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Health of Middle Aged Women in the Menopausal Age Group

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Abstract

Background: Menopause, a universal phenomenon is defined as generally cessation of periods for 12 months or a period equivalent to three previous cycles or as time of cessation of ovarian function resulting in permanent amenorrhoea. Importance is always given to reproductive health from menarche to menopause. Problems related to menopause are given scant attention. Menopause brings psychological and biological changes that effect women's health. Menopausal health demand is a priority in Indian scenario due to growing population of menopausal women.

Objectives:

1. To study the age at onset of menopause.
2. Prevalence of menopausal symptoms.

Materials and methods: The present study is a community based, cross sectional study carried out in the field practice area of Urban Health training centre of the in tertiary care Hospital, Dr D. Y. Patil Medical College and Hospital Pimpri, Pune, Maharashtra (India). The study was carried out from 15th June 2016 to 20th June 2016. The study population comprised of all the menopausal women attending our OPDs. One hundred and fifteen postmenopausal women were included in the study. A questionnaire was used in the study. Data were presented as percentages.

Results: The mean age at menopause was 48.6 years. 55.82% of the women in the survey complain of symptoms like aching in muscle and joints, feeling tired, poor memory, lower backache and difficulty in sleeping.

Conclusion: The age at onset of menopause in semi-urban population in tertiary care Hospital, Pimpri, Pune, Maharashtra (India) is an average of 48.6 years. Socioeconomic status, food habits and health-care facilities affect the age of menopause.

Keywords: Menopause, physical & psychological changes, treatment seeking behavior.

Introduction

Menopause is the time in a woman's life when reproductive capacity ceases. The ovaries stop functioning and their production of steroid hormones falls. A variety of physiological changes take place in the body at this time. Some of these changes are the result of cessation of ovarian function with resulting deficiency of hormones. The most extensively studied and documented effects are those on the skeletal and genito-urinary systems. More recently, the details of the deleterious effects of hormone deficiency on the central nervous system, muscular system and other sites are being elucidated on. The age at which natural menopause occurs is between 45 and 55 with a mean at approximately 51 years for women worldwide. In India, menopause occurs about 3–5 years earlier—quoted as being at between 43.5 to 48.5 years of age, based on anecdotal evidence and small studies from different parts of the country. With advancing life expectancy in our population to 71 years, a significant number of Indian women will spend close to two and a half decades of their lives in menopause.

If adequate menopausal and geriatric awareness programs and health services are not made available to the aging Indian woman, the emotional and financial strain on the families, society, and

country would be significant.^[15] Menopause is defined as generally cessation of periods for 12 months or a period equivalent to three previous cycles or as time of cessation of ovarian function resulting in permanent amenorrhoea. ^[1] Menopause is a universal phenomenon which can be perceived as unpleasant. The period is generally associated with unavoidable manifestation of aging process in women. Thus menopause brings psychological and biological changes that effect women's health. Therefore, in most developed countries hormone replacement therapy (HRT) is often recommended to prevent the distressing symptoms associated with menopause.^[3] There is considerably lack of awareness about the effects and the treatment of the menopausal symptoms in women in India.

Materials and Methods

The present study is a community based, cross sectional study carried out in the field practice area of Semi-Urban Tertiary Care Hospital (ie Dr D. Y. Patil Medical College and Hospital), Pimpri, Pune. The study was carried out from 15 June to 20 June 2016. The study population comprised of all the menopausal women of that area. The study was done by interview technique using pre-designed questionnaire by a team of trained interns, PG students and medical officers. Informed consent was taken during study. Women with induced menopause, simple hysterectomy, receiving any kind of hormone therapy, presence of medical conditions like Diabetes, Hypertension, Cardiac disease, and thyroid disorders were not included in the study. Data was collected from women attending OBG, Medicine, and Ortho OPDs. The data was collected, compiled and analysed using statistical packages.

Results

The study population comprised of 115 menopausal women with 22.8, 31.2 and 46.03% being enrolled in 40-44 years, 45-50 years and >50 years age groups respectively. Mean age at menopause was 48.6 years. Average number of living children is around 3 per woman. [Table no. 1]

Table no. 1- Demographic profile

Study Variable	Average in years
Mean age	49.26
Mean parity	3
Mean menopausal age	48.6

The socio demographic characteristics of the study population were as follows. Out of the total study subjects enrolled in the study 64 % were married and 51 % were divorced/ widowed, whereas 29.6 % of them were literate and only 70.4 % were illiterates. Only 20.5% women had an active life style and others had sedentary lifestyle. On inquiry about dietary patterns 50.6% were vegetarian and 12.9% had the habits of chewing tobacco (mishre).

