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Post-Menopausal Symptoms: Do They Affect A Woman's Quality Of Life?

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Abstract

Objective: Menopause is a physiological event and transition of life in all women at the age of 45. Assessment of Quality of life (QoL) at menopause has been largely inadequate. The study aims to assess the Quality of life in post-menopausal women of Pakistan.

Methods: An Analytical cross-sectional study was conducted in the gynaecology/obs unit of Holy Family Hospital, after taking approval from the ethical review board. 580 women were included in the study. Data collection was facilitated through a questionnaire, administered by the gynaecology OPD duty doctor after conducting interviews with the postmenopausal women. The questionnaire was adopted from the Menopause Rating Scale (MRS) and the World Health Organisation Quality of Life (WHOQoL) proforma.

Results: Mean age at menopause was 49.9 years. Postmenopausal symptoms were experienced by 95% of women of varying severity, with the most commonly reported symptoms being hot flushes (79%), followed by palpitation (70%), depressive illness (45%), sexual problems/decreased libido 33% and urinary problems 25%. Around 16 per cent of women reported an effect on Quality of life due to menopausal symptoms. A positive correlation was found between QoL and the education of the patient. There was a negative correlation between QoL and parity and the age of the patient. In multiple regression analysis, vasomotor symptoms score (hot flashes and night sweats), psychological symptoms (depressive mood) and urogenital symptoms (sexual problem and bladder problem) remained as main predictive factors of QOL of postmenopausal women, accounting for 38% of variance (adjusted R2 =0.38).

Conclusion: The experience of menopausal symptoms varies across cultures and regions, impacting women's quality of life. Factors like symptom prevalence, parity, economic status, and cultural beliefs significantly shape the menopausal experience, highlighting the need for tailored support and interventions to improve women's well-being during this phase of life.

Keywords: menopause, Quality of life (QoL), Postmenopausal symptoms, Hot Flashes, Vasomotor Symptoms, Psychological Symptoms, Depression, Sexual Dysfunction, Physiological, Urinary Tract Symptoms, Women's Health, Menopause Rating Scale.

Introduction

Menopause is a natural biological process occurring in women as they age, characterised by the permanent cessation of menstruation. It is typically defined as 12 consecutive months without a menstrual period, with no other identifiable cause. The underlying cause of menopause is the decline in primordial ovarian follicles, leading to hormonal changes and various physiological and psychological effects.[1,2] This transitional phase presents a wide range of symptoms that can profoundly affect a woman's overall health and quality of life (QOL).

Cultural attitudes toward menopause are diverse and multifaceted, shaped by traditions, beliefs, and societal norms. In various regions and communities, women approach this transitional phase differently, influencing their perceptions, experiences, and management of menopausal symptoms. In certain cultures, menopause is regarded as a revered and natural stage in a woman's life. It may be celebrated as a symbol of wisdom, maturity, and transition into a new phase of life. These cultures often emphasise the significance of menopause within the community, offering support and respect to women undergoing this change. Traditional practices and rituals might exist to honour and guide women through this transition, fostering a positive outlook on menopause.[3]

Conversely, in some societies, menopause may be surrounded by stigma or misconceptions. Cultural taboos, misinformation, or a lack of understanding about menopausal symptoms might lead to negative perceptions. Women experiencing symptoms could feel isolated, ashamed, or reluctant to seek help due to societal attitudes that downplay or dismiss menopause.

Contributions:
HN, LE, HB, S - Conception, Design
ZM, AA - Acquisition, Analysis, Interpretation
ZM, LE, HB, S, AA - Drafting
HN - Critical Review

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Understanding these cultural variations is crucial in providing adequate support and care to menopausal women. Healthcare professionals need to acknowledge and respect diverse cultural beliefs and practices related to menopause. Culturally sensitive approaches in healthcare provision can involve education, open dialogue, and tailored support that considers cultural values and beliefs.[3] By recognising and appreciating these diverse cultural attitudes, healthcare providers and communities can create an inclusive environment that supports menopausal women, ensuring they receive the understanding, care, and resources necessary to navigate this significant life transition.[3]

