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Original Research Article

Assess perimenopausal symptoms among women

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ABSTRACT

Change is inevitable in human life; it brings benefits, challenges and rebeginning. In women's lives, Perimenopause is the transitional time around menopause, and it is a regular transient change with challenges, like physiological, psychological and other changes. The women aware of these changes will help to cope with them in a better way and reduce their anxiety and stress. In this view, researchers felt a need to assess perimenopausal symptoms among women and associate the findings with baseline data.

The data was collected using the quantitative research approach, the non-experimental exploratory, descriptive survey method. Two hundred samples met the sampling criteria from selected areas by the non-probability convenience sampling method.

The significant findings of this study reveal that 58.5% of the sample had moderate perimenopausal with different somatic, psychological and uro-genetic symptoms. All variables are statistically significant in association with baseline data as the P value is less than 0.05.

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1. Introduction

Menopause is a complete cessation of menstruation for twelve months or more as a result of total loss of ovarian follicular activity. It is a point in time 12 months after a woman's last period. During Menopause, women may have changes in their monthly cycles, hot flashes, mood swings, changes in libido, vaginal dryness or other symptoms, is called menopausal transition or perimenopause. They may experience these changes between ages 45 and 55 due to hormonal changes like estrogen and FSH levels.¹

In perimenopause, there are two stages to the perimenopause or menopausal transition: the early transition, where cycles are primarily regular, with relatively few interruptions, and the late transition, where amenorrhea becomes more prolonged and lasts for at least 60 days, up to the FMP.²

Pre-menopausal women have fewer complaints than perimenopausal and postmenopausal women. They complain significantly more of vasomotor, sexual and psychological symptoms compared to premenopausal women, as per research Studies.³⁻⁵

Menopause is a physiological change; these symptoms may hamper day-to-day activity as per the severity and coping mechanisms of women. Unfortunately, most women are unaware of specific menopausal changes.

The prevalence of menopausal symptoms: In 1990, there were 467 million postmenopausal women in the world. By 2030, menopausal women are projected to increase to 1.2 billion worldwide.^{6,7}

Indian Menopause Society (IMS) reports that the average age of menopause in Indian women is 47.5 years, which is much less than their Western counterparts (51 years). So, in the Indian scenario, menopausal health demands higher priority.⁸

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During perimenopausal, a woman's health is determined by various factors like prior health and reproductive history, lifestyle and environmental factors. Perimenopausal and postmenopausal symptoms can be disruptive to personal and professional life also, changes associated with menopause will affect a woman's health as she ages. Therefore, perimenopausal care is essential in promoting healthy ageing and quality of life.

2. Subjects and Methods

The data was collected from 200 samples that met the sampling criteria by a quantitative research approach. The Non-experimental exploratory, descriptive survey method with a non-probability convenience sampling method was used from selected community areas. The tool has two parts: part 1, baseline data, and part 2, Menopause Rating Scale (MRS). The MRS comprises 11 items and has components of Somatic, Psychological and Urogenital to measure the severity of aging symptoms and their impact on the health-related Quality of Life^{9,10} Informed written consent and confidentiality, and ethical considerations were maintained.

3. Results

Table 1 shows the distribution of respondents by age, religion, education, marital status, occupation and socio-economic status. The age category indicates that the majority of the women (37.5%) were in the age group of above 51, followed by the age group of 41- 45 (25%), 46 - 50 (22.5%) and 35 - 40 (15.5%). In the category religion, 99% of the women were Hindus No women (0%) belong to other religions. More than half of the women (54%) in the education category completed higher secondary studies. Very few women (5%) are graduates. No women have post-graduation. In marital status, 96.5% of women were housewives, 3.5% were widowed. No unmarried women and divorced women were present in this study. Regarding the category occupation, most women (96.5%) are housewives, 4% are private employees, followed by Government employees (2%), and 1.5% of women come under others. In socio-economic status, most women (35.5%) belong to the middle class, followed by the upper middle class (33.5%). 20 % of women belong to the upper class, and Only 1% belong to the lower middle class. The distribution of respondents was by the presence of another disease, such as hypertension, diabetes mellitus, and osteoarthritis. Here, 9% of women have other symptoms in which have hypertension, which is 72.2%, followed by diabetes mellitus (22.2%) and osteoarthritis (5 %).

