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Profile, morbidities and symptoms of menopausal women

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Abstract

Background: Menopause or the period of quiescence of the reproductive system is a natural phenomenon. The number of postmenopausal women is increasing world wide due to gradually increasing life expectancy. Very few studies are devoted to menopause. There is an increasing demand for care of menopausal women. So it seemed necessary to realize this study whose objective was to describe the profile, clinical symptoms of menopausal women and their management. Menopause is a biological event characterized by complexity of factors. On an average, one third of women's wife consists of postmenopausal years and very few health care programmes address them. This study aims to describe the pattern of health care seeking behaviour in menopausal women and awareness regarding menopausal symptoms.

Aims & Objectives:

1. To determine the most common age at attaining menopause and the prevalence of various self-reported menopausal symptoms complained by postmenopausal women (46-54 years).
2. To determine the prevalence of non communicable diseases among postmenopausal women like diabetes, hypertension and cervical cancer.
3. Association of risk factors on the appearance of post menopausal health problems.
4. To assess the prevalence of awareness about menopausal symptoms and the screening procedures for cancers among perimenopausal women.

Study Design: Cross sectional study period: March 2018-January 2019

Study Area: Govt. Kilpauk Medical College, Chennai.

Study population: Those aged above 40 years attending the OPD with post menopausal symptoms to Govt. Kilpauk Medical College, Dept. of obstetrics & gynaecology, Chennai.

Sample Size: All those attending the OPD for the study period of one year (April 2018 – March 2019). Sample size=400.

Results & Conclusion: About 50% of women have menstrual disturbances of varying degrees for about 6 months to 2 years in perimenopausal period before attaining menopause.

Most common associated comorbid condition in menopausal women is diabetes mellitus, followed by hypertension and coronary artery disease.

A holistic approach to attend to the specific needs of perimenopausal women, in the form of

1. Education regarding menopausal symptoms, in both physical and psychological domain
2. Providing screening services with respect to generalised screening, and specialised screening for cancers
3. Promotion of healthy diet habits, life style modification in the form of exercise, walking, yoga, etc.
4. Treatment of menopausal symptoms and implementing HRT whenever needed
5. Family based counselling at menopausal clinics to ensure social and emotional support and well being of menopausal women.

Which will prepare and enable the perimenopausal women empowered to face the transit period of menopause with utmost happiness and comfort. The motto is healthy menopause with improved quality of life for menopausal women.

Keywords: Profile, morbidities and symptoms, natural phenomenon

Introduction

Menopause or the period of quiescence of the reproductive system is a natural phenomenon. The number of postmenopausal women is increasing world wide due to gradually increasing life expectancy. Very few studies are devoted to menopause. There is an increasing demand for care of menopausal women. So it seemed necessary to realize this study whose objective was to describe the profile, clinical symptoms of menopausal women and their management. Menopause is a biological event characterized by complexity of factors.

On an average, one third of women's wife consists of postmenopausal years and very few health care programmes address them. This study aims to describe the pattern of health care seeking behaviour in menopausal women and awareness regarding menopausal symptoms.

Menopause is the permanent cessation of menstruation which is retrospectively determined following 12 months of amenorrhoea. It is an important transition in a women's life and can be smooth in some while varyingly difficult in others. The year immediately preceding and the decade afterwards however, are of much clinical significance. The immediate symptoms of menopause are effects of hormonal changes on various systems of the body, mainly cardiovascular and musculoskeletal system thus affecting their quality of life. The common climacteric symptoms experienced by them can be grouped into vasomotor, physical, and psychological complaints.

There were 467 million women in the post menopausal age group in the 1990's and this number is projected to increase to 1200 million by 2030 in the world. It has been proposed that nearly 76% of them will be living in the developing countries. The annual growth rate of menopausal women is estimated to be 2 to 3.5% in developing countries. 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.