During the menopausal transition, women face a range of symptoms that can disrupt their daily lives.[4] Vasomotor symptoms, such as hot flashes and night sweats, along with sexual symptoms, are among the most commonly reported. Sexual symptoms, such as vaginal dryness, can result in painful intercourse, negatively affecting physical comfort, emotional well-being, and intimate relationships.[2,7] The severity and occurrence of these menopausal symptoms vary among individuals due to multiple factors, including lifestyle, social status, body composition, and psychological well-being.[5]

Quality of life is an individual's perception of their position in life within their cultural and value systems, about their goals, expectations, standards, and concerns.[8] It is vital to acknowledge that the impact of menopause on QOL is not solely determined by physiological factors. Psychosocial and cultural elements also play a significant role. Social support, access to healthcare, and cultural attitudes toward menopause shape a woman's experience during this transformative phase of life.[6]

A study conducted in Malaysia proved that Social support from family, friends, and the community can greatly influence how women navigate menopause. A strong support system offers emotional comfort and practical assistance to cope with the challenges. Menopause was also perceived as a time for religious commitment. Access to healthcare, including medical advice and treatment options, is another critical factor which was not opted for by the majority of women, as they preferred to get support from family and friends.

Cultural attitudes toward menopause differ across various contexts. Women from diverse cultural backgrounds may have distinct expectations and coping mechanisms for dealing with menopausal symptoms, significantly impacting their QOL perception. Understanding and respecting these cultural variations is essential for providing appropriate support and care to menopausal women. In some contexts, religious beliefs might influence women's experiences during menopause, offering them a sense of purpose and support. However, access to healthcare remains vital, though it's noted that in certain instances, women may prefer seeking support from their social networks rather than opting for medical advice or treatments.

This research aims to explore the experiences of post-menopausal women in Pakistan, with a focus on understanding the severity of their symptoms, their perception of quality of life, and the influencing factors.

Materials And Methods

The study was an analytical cross-sectional study conducted at the Department of Obstetrics and Gynaecology, Holy Family Hospital, affiliated with Rawalpindi Medical University.

After taking permission from the Ethical Review Board and informed consent, 580 participants were included in the study using a non-probability consecutive sampling method. All those women who had menopause for the last 1 year were included in the study. All those women who were taking treatment in the form of HRT were excluded from the study.

Data collection was facilitated through the administration of a questionnaire. The questionnaire was administered by the gynaecology OPD duty doctor after conducting interviews with the postmenopausal women. The questionnaire was adopted from the Menopause Rating Scale (MRS) and the World Health Organisation Quality of Life (WHOQoL) proforma.

The Menopause Rating Scale (MRS), crafted in the early 1990s, was a pioneering tool designed to gauge the severity of menopause-related symptoms and their impact on a woman's quality of life (QoL). Comprising 11 self-reported items, the scale employs a 5-point rating system to assess the perceived severity of various symptoms, allowing women to indicate the intensity of each symptom from no complaints (scored as 0) to very severe symptoms (scored as 4). By tallying the scores for each dimension, the scale generates composite scores that reflect the severity of symptoms within respective categories.

On the other hand, the World Health Organisation (WHO) introduced a significant tool, the WHOQOL, in 1995, aimed at evaluating overall quality of life across four distinct domains: physical health, psychological health, social relationships, and environmental factors. Comprising 26 items, this instrument delves into subjective aspects of individuals' lives, offering a comprehensive understanding of their well-being. Through rigorous testing for reliability and validity, the WHOQOL has emerged as a robust tool to assess and compare various dimensions of quality of life across different populations.[1]

Both the MRS and WHOQOL play vital roles in healthcare evaluation, with the former specifically addressing menopause-related symptoms and their impact, while the latter offers a broader assessment of overall quality of life across multiple domains. These instruments serve as invaluable resources for healthcare professionals to understand and address the nuanced aspects of women's health during menopause and to evaluate the broader quality of life of individuals across diverse contexts.[2]

All calculations were performed using SPSS version 26. Descriptive statistics will be calculated in frequency and percentage. Regression analysis and Chi-Square applied to see associations. P value <0.05 was significant.