Table 2 shows the frequency and severity of menopausal symptoms as assessed by the menopausal rating scale. The most prevalent menopausal symptom in the present study was a moderate level of irritability (35.5 %), followed by palpitation (35 %). This was followed by severe

level irritability (34%) and sleep problems (32.5%). Major women have bladder problems (27.5 %) and dryness of the vagina (27.5 %), and very few women (9%) do not have irritability. In the mild category, palpitation (31.5%) occupies the significant number and Joint and muscular discomfort (15%) settles the lowest number. In the moderate category, the major respondents reported irritability (35.5%), and 24% of women reported sexual problems. In the severe category, the significant respondents reported irritability (34%), and 9.5% of women had palpitations. In the extreme level category, 24% of respondents reported sexual problems, and 5% of women had palpitations.

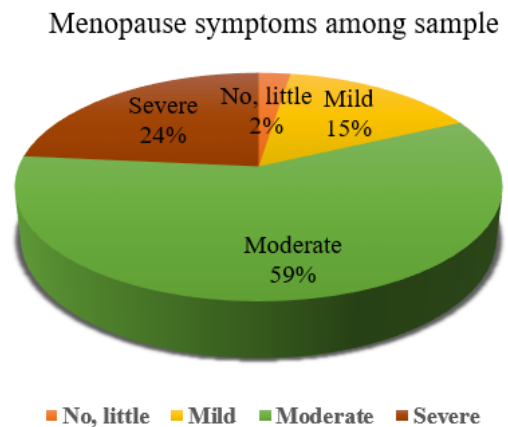


Figure 1: Types of Menopausal symptoms among a sample

Figure 1 revealed that most of the sample has 59% moderate Menopause symptoms

Different types of Menopause symptoms among sample

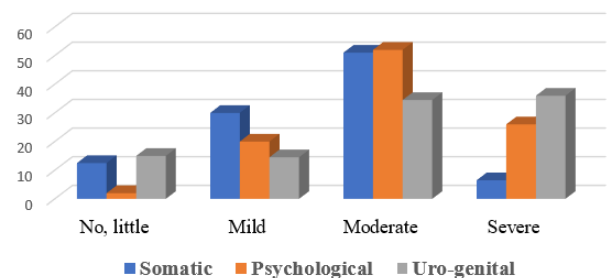


Figure 2: Different types of Menopausal symptoms among a sample

Figure No.2 findings reveal that moderate levels of Somatic, Psychological and Uro-genital symptoms

Table 4 reveals that the findings are statistically associated with all baseline variables as the P-Value is 0.00, such as age, education, etc.

Table 1: Distribution of women according to baseline data. n=200

| S.No | Baseline variables | Categories | F | % |
|------|-------------------------|---------------------------------|-----|------|
| 1 | Age | 35 -40 | 31 | 15.5 |
| | | 41-45 | 50 | 25 |
| | | 46 – 50 | 45 | 22.5 |
| | | 51 and above | 74 | 37 |
| 2 | Religion | Hindu | 198 | 99 |
| | | Muslim | 2 | 1 |
| | | Christian | 0 | 0 |
| | | Others | 0 | 0 |
| 3 | Education | Primary | 60 | 30 |
| | | Secondary | 108 | 54 |
| | | Graduation | 10 | 5 |
| | | Others | 0 | 0 |
| | | No formal education | 22 | 11 |
| 4 | Marital status | Married | 193 | 96.5 |
| | | Unmarried | 0 | 0 |
| | | Widowed | 7 | 3.5 |
| | | Divorced | 0 | 0 |
| 5 | Occupation | House wife | 185 | 92.5 |
| | | Private employee | 8 | 4 |
| | | Govt employee | 4 | 2 |
| | | Others | 3 | 1.5 |
| 6 | Socioeconomic status | Upper class (above 7700 | 40 | 20 |
| | | Upper middle class (3808 -7769) | 67 | 33.5 |
| | | Middle class (2253 - 3807) | 71 | 35.5 |
| | | Lower middle class (1166-2253) | 20 | 10 |
| | | Lower class (<1166) | 2 | 1 |
| 7 | Any associated diseases | Yes | 18 | 9 |
| | | No | 182 | 91 |
| 7.1 | Specific diseases | Hypertension | 13 | 72.2 |
| | | Diabetes Mellitus | 4 | 22.2 |
| | | Osteoarthritis | 1 | 5.5 |

