



TO DETERMINE THE PERCENTAGE DISTRIBUTION OF VARIOUS MENOPAUSAL SYMPTOMS PREVALENT AMONG POST MENOPAUSAL WOMEN

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Abstract: The study was undertaken to determine the various menopausal symptoms prevalent among post menopausal women. Interview schedule method was used to collect the data from post menopausal women from Chennai and subjected to statistical analysis. The results showed that under somatic symptoms, headache was present in every woman and the psychological symptoms such as anxiety, irritation, mood swing and depression were more widely prevalent and among the climacteric symptoms palpitation was present in majority of post menopausal women under the study.

Key words: Women, Menopause, Menopausal symptoms, Headache and Psychological symptoms

INTRODUCTION

Menopause results from a cease in ovarian follicular function and marks the end of menstruation. Clinically, menopause is diagnosed after 12 months of amenorrhea. Menopause occurs either naturally or is surgically or medically induced. The number of middle-aged women is growing rapidly. In 1990, the number of women aged 50 years and over was estimated at 467 million globally, and this is expected to increase to about 1200 million by 2030. Most women experience menopause between the ages of 40 and 58 years. The mean age of menopause is 51 years. Given their increased life expectancy, women are currently spending around a third of their lives in postmenopause, potentially affecting their health and quality of life (Sadrieh et al., 2021).

The risk of non-communicable diseases such as cardiovascular disease, diabetes, chronic respiratory disease and cancer increases following menopause. Studies show that non-communicable diseases affect more women than men and are the main cause of death in women globally. Improving women's knowledge by providing equitable and easy access to reliable information could help reduce the rate of non-communicable diseases and improve their health (Sadrieh et al., 2021).

Natural menopause is the permanent cessation of menstruation resulting from the loss of ovarian follicular activity which is recognized to have occurred after 12 consecutive month of amenorrhoea, for which there is no obvious pathological or psychological cause. During menopausal transition, women may experience vasomotor, Urogenital and psychological symptoms as well as sexual dysfunction. These

problems are often attributed to hormonal changes during midlife and are projected as health risk (Preethi and Monica, 2013).

Menarche and menopause are the turning point in the life of a woman. “Menopause is a stage of life not a disease. Postmenopausal women have to face a lot of problems, both physically and psychologically. They have to cope with these changes and accept their new role in the society and family. Menopause is an unavoidable change that every women will experience. Menopause is important phase in a woman’s life which produces physical, psychological as well as social changes (Monika, 2016).

Borker et al., 2013 aimed to study the prevalence of menopausal symptoms and perceptions regarding menopause among menopausal women of Kerala. The study was conducted among 106 postmenopausal women staying more than 6 months at Anjarakandy.

The results revealed that the mean age of attaining menopause was 48.26 years. The Prevalence of symptoms among ladies were emotional problems (crying spells, depression, irritability) 90.7%, headache 72.9%, lethargy 65.4%, dysuria 58.9%, forgetfulness 57%, musculoskeletal problems (joint pain, muscle pain) 53.3%, sexual problems (decreased libido, dyspareunia) 31.8%, genital problems (itching, vaginal dryness) 9.3%, and changes in voice 8.4%. Only 22.4% of women knew the correct cause of menopause. Thus the study stated that all the ladies were suffering from one or more number of menopausal symptoms. Ladies should be made aware of these symptoms, their causes and treatment respectively.

Surrender et al., 2021 assessed the menopausal symptoms and quality of life among post-menopause women in rural Puducherry and studied the socio-demographic factors associated with menopausal symptoms and quality of life. The quality of life during the menopause was assessed by the frequency and severity of menopausal symptoms. The author concluded that the Quality of life (QOL) of the post-menopausal women was poor based on the presence of symptoms in many domains.

When women approach menopause their menstrual cycles begin to change and becomes unpredictable which is a sign of erratic ovulation that cause unpredictable releases of the hormones estrogen and progesterone leading to number of symptoms associated with menopause including physical and psychological symptoms. Not everyone experiences the same symptoms and to the same degree.

These symptoms may persist after menopause. The physical systems such as back pain, joint pain and muscle pain. The urogenital instabilities like bleeding, urinary frequency, itching and dryness. The vasomotor instabilities like hot flushes including night sweats and sleep disturbances. Psychological symptoms such as mood disturbance, irritability, fatigue, memory loss and problems with concentration, depression and/or anxiety, sleep disturbances (Sudha and Vijayanchali, 2013).

Hence the objective of the study was to find the menopausal symptoms experienced by selected subjects in Chennai district. A total of 300 post menopausal women were selected for the study from Chennai. The data was collected for the study using an interview schedule and it was analyzed and results are tabulated in table 1, 2 and 3.

Table 1
Percentage distribution of post menopausal women according to their
somatic symptoms

| Menopausal symptoms | Not present | Slight | Moderate | Severe |
|---------------------------------------|----------------|----------------|----------------|----------------|
| | Percentage (%) | Percentage (%) | Percentage (%) | Percentage (%) |
| Somatic symptoms | | | | |
| Weight gain | 82.0(246) | 15.3(46) | 2.7(8) | - |
| Constipation | 43.7(131) | 20.7(62) | 25.0(75) | 10.7(32) |
| Joint and muscle pain | 19.3(58) | 31.7(95) | 19.0(57) | 30.0(90) |
| Dysuria (painfull discharge of urine) | - | - | - | - |
| Headache | - | 41.0(123) | 13.0(39) | 46.0(138) |

Weight gain being one of the serious problems in women, 15.3 per cent and 2.7 of post menopausal women had a slight and moderate weight gain respectively. The remaining 82.0 per cent of post menopausal women had no change in their weight. Constipation was present slightly in 20.7 per cent of post menopausal women. About 25.0 per cent of post menopausal women suffered moderately and 10.7 per cent severely from constipation. About 43.7 per cent of post menopausal women were free from constipation.