A Jordanian study quoted that the severity of menopausal symptoms showed that 15.7%, 66.9% and 17.4% were experiencing severe, moderate and mild menopausal symptoms respectively. Post menopausal women had higher magnitude scores for vasomotor signs (hot flushes & night sweats) and sexuality symptoms. There was a significant relationship between the severity and occurrence of menopausal symptoms and age, family income, level of education, number of children, perceived health status and menopausal status. A study in Southern China documented a lower prevalence of menstrual symptoms. The three most prevalent symptoms were insomnia, joint and muscle pain, and dizziness (in 37.2%, 35.7%, and 31.5% of the sample, respectively). Hot flushes were experienced by 17.5% of women. The factors associated with the frequency of menopausal symptoms included profession, education, type of menopause and the presence of physical or emotional problems. Ever and current hormone replacement therapy usage was reported in 0.8% and 1.3% of women, respectively. Only 28.9% had sought health care because of menopausal symptoms.

Women will spend a significant part of their life in the postmenopausal years, probably due to estrogen deficiency, hormonal alterations, muscular and neuronal damages secondary to previous childbirths, and other age-related physiologic changes. The common conditions are urinary incontinence, interstitial cystitis, and urinary tract infections in postmenopausal women. Patients with these problems may suffer from a loss of self-esteem, loss of independence, decrease in sexual activity, social isolation and depression. A north Indian study reported symptoms associated with menopause as fatigue (62%), hot flashes (56%), Cold sweats (52%), and backaches (51%). Other ailments associated with menopause were arthritis (25%), hypertension (23%), and diabetes (6%).

Demographic transition is a recent phenomenon in developing countries characterized by decline in fertility, mortality and increase in life expectancy. The impact of demographic transition on women's status is important in terms of health, economy and gender. The life cycle factors like reduced family

size, changes in marital status, increased dependency ratio, changes in disease pattern, and aging can affect women varyingly (Kirsty McNay, 2003) [10]. The gender specific health needs of women are different and it is neglected in developing countries regardless of gender equality and empowering women status goals which were set by Cairo Declaration of Population and Development. (ICPD, 1994) and United Nations Sustainable Developmental Goals (United Nations, 2015). Menopause is considered to be a marker of biological ageing in women (WHO technical Group, 1996). Menopause is one of the most significant stages in female reproductive life cycle where there is a transition from reproductive to non reproductive stage. This brings in a number of physiological changes that affect the life of a woman permanently. It sets the stage for ageing and accelerates the process of non-communicable disorders. Historically the association of menopause and its symptoms was noted by John Leake in 1777 (Leake, 1777). Natural menopause is indicated by the permanent cessation of menstruation due to lack of ovarian follicular activity. However, this can be clearly identified only after one continuous year of amenorrhea. It is difficult to find a biological marker for 2 menopause as it occurring and it can be only identified subsequently. (Utian, 1999a). The complexity of various factors such as hormonal, psychological, social, cultural and aging factors produces a difference in symptoms and long-term health outcomes (Utian, 1997). The symptoms of menopause that appear before, during and after the onset of menopause vary.

India has a large population with 71 million people over 60 years of age and the menopausal women number about 43 million. The estimated projected population of India in 2026 will be 1.4 billion, and among those, people over 60 years will number 173 million (Registrar General of India, 2006). The number of women in the postmenopausal ages 50–59 years is projected to increase from 36 million in 2000 to 63 million in 2020. (Khandelwal, 2013). Slightly over one tenth of the women (11.2%) in the age group 30-39 attained menopause in India among 30-49 years age group (NFHS-3, 2007). Given that this number is not insignificant and runs to millions of women, it is important to have a national policy with individualized approach in addressing the menopause related symptoms which is sensitive to the clear event in the women's life cycle. Such a policy would help to reduce the social and economic burden of the symptoms for elderly women and ensure a quality of life or ensure a healthy life expectancy. The quality of the menopause experience of women is determined by their reproductive histories, the environmental conditions under which they have lived, the conditions under they work, the role in the family, the adequacy of their diet, the diseases to which they are vulnerable either by reason of genetics or lifestyles, the socioeconomic circumstances, and their access to adequate health care (Kaufert, 1996).

