

Pattern of Menopausal Symptoms in a Tertiary Care Hospital of North India: An Observational Study

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Abstract

Menopause is an important physiological process in a female's life. It is not free from different variety of symptoms affecting day to day life. With increasing life expectancy, female spends many years with menopausal symptoms. Having knowledge about these symptoms provides us a guide about treatment for various symptoms to be introduced into postmenopausal health guidelines. The present study was undertaken to see the pattern of menopause in a tertiary care centre. Mean age was 50.35 ± 8.64 yrs. Mean age at menopause was 48.32 ± 4.06 yrs. Mean no. of Years Since Menopause was 9.18 ± 7.59 yrs. Rural population predominated. Majority of the females had natural menopause (71.7%). Most common symptoms were somatovegetative, joint and muscle aches (74.1%) followed by flushes (62.5%). Other somatic symptoms were sleep disturbance seen in (53.3%) and cardiac symptoms (10%). Among psychosocial symptoms, exhaustion (58.3%) was the predominant symptom followed by anxiety (50%), irritability (45%) and depression (35.8%). Among urogenital symptoms, vaginal dryness (38.3%) was the predominant symptom followed by sexual problems (30.8%) and urinary problems (11.7%).

Key Words

Menopause, Symptoms, Women health

Introduction

The menopause is a physiological event involving ovarian failure as a result of a loss of ovarian follicular activity, which leads to oestrogen deficiency, resulting in permanent cessation of menstruation and loss of reproductive function. (1) Menopause is a well recognized universal reproductive physiological phenomenon experienced by all women in all cultures as cessation of menstruation for one year. With increasing life expectancy, women spend a significant part (one-third of their life) in postmenopausal state (Vaze N et al, 2010) demanding a high level of health care and priority. (2)

Age at which natural menopause occurs is 45-55 years worldwide. (3) The age at natural menopause (ANM) depends on various factors like genetic, environmental, socioeconomic, reproductive, dietary, and lifestyle of

which some like nulliparity, vegetarian diet, smoking, high fat intake, cholesterol, and caffeine accelerates; while others like parity, prior use of oral contraceptive pills, and Japanese ethnicity delays the ANM. (4) Factors that affect age at menopause may have important clinical implications because early menopause is associated with an increased risk of cardiovascular disease and osteoporosis, whereas delayed menopause has been associated with increased risk of breast cancer and endometrial cancer. These associations may result from the direct effect of menstrual function (or cessation of function) and the related hormone changes, or may be an indirect result of the other factors that are associated with age at menopause. The relationship of menopausal age with the risk factors for such medical conditions makes age at menopause an

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important epidemiological issue.(5,6) Postmenopausal women experience a wide and a varied spectrum of vasomotor, psychosomatic, psychological and genitourinary symptoms. Although well tolerated by some of the women but many a times these symptoms can be distressing, particularly as they occur at a time when women have important roles in society, within the family and at the workplace. Menopausal symptoms are considered to result from depletion of oestrogen level. Hormonal changes that begin during the menopausal transition affect many biological systems. The physiological basis of these manifestations is emerging as complex and related, but not limited to, oestrogen deprivation. A holistic approach is required to combat menopausal symptoms like physical, psychosocial, sexual and vasomotor symptoms (7). These menopausal symptoms pose a significant challenge to public health

especially in menopausal age group. Symptoms experienced by woman during menopause is affected by many factors like age at menopause, natural/ surgical menopause. Though there are many studies on menopause but we could not find much data on pattern of menopausal symptoms in India, so present study was undertaken to see the pattern of menopausal symptoms .

Materials and Methods

An observational study was conducted in Government Medical College, Jammu to see the pattern of menopausal symptoms. Permission from Institutional Ethics Committee was taken. Females with menopause of any age were included. Exclusion criteria was arthritis, neuropathies, myopathies, diabetes, reproductive disorders, psychiatric disorders. Demographic profile of the menopausal women was studied. For assessment of menopausal symptoms, Menopause Rating Scale was used. (8) It is a pretested, prevalidated scale having 11-

Table 1. Demographic Profile of subjects

S.No	Parameter	Mean±S.D or percentage
1	Mean Age (Mean±S.D)	50.35±8.64 yrs
2	Mean Age at Menopause (Mean±S.D)	48.32±4.06 yrs
3	Mean no. of Years Since Menopause (Mean±S.D)	9.18±7.59 yrs
4	Residence Urban: Rural	0.93:1
5	Menopause n (%) Natural Vs Surgical	51 (71.7%)Vs19 (28.2%)

Table 2. Menopausal symptoms seen in subjects

Symptoms	No. of patients (n)	Percentage (%)
Psychosocial symptoms		
Depression	43	35.8
Irritability	54	45
Anxiety	60	50
Exhaustion	70	58.3
Somatovegetative symptoms		
Flushes	75	62.5
Cardiac symptoms	12	10
Sleep disturbance	64	53.3
Joint and muscle aches	89	74.1
Urogenital symptoms		
Sexual problem	37	30.8
Urinary problem	14	11.7
Vaginal dryness	46	38.3

questionnaire of different symptoms of menopause subdivided into different categories like somatovegetative, psychosocial and urogenital symptoms.

