain breast enlargement, breast pain, heart palpations, headache, dizziness dry itchy skin, thinning tingling skin weight gain, urinary incontinence, urinary urgency interrupted sleeping patterns, heavy night sweats and hot flashes [2]. Psychological symptoms include anxiety, poor memory inability to concentrate, depressive mood irritability, mood swings less interest in sexual activity.

Long-term effects include increased risk of arthrosclerosis, acute myocardial infarction and cardiovascular diseases. Menopause before 45 years of age has an increased risk of heart disease death and impaired lung function [3]. As many as two-third of all women report vasomotor symptoms and over 85% report at least one menopausal symptom as transition through menopause.

Studies have stated that during the early postmenopausal period the prevalence of vasomotor symptoms ranges from 30-80% and during later period vaginal dryness from 25-47%. The prevalence of urogenital complaints has been reported to increase at menopause and is more common in women than men implicating menopause. In most women natural menopause occurs between the ages of 45 and 55 years. In most of the developed countries menopause occurs around the age of 50 years. But in developing countries like India there has been a trend in advancement of age at menopause. Furthermore, several studies have shown that the frequency of reporting of menopausal symptoms of Indian women varies with culture and also with socio-demographic status [4].

Recke [5] conducted a study in menopausal women shows that bone loss is related to the prevalence of hypertension, prevalence of vertebral compression, increased congestive heart disease and death. According to Indian statistics 2014 there are 43 million menopausal women have cardiac disease.

According to Third Consensus Meeting of Indian Menopause Society, India has a large population, which has already crossed the 1 billion and the number of menopausal women about 43 billion. Projected figures in 2026 have estimated the population in India will be 1.4 billion and the menopausal population 103 million. Majority spend one third of their in the postmenopausal stage. Though the menopausal problems create lot of stress in women, they typically suffer in silence but never dare not to speak openly about their difficulties and accordingly cannot receive the understanding and support they need [6].

By keeping the above things in mind a study was conducted to assess the menopausal symptoms, bio-physical parameters and among perimenopausal women residing at selected areas of Belagavi City, Karnataka. The objectives of the study includes assess the severity of menopausal symptoms experienced and biophysical parameters and to find the association between menopausal symptoms with selected demographic variables among perimenopausal women.

METHODOLOGY

Design

Descriptive study design.

Population

Perimenopausal women.

Sample

Perimenopausal women as per inclusion criteria.

Sample size

59 perimenopausal women.

Sampling technique

Convenient sampling technique.

Variables

Ages, educational qualification, nature of work, income, marital status, type of family are independent variables and menopausal symptoms, bio-physical parameters dependent variables.

Data collection

A self-administered questionnaire was used for data collection was developed by the investigator which comprised of three sections. Section 1 semi-structure questionnaire on demographic data, section 2 biological parameters and section 3 Menopause Rating Scale.

RESULTS

Section I: Socio-demographic variables of perimenopausal women

With regard to their age majority (45%) of the perimenopausal women were between 42 to 46 years. With regard to their education majority (47%) of the perimenopausal women were educated till post-graduation. Considering their occupation majority (81%) had a strenuous job. Considering their income majority (75%) of them had the income of 10001-15000 per month. With regard to marital status majority (90%) perimenopausal women were married. With regard to type of family majority (73%) of perimenopausal women were from nuclear family.

Section II: Biophysical parameters

With regard to blood pressure (mm Hg) 56% of the women had the range of 110/70-120/80 mm Hg. However 100% of the women had the pulse rate between 61-80 bpm, respiration rate was in between 21-30. With regard to waist circumference in 63% women is between 31-35, while

67.81% women's hip circumference was in High Risk 35" and more. All samples (100%) were having high waist hip ratio (0.86 and higher). With regard to BMI was healthy (18.6 to 24.9) in 61% of the women, 27.12% were overweight and 8.47% were obese.

Section III: Severity of menopausal symptoms experienced by the women in perimenopausal period

A) Out of total 50 women (84.75%) had mild symptoms, 8 women (13.56) had Moderate symptoms and 1 woman (1.69) does not have any symptoms related to menopause.