Table 2: Menopausal symptoms among sample n=200

| S. No | Menopausal symptoms | None (%) | Mild (%) | Moderate (%) | Severe (%) | Extremely severe (%) |
|-------|--------------------------------|----------|----------|--------------|------------|----------------------|
| 1 | Hot flushes | 22 | 22 | 24.5 | 22.5 | 9 |
| 2 | Palpitation | 19 | 31.5 | 35 | 9.5 | 5 |
| 3 | Sleep problem | 11 | 17 | 30 | 32.5 | 9.5 |
| 4 | Depressive mood | 18.5 | 17 | 32 | 25 | 7.5 |
| 5 | Irritability | 9 | 12 | 35.5 | 34 | 9.5 |
| 6 | Anxiety | 19 | 18.5 | 27.5 | 23 | 12 |
| 7 | Physical and mental exhaustion | 16 | 17 | 26.5 | 31.5 | 9 |
| 8 | Sexual problems | 17.5 | 17.5 | 17 | 24 | 24 |
| 9 | Bladder problems | 27.5 | 22 | 21.5 | 15 | 14 |
| 10 | Dryness of vagina | 27.5 | 22 | 21.5 | 15 | 14 |
| 11 | Joint and muscular discomfort | 20 | 15 | 22.5 | 20.5 | 22 |

Table 3: Association of findings with Baseline variables n=200

| Baseline values | Chi-Square | Df | P value |
|--------------------------|------------|----|---------|
| Age | 19.24 | 3 | 0.00 |
| Religion | 192.08 | 1 | 0.00 |
| Education | 116.96 | 3 | 0.00 |
| Marital status | 169.28 | 1 | 0.00 |
| Occupation | 486.28 | 3 | 0.00 |
| Socioeconomic | 88.35 | 4 | 0.00 |
| Any associated diseases | 134.48 | 1 | 0.00 |
| Specification of disease | 13.00 | 2 | 0.00 |

4. Discussion

Ageing is an inevitable phenomenon associated with certain conditions affecting quality of life. Ageing lowers the level of estrogen production in menopausal age and may cause vaginal mucosa atrophy, accompanied by vaginitis, pruritus, dyspareunia, and stenosis. The loss of estrogen in the ovaries results in the loss of collagen, adipose tissue, and the ability to retain water, affecting women's overall health.

Menopause is one such reality of life. An estrogen-deficient state characterizes menopause, and as many organs of the body are sensitive to estrogen, a decrease in estrogen level gives rise to several physical, psychological and sexual changes. Menopause is receiving increasing attention in research studies due to the increasing life expectancy of women and the concomitant increase in postmenopausal life span.

The average age of menopause studied by the Indian menopause society is around 47.5 years. This resembles many previous studies, for example, 50 years in the United States,¹¹ 49.0 years in Singapore¹² and 48.6 years in Australia.¹³

Postmenopausal play a vital role in social impairment, and work-related difficulties influence women's overall quality of life.¹⁴ Older women are more vulnerable to social, economic and health issues than older men.¹⁵

Based on the present study, the symptom irritability showed a higher frequency in perimenopause women, followed by sleep problems. This result does not coincide with the study, where in their studies results revealed that menopausal women had been affected by joint and muscular discomfort. In our research, joint and muscular discomfort showed an average reading of 80%. Along with joint and muscular pain, palpitation, depressive mood, anxiety, physical and mental exhaustion, and sexual problems show moderate problems among menopausal women.^{16,17}

According to the study, hot flushes showed a lower percentage (9%) in present findings, which is a significant problem for middle-aged women in Malaysia.

Fewer menopausal women have extremely severe problems, according to this study, in which sexual issues are the highest among them. The majority of menopausal

women have not been affected by bladder problems and dryness of the vagina and many other studies conducted by Indian researchers; This similar finding was also documented in many different studies.^{18,19}

The irritability seems to be a predominant symptom in the present study, possibly due to hormones. The difference in the results of different studies may be due to the impact of sociocultural features, social-underlying features of race, genetics, people's perception of menopause and many other factors.^{20,21}

5. Implication

Nursing education

The results of this research study are helpful for nursing institutes to plan and conduct women's wellness programs, which benefit the students by creating awareness among the needy.

5.1. Nursing administration

The findings play a crucial role in nursing administrators to expand social support for the women's wellness clinic, OPD through planning and conducting women's support during the clinical posting of nursing students and staff which ultimately enhance the better professional preparation to cope with menopause will improve the quality of the life.

5.2. Nursing research

It extends the scope to interventions-based studies like relaxation, yoga and other supportive studies.

5.3. Limitations

The study is limited to assessing the selected areas and women.

6. Recommendations

The present study has a broad scope as follows

1. To assess the effectiveness of interventions like relaxation techniques, yoga, etc
2. To assess the Effect of peer support programs on the same problems

7. Conclusion

This study report supports that most of the sample have moderate symptoms, awareness program, yoga, stress management program along with expert guidance, if necessary, treatment will enhance the women's quality of life.

8. Source of Funding

None.

9. Conflict of Interest


None.

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