Results

The majority of women belonged to the age group of 49-52 years of age. Similarly, more than half of the women belonged to rural areas. The parity of most of the women was 4 or more than 4. The education status of women showed that most of the

women had no formal education, while a few had intermediate or above. Among the Distribution of women according to menopause duration, the majority of women had a duration of menopause of 2-3 years, followed by 1.6-2 years and 1-1.5 years duration of menopause (Table 1). Women visited OPD with complaint of Lower abdominal pain followed by vaginal discharge and Pelvic pathology. Only 9% women presented with post-menopausal symptoms. On inquiry, it was found that the vasomotor symptoms are top topmost symptoms experienced by the women, which means these symptoms are under-reported in our culture (Table 2).

Table 1: Demographic details of participants

Parameters	**Frequency**	**%age**
Age	N=580	
45-48	261	45%
49-52	319	55%
Parity		
Equal to or Less than 4	411	71%
More than 4	169	28%
Education		
No formal education	249	43%
Middle	232	40%
Intermediate and above	92	16%
Duration of Menopause		
1-1.5 years	179	31%
1.6-2 years	156	27%
2-3 years	237	41%

Table 2: Chief complaint of patients presenting to Gynae OPD:

Lower abdominal pain	**185**	**32%**
Vaginal discharge	87	15%
Post-menopausal symptoms	52	9 %
Pelvic pathology	46	8%

Table 3: Percentage of postmenopausal symptoms:

Category	**Symptom**	**Percentage**
Vasomotor symptom	hot flushes	458 (79%)
	Palpitations	406 (70%)
	insomnia	58 (10%)
	Myalgia	388 (67%)
Urogenital symptoms	sexual problems	220 (33%)
	vaginal dryness	92 (16%)
	urinary problems	237 (41%)
Psychological symptoms,	depression	261 (45%)
	Physical exhaustion	55 (8%)
	anxiety	104 (18%)
	irritability	98 (17%)

In our study, we investigated various menopausal symptoms and their impact on the quality of life (QoL) of postmenopausal women. On inquiry, the major complaint was hot flashes, palpitations, followed by myalgias and urinary complaints, but these symptoms were not bothering these women (Table III).

Our study revealed significant associations between education levels and various QoL parameters. Educated women tended to report better QoL in terms of health satisfaction (P=0.04) and overall QoL rating (P=0.001). Similarly, parity (P=0.0001) and age (P=0.002) showed strong association with QoL parameters. Monthly income (reflecting economic status) was positively

associated with QoL, particularly in terms of women's health satisfaction (P=0.004), negative thoughts (P=0.05), and access to health services (P=0.001).

When comparing menopausal symptoms, vasomotor symptoms such as hot flushes and palpitations were strongly correlated with QoL in terms of health satisfaction (P=0.002) and access to health services (P=0.003). We also found a positive association between myalgia/arthralgia and health satisfaction (P=0.04). Similarly, depressive illness was positively associated with QoL, particularly in terms of negative thoughts (P=0.002) and satisfaction in relationships (P=0.0001).

In multiple regression analysis, vasomotor symptoms score (hot flashes and night sweats), psychological symptoms (depressive mood) and urogenital symptoms (sexual problem and bladder problem) remained as main predictive factors of QOL of postmenopausal women, accounting for 38% of variance (adjusted R2 =0.38) (Table 4).