3 1.1 Rationale for the study the hormonal and behavioural changes that occur during the menopausal period lead to a high demand for special health care. Menopause introduces a major change in the morbidity pattern in middle life of woman. The proportion of women who experience pre mature menopause either due to biological or otherwise induced reasons have long duration of exposure to menopause leading to severe symptoms, when compared to women who have undergone menopause naturally. The Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCH+A) programme strategy which is based on 'Continuum of care' concept, propagated high impact interventions in the life cycle care for women does not address the late reproductive age group of women (MOH&FW, 2013).

The health of the women in the later reproductive age and menopause are ignored by all existing health care programmes. Menopause does not cause any life threatening conditions, but it affects the quality of life of the women in the middle ages. In Tamil Nadu, the life expectancy of females at birth is 76.3 years and average age at menopause was estimated to be 46 years (Subrahmanyam and Padmaja, 2016) or 45.2 (Borker *et al.*, 2013)^[9] years. Given the expectation of life at birth of woman in Tamil Nadu, approximately 22 years of will be spend in the post menopause period, with short term and long term menopause related morbidity. Menopause is physiological event, but its psychological, physical consequences will prevail throughout these 22 odd years for the woman.

The health care needs of the women vary among different stages of life; in her third phase of reproductive life, it depends on the physiological characteristics and socio cultural contextual factors. Usually women in this peri-menopause are negligent about their health and end up with chronic diseases which call for urgency in public health focus on emerging health issues of middle aged women (Govil, 2010). This brings the importance of understanding of health in menopausal women, and developing appropriate health promotion activities. A supportive, understanding attitude from any health care system may lead to improved wellness of women in middle ages (TAKEDA, 2010). Therefore looking beyond the physiology to understanding of sociodemographic context of individual women by studying menopause and its correlates gains significance. This can contribute to reducing the gap between an identified need and care provided and promoting health of the women.

A south Indian study documented 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. The problems faced were generally localized to the respective reproductive symptoms and other general symptoms. There is a non communicable disease component found among Indian studies and we all know that the elderly population is tremendously increasing in India. Owing to the limited number of published articles on the health problems faced by the menopausal women in the Indian context, we decided to work in this area of interest.

Aims & Objectives

1. To determine the most common age at attaining menopause and the prevalence of various self-reported menopausal symptoms complained by postmenopausal women (46-54 years).
2. To determine the prevalence of non communicable diseases among postmenopausal women like diabetes, hypertension and cervical cancer.
3. Association of risk factors on the appearance of post

menopausal health problems.

4. To assess the prevalence of awareness about menopausal symptoms and the screening procedures for cancers among perimenopausal women.

Applicability

Since our institution is the teaching hospital in Obstetrics & Gynaecology providing MCH care especially to the people of Central Chennai, careful monitoring of the health problems faced by them will reduce a lot of morbidities with early screening for cancer and improve the quality of life of the perimenopausal women and improve knowledge and awareness regarding menopausal symptoms and to avail treatment for the same.

Material and Method

Study design: Cross sectional study Study period: March 2018-January 2019.

Study area: Govt. Kilpauk Medical College, Chennai.

Study population

Those aged above 40 years attending the OPD with post menopausal symptoms to Govt. Kilpauk Medical College, Dept of obstetrics & gynaecology, Chennai.

Sample size

All those attending the OPD for the study period of one year (April 2018 – March 2019). $t = 400$ (sample size)

Inclusion criteria

1. Women > 40 years
2. Resident of the area
3. Atleast one year of amenorrhea at the time of the study

Exclusion criteria

1. Women younger than 40 years
2. Women in transit of residence at the time of survey
3. Suffering from amenorrhea from other causes other than menopause

Methodology

It is a cross sectional study. This study is carried out in the Department of Obstetrics and Gynecology, Govt. Kilpauk Medical and Hospital, Chennai. During one year period from April 1, 2018 to March 31, 2019.