B) Hot flushes, sweating (6.78%), heart discomfort (3.39%), sleep problems (1.69%), depressive mood (1.69%), irritability (6.78%), anxiety (8.47%), physical and mental exhaustion (5.08%), sexual problems (1.69%), bladder problems (1.69%) and dryness of vagina (13.56%) were having severe symptoms and joint muscular discomfort 3.39% had very severe symptoms.

Section IV: The association between the severity of menopausal symptoms and selected demographic variables

Chi-square test was used to check the association between severity of menopausal symptoms and selected demographic variables. It was found that demographic variables such as age, education, type of work, marital status, type of family were associated at $P>0.05$ level of significance. There was no association with income of the women with the menopausal symptoms.

DISCUSSION

Characteristics of selected demographic variables

The results of present study shows With regard to their age, majority (45%) of the perimenopausal women were between 42-46 years. The mean age was 47 ± 1.41. With regard to their education, majorities (47%) of the perimenopausal women were educated till post-graduation. Considering their occupation majority (81%) had a strenuous job. Considering their income, majority (75%) of them had the income of 10001-15000 per month. With regard to their marital status, (90%) perimenopausal were married. With regard to the type of family majority (73%) of perimenopausal were from nuclear family.

A study conducted at Jamnagar, Gujarat [7] shown the age 46.3 ± 5.29, another study conducted at Kannur [8] revealed that 54% women were in the age group of 45-49 years. Heterogeneity of the samples may be the reason for age group difference.

In present study it has been found that women were having hot flushes, sweating (61%), heart discomfort (42.37%), sleep problems (44.07%), depressive mood (47.46%), irritability (64.41%), anxiety (62.71%), physical and mental exhaustion (50.85%), sexual problems (23.73%), bladder problems (22.03%), dryness of vagina (13.56%) and joint

muscular discomfort (64.41%) were seen. A study conducted at rural parts of Amritsar, Punjab revealed that joint and muscular discomfort (76.20%), physical and mental exhaustion (60.09%), sleeplessness (54.40%), depressive mood (37.30%), irritability (36%), dryness of vagina (36%), hot flushes and sweating (35.80%) and anxiety (34.50%) which is contradict with present study [9].

Another study conducted at Sri Lanka revealed that joint and muscular pains (76%); physical and mental exhaustion (58%); and concentration and sleeping problems (60%) followed by symptoms of hot flushes and night sweating (66%); irritability (64%); itching in private parts (68%); anxiety (92%); depressive mood (80%). The differences in the results may be due the sample size and acceptance of menopause as a part of life [10].

In the biophysical variables with regard to blood pressure (mm Hg) 56% of the women had the range of 110/70-120/80 mm Hg. However 100% of the women had the pulse rate between 61-80 bpm, respiration rate was in between 21-30. With regard to waist circumference in 63% women is between 31-35, while 67.81% women's hip circumference was in High Risk 35" and more. All samples (100%) were having high waist hip ratio (0.86 and higher). With regard to BMI was healthy (18.6 to 24.9) in 61% of the women, 27.12% were overweight and 8.47% were obese. A cross sectional study conducted at France [11] revealed that body mass index (BMI), 12:33% of the patients were within the normal range of nutrition, while 87% of respondents were from overweight and obese, this is contract with present study. The reason may be dietary habits of respondents and lifestyle habits, lack of knowledge regarding the importance of nutrition have yielded results in an increased body mass index.

CONCLUSION

Our study results recommend that menopausal period is an unavoidable condition yet manageable with proper support and education. Educational programs can be organized to create awareness among women who are in need of knowledge to overcome the menopausal symptoms. Mass media also can serve as an important tool to reach the women through mass media such as television, radio, journals, newspaper, to create awareness among menopausal women, to manage their condition. Nurses and other healthcare medical team members can utilize each and every opportunity to counsel the menopausal woman to cope up with the condition to achieve high-level functioning in everyday life.

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