Joint and muscle pain affected 31.7 per cent of post menopausal women slightly, 19.0 per cent of post menopausal women moderately and 30.0 per cent of post menopausal women severely. The percentage of post menopausal women who did not have joint and muscle pain was 19.3 per cent. Headache was present slightly in 41.0 per cent, moderately in 13.0 per cent and severely in 46.0 per cent.

Table 2
Percentage distribution of post menopausal women according to their Psychological symptoms

| Menopausal symptoms | Not present | Slight | Moderate | Severe |
|-------------------------------|----------------|----------------|----------------|----------------|
| | Percentage (%) | Percentage (%) | Percentage (%) | Percentage (%) |
| Anxiety | 9.3(28) | 73.3(220) | 14.7(44) | 2.7(8) |
| Difficulty in concentration | 82.0(246) | 15.3(46) | 2.7(8) | - |
| Over reacting to minor upsets | 43.7(131) | 20.7(62) | 25.0(75) | 10.7(32) |
| Irritation | 19.3(58) | 31.7(95) | 19.0(57) | 30.0(90) |
| Forgetfulness | 83.7(251) | 15.0(45) | 1.3(4) | - |
| Mood swing | 17.7(53) | 48.3(145) | 14.7(44) | 19.3(58) |
| Lethargy | 88.0(264) | 10.7(32) | 1.3(4) | - |
| Depression | 1.0(3) | 47.7(143) | 50.3(151) | 1.0(3) |
| Sleep problems | - | - | - | - |
| Crying spells | - | - | - | - |
| Incontinence | - | - | - | - |
| Nervousness | 82.0(246) | 15.3(46) | 2.7(8) | - |
| excitability | 43.7(131) | 20.7(62) | 25.0(75) | 10.7(32) |

Anxiety was present slightly in majority (73.3%) of post menopausal women, moderately present in 14.7 per cent and severely in 2.7 per cent post menopausal women. Most (82.0%) of the post menopausal women had no difficulty in concentration, 15.3 per cent had difficulty in concentration slightly and 2.7 per cent of post menopausal women moderately.

Over reacting to minor upsets was seen slightly in 20.7 per cent of post menopausal slightly. About 25.0 per cent of post menopausal women had moderately over reacted to minor upsets and severely by 10.7 per cent of post menopausal women. Of the sample, 31.7 per cent of post menopausal women had the problem of irritability slightly, 19.0 per cent of women had irritability at moderate level and 30.0 per cent of post menopausal women suffered from irritability severely.

Majority of the post menopausal women had no problem of forgetfulness. About 15.0 per cent had forgetfulness slightly and 1.3 per cent of post menopausal women had moderately. Mood swing was slightly (48.3%) and moderately (14.7%) present in post menopausal women and about 19.3 percent of women had severe mood swing.

Among women suffering from lethargy, 10.7 percent of women had slight lethargy and 1.3 percent of women had moderate lethargy. About 47.7 per cent of post menopausal women reported slight depression and 50.3 per cent at moderate level. Majority (82.0%) of post menopausal women had no problem of nervousness. About 15.3 per cent had the problem slightly and 2.7 percent moderately. Excitability was absent in 43.7 per cent of the cases and 20.7 per cent of post menopausal suffered from excitability slightly. The problem was present moderately and severely in 25.0 per cent and 10.7 per cent of the sample respectively.

Table 3
Percentage distribution of post menopausal women according to their Climacteric symptoms and other vasomotor symptoms

| Menopausal symptoms | Not present | Slight | Moderate | Severe |
|---------------------|----------------|----------------|----------------|----------------|
| | Percentage (%) | Percentage (%) | Percentage (%) | Percentage (%) |
| Hot flushes | 83.7(251) | 15.0(45) | 1.3(4) | - |
| Palpitations | 17.7(53) | 48.3(145) | 14.7(44) | 19.3(58) |
| Perspiration | 88.0(264) | 10.7(32) | 1.3(4) | - |
| Chills | - | - | - | - |

(Values in parenthesis indicate number of post menopausal women)

Hot flushes was absent in 83.7 percent of the cases slightly present in 15.0 percent and moderately present in 1.3 percent. About 48.3 percent of post menopausal women had slight palpitation. Palpitation was moderately present in 14.7 percent of the respondents and severely in 19.3 percent.

Perspiration was absent in majority (88.0) of post menopausal women. It was slightly present in 10.7 per cent of women and 1.3 percent had moderate perspiration.

Therefore the study reveals that under somatic symptoms headache was present in every woman and the psychological symptoms such as anxiety, irritation, mood swing and depression

were more widely prevalent and among the climacteric symptoms palpitation was present in majority of post menopausal women under the study.

As the physiological changes are also associated with menopausal symptoms. These in turn are thought to increase the risk of various chronic disease including heart disease, osteoporosis and obesity. It is apparent in a high percentage of women because of withdrawal of endogenous estrogens, sedentary life style, availability of high energy dense foods.

Hormonal changes that characterize menopausal symptoms are likely to influence the nutritional needs and habits of women. Hence nutrition is paramount in health maintenance and care, especially at a time when the population is ageing and considerable efforts must be deployed to prevent and treat chronic diseases (Sudha and Vijayanchali, 2013).

In a study done by Mahshid et al., 2019 on Dietary patterns and their association with menopausal symptoms concluded that, there was an inverse association between Vegetables and Fruits dietary pattern and menopausal symptoms. In contrast, the Mayonnaise, Liquid oils, sweets, desserts, Solid fats and snacks dietary patterns were correlated to an increased risk of these symptoms.

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