During this study, patients attending the Gynecology OPD in the department will be selected according to the inclusion criteria. Patients will be examined for their symptoms and gynecological examinations. On a decided proforma the age, socio economic demographic data, symptoms will be noted. General, systemic and obstetric examination findings will be noted.

Table 1.

Variables	Early Menopause	Late Menopause
Age		
<=50	164	96
51-60	40	100
SEC		
2	4	0
3	40	28
4	84	100
5	76	68
Marital Status		

Yes	188	196
No	16	0
Age at Menarche		
11-12	48	52
13-14	124	132
>=15	32	12
Menstrual C/O		
No	96	144
Yes	108	52
Abortion		
Nil	164	72
1	36	96
2	4	28
Chronic Illness		
No	140	136
Yes	64	60
Diabetes		
No	160	136
Yes	44	60
HTN		
No	172	168
Yes	32	28
CAD		
No	185	182
Yes	19	14
Hypothyroid		
No	195	196
Yes	9	0
LSM		
No	145	144
Yes	59	52
Sexual Health		
No	173	166
Yes	31	30
UTI		
No	112	108
Yes	92	88
Vulvovaginal prurities		
No	136	124
Yes	68	72
Urinary Incontinence/Prolapse		
No	140	160
Yes	64	36
Hotflashes, Sweating		
No	164	160
Yes	40	36
Insomnia		
No	108	100
Yes	96	96
Depression		
No	168	156
Yes	36	40
H/O CA		
No	192	184
Yes	12	12
VITD/CAL Deficiency		
No	100	96
Yes	104	100
AWA Sym		
No	168	172
Yes	36	24
AWA Screening		
No	72	72
Yes	132	124
Awa Treat		
No	196	192
Yes	8	4

Summary

- Most common age group at menopause is 46 to 48yrs.
- Lower socio economic group women have a late age at onset of menopause compared to higher socio economic group women
- Unmarried and nulliparous women have an earlier age at onset of menopause
- Early age at onset of menarche is associated with early age at onset of menopause
- Presence of chronic diseases like anemia, HT, Tuberculosis has no influence in the age at onset of menopause
- Most common presenting physical symptom in menopausal women is UTI, vaginal dryness and senile vulvovaginal pruritis
- Insomnia and Mood disturbances are among the most common psychological problems
- Sexual health of menopausal women should be addressed at menopausal clinics. Causes like vaginal dryness, dyspareunia, psychological fear can be treated
- About 50% of women have menstrual disturbances of varying degrees for about 6months to 2 years in perimenopausal period before attaining menopause
- Most common associated comorbid condition in menopausal women is diabetes mellitus, followed by hypertension and coronary artery disease.
- Awareness regarding screening for ca cervix in menopausal women has improved over past 5 years
- Awareness regarding menopausal symptoms to the women is low, and more so in their family members
- Awareness regarding treatment of menopausal symptoms and knowledge on Hormone replacement therapy is very low among menopausal women
- Menopausal clinics should emphasize on health education to perimenopausal women regarding the physical and psychological transit they undergo
- The need for healthy diet habits and life style modification in the form of walking, exercise, yoga, etc should be emphasized in perimenopausal age group
- Increase in BMI leads to early age at onset of menopause and increase in morbidity by addition of co-morbid conditions like, diabetes, CAD, hypertension, etc
- Counselling of family members of perimenopausal age group women regarding the physical and psychological changes that they undergo is essential for proper health care and an emotional support to postmenopausal women
- As the life expectancy at birth is increased, the number of years a women spends in the post menopausal age also increases. Hence the concept of healthy menopause can be implemented as a national program which specifically addresses the needs of menopausal women.

Conclusion

A holistic approach to attend to the specific needs of perimenopausal women, in the form of

1. Education regarding menopausal symptoms, in both physical and psychological domain
2. Providing screening services with respect to generalised screening, and specialised screening for cancers
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