Table 4: Multiple regression analysis applied to Postmenopausal symptoms

Category	Significance
01. Hot flashes, sweating	**.021**
02. palpitations	.149
03. Sleep problems	.159
04. low mood or depressive illness	**.038**
05. Irritability	.305
06. Anxiety	.727
07. Physical and mental exhaustion	.897
08. Sexual problems	**.044**
09. Bladder problems	**.000**
10. Dryness of vagina	.463
11. Joint and muscular discomfort	.105

Discussion

The age of menopause is generally seen to vary between the ages of 45 and 55 years. According to the results of various studies conducted in Turkey,[13] the average age of menopause varies between ages 45 and 50.[9] While in our study, the age of menopause in our participants was 49-52 years.[14]

Vasomotor symptoms like Hot flushes and palpitations were the most prevalent symptoms in our study, reported by 79% and 70% of participants, respectively. A study conducted by Nisar et al. in Pakistan revealed that 64% of women experienced hot flushes. Interestingly, across different regions, the prevalence of hot flushes among postmenopausal women in the West varied widely, ranging from 8% to 80%, indicating significant diversity in reported symptoms. This diversity could stem from several factors, one being the local climate in areas like Riyadh, which is notably hot. This intense heat might diminish women's sensitivity to elevated temperatures, leading them to perceive hot flushes differently or even attribute them to the surrounding weather conditions.[9] Additionally, there's a notable variance in the prevalence of combined hot flushes and night sweats among women from different ethnic backgrounds. For instance, women of Japanese origin reported the lowest prevalence (18%), while the occurrence was higher among Chinese (21%), Caucasian (31%), Hispanic (35%), and African American women (46%). This variance has led to the hypothesis that diet might influence the type and severity of menopausal symptoms. Studies have suggested that a diet rich in phytoestrogens, commonly found in soy products, could potentially offer protection against vasomotor symptoms. Notably, the traditional Japanese diet, which includes significant amounts of soy, has been associated with a reduction in vasomotor symptoms, raising the possibility of a connection between soy consumption and decreased symptom severity during menopause.[10] Our study identified a positive association with parity, suggesting that having more children could potentially add responsibilities and contribute to a poorer QoL. It's worth noting that studies conducted in Sri Lanka have also found parity to be associated with lower QoL, potentially due to the increased demands of childcare and household responsibilities. Our research underscored the link between economic status and quality of life (QoL). In contrast to this, individuals from more prosperous backgrounds have better coping abilities, tend to experience an improved QoL. Our research further highlighted positive associations between QoL and education, economic level, and menopausal symptoms (both vasomotor and psychological), such as depression, decreased libido, and myalgias. These associations were also supported by studies conducted by Rathnayake et al,[12] in Sri Lanka and J. Whiteley,[11] in New York.

Hot flushes and palpitations were the most prevalent symptoms in our study, reported by 79% and 70% of participants, respectively. These symptoms were more frequently observed in Western countries, followed by African American (46%), Hispanic (35%), and Chinese (21%) populations. In contrast, studies conducted in Sri Lanka [2,12], Saudi Arabia[3], and Turkey[13] showed a lower range of 16% to 33% for these symptoms. Psychological symptoms such as decreased libido and vaginal dryness were reported by 44% and 34% of women in New York, while in our study, a decrease in libido was reported by 33%, and vaginal dryness was reported by 16% of participants. Notably, myalgia and arthralgia were the most commonly reported symptoms in Turkey[13] (83%) and Saudi Arabia[3] (80%), whereas in our study conducted in Pakistan, they ranked as the third leading postmenopausal symptom (67%).

We observed that 41% of our participants reported bladder problems, 45% experienced depressive illness, and 18% reported irritability. These percentages were somewhat similar to another study, which reported 49% for bladder problems and 54% for depressive illness.[15] Our study also demonstrated a positive association between QoL and myalgia and arthralgia, possibly due to reduced physical activity due to body aches, which can impact overall QoL.
Cultural and religious beliefs may play a significant role in shaping women's perceptions of menopause. Some cultures and religions may view menopause as a natural phase of life or a period for deepening religious devotion. This outlook can influence how women experience and communicate their postmenopausal symptoms. This would be the reason that only 9% of women in my study.

Conclusions

The experience of menopausal symptoms varies across cultures and regions, impacting women's quality of life. Factors like symptom prevalence, parity, economic status, and cultural beliefs significantly shape the menopausal experience, highlighting the need for tailored support and interventions to improve women's well-being during this phase of life.

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