Results

Total 120 females were included in the study. Mean age was 50.35 ± 8.64 yrs. Mean age at menopause was 48.32 ± 4.06 yrs. Mean no. of Years Since Menopause was 9.18 ± 7.59 yrs. Rural population predominated. Majority of the females had natural menopause (71.7%). (Table 1)

Most common symptoms were somatovegetative, joint and muscle aches (74.1%) followed by flushes (62.5%). Other somatic symptoms were sleep disturbance seen in (53.3%) and cardiac symptoms (10%).

Among psychosocial symptoms, exhaustion (58.3%) was the predominant symptom followed by anxiety (50%), irritability (45%) and depression (35.8%).

Among urogenital symptoms, vaginal dryness (38.3%) was the predominant symptom followed by sexual problems (30.8%) and urinary problems (11.7%).

Discussion

Mean age at menopause in our study was 48.32 ± 4.06 yrs which was similar as that seen by Joseph N *et al*, 2014; Borker SA *et al*, 2013; G K P *et al*, 2013 and Singh A *et al*, 2014. (9,10,11&12) Females with natural menopause predominated the study predominated as seen by Joseph N *et al*, 2014. (12)

All the types of menopausal symptoms were seen: joint and muscle aches were the most common symptoms noticed which was similar as seen by other studies. (13,14) It was followed by hot flushes. The finding is similar to the study in Malaysia which reported hot flushes as very common symptom. (15)

Sleep disturbance was seen by 64%. The results were similar to that seen by Singh A, *et al*, 2014 & Dasgupta and Ray *et al*, 2007. (12,16)

Cardiac symptoms were present in 10% of postmenopausal women in present study which is contradictory to other studies which reported higher incidence of cardiac symptoms. (17,18)

Psychosocial symptoms like irritability followed by

exhaustion, anxiety and depression were seen. These symptoms can be due to alteration of hormones in body. It can also be attributed to age as increasing age can give rise to these symptoms in addition

Depression was noticed by 35.8% of postmenopausal women. The findings are comparable to the percentage of depression reported by Rahman *et al*, 2010 (37.3%). (13) Anxiety was reported by 50% of postmenopausal women in the present study. Poomalar GK *et al*, 2013 reported anxious mood to be present in 67.2%. (19)

Exhaustion was noticed by 58.3% of postmenopausal women in present study. The findings are consistent with studies by Rahman *et al*, 2010 & Kaulagekar, 2011. (13,17)

Irritability was found in 45% of subjects in the present study. The results are similar to those reported by Rahman *et al*, 2010 and Sharma *et al*, 2007. (13,20)

Vaginal dryness (38.3%) predominated among urogenital symptoms followed by sexual problems (30.8%) and urinary problems.

Vaginal dryness was seen in 38.3% of postmenopausal women in present study. the finding is similar to that seen by Sharma S *et al*, 2015. (21)

Decreased libido or decreased sexual desire was reported by 30.8% of postmenopausal women in the present study. Rahman *et al*, 2010 (31.2%) and

Gollschewski *et al*, 2004 (34.5%) observed similar results as decreased sexual desire was reported to be present in 30.8% and 31.2% of postmenopausal women. (13,22)

In the present study 11.7% had urinary complaints. The results are comparable to studies done by Rahman *et al*, 2010 and Monterrosa *et al*, 2007 who reported urinary problems as 12.8% and 14.9% respectively. (13,18)

Findings generated mainly from longitudinal population studies have shown that ethnic, geographical and individual factors affect symptom prevalence and severity. The results in different studies were different. This may be because of difference in race, diet, concomitant medicines, genetic factors and methods of assessment. Since

menopausal symptoms have a great impact on females health, it should be introduced at primary health care level so as to cater local population and proper management of symptoms at right time.

It was a short duration study. Number of subjects was less. No attempt was made to establish correlation between menopausal symptoms and different factors affecting symptoms like educational status, race, age of onset of menopause, concomitant medicines, nature of onset of menopause, diet etc.

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