On interview 66 pts of the menopausal women felt firmly that they were affected by menopause in negative manner and 49 women felt that it was beneficial to them and were not affected by menopause. All those women who had reached menopause were asked to rate their health. Out of the total menopausal women 24 of them felt that their health was same as it was earlier and they didn't find any impact of menopause on their health. Another 17 of them opined that their health has improved. Not getting periods was reported as the main reason for improvement in the health. And

55% of them reported that it has deteriorated after attaining menopause. Fatigue, lack of energy, tiredness (73%), headache (55.9%), hot flushes (33.91%), cold sweats, cold hand and feet (20%) and weight gain (7.82%) were most frequent complained menopausal symptoms in the present study. Only 40% of the study population were aware of the symptoms is because of menopause. Factors like education, marital status, occupation and type of family had statistically significant impact on the health of post menopausal women. [Table no.2]

Table no. 2- Menopausal symptoms and variables

Age group (yrs)			Socio economic status		
Study Variable	Number (%)	Total	Study Variable	Number (%)	Total
40 – 44	22.60	26	Middle	46.08	53
45 – 50	32.17	37	Lower	53.91	62
> 50	45.21	52			
Education			Employment status		
Study Variable	Number (%)	Total	Study Variable	Number (%)	Total
Illiterate	70.4	81	Employed	6.95	8
Literate	29.6	34	Unemployed	93.04	107

Out of the study population only (24.15%) took treatment for menopausal symptoms. Some women took calcium or some Homoeopathic or Ayurvedic treatment or over the counter drugs to treat menopausal symptoms. Majority of females took treatment without doctors' advice. In the study population women had the opinion that all these problems are very common at this age, they are self limiting, they had not taken these symptoms very seriously and some were not aware that treatment is available. About one-third of them just took some pain killers over the counter. Some women did not seek medical help due to family or financial problems. About 5 % of them felt they don't like to go to any hospitals or don't like to take any tablets. None of them got HRT treatment. Out of the study subjects only 18 women (15.65%) were aware of PAP smear and had the correct knowledge about it and knew why should it be done. PAP smear was done only in 3 (2.60%) women. [Table no. 3]

Table no. 3- Knowledge & awareness of the study population

Study Variable			Study Variable		
	Number	%	Awareness about PAP smear		
Is menopause harmful				Number	%
	Number	%	Yes	18	15.65
Yes	66	56.92	No	97	84.34
No	49	42.60			
*Reasons for menopause harmful			PAP smear done		
Fatigue/lethargy	84	73%		Number	%
Vaginal irritation	46	40 %	Yes	3	2.60
Hot flushes	39	33.91 %	No	112	97.39
Weight gain	9	7.82 %			
Weak bones	34	29.56 %			
Cold extremities	23	20 %			

Discussion

In India currently there is no current health programme that caters the specific reproductive health needs of aging women. In this present study it is clearly seen that there is lack of awareness about menopause and related problems. The range of menopausal age seen in Indian women varies from 40.3 to 44.8 years and in developed countries range is from 48-51 years. The mean menopausal age in the present study is 49.3 years. This was almost similar to the study done in Chandigarh (44.1 yrs).^[4,5]

Another study in African women also showed the mean menopausal age to be 49.5 yrs.^[6] Diversity in attainment of menopause may be due to regional, community and either variation. Genetic, environmental and nutritional factors also play role. More than half of study subjects considered menopause to be harmful because of the physical and psychological impact on health. Whereas it was welcomed by 20.2% of women because of getting freedom from menstruation despite the prevalence of physical problems associated with menopause. Kaur found a high proportion (94%) of rural women happily accepted menopause.^[5]

The study reveals varying nature of menopausal symptoms. The most common being weakness/fatigue and vaginal irritation/ discharge. The findings were similar to that of Damodaran^[7] and Shah^[8] who also found that generalized malaise and vaginal irritation to be common symptoms in contrary to Kaur^[5] and Singh^[9] who found diminished vision to be the common symptom. Other studies done had similar findings like loss of interest in life and joint pains in majority of females. The other common symptoms were irritable behaviour and loss of sexual drive etc was evident in other studies.^[10, 11, 12, 13] Research done in developed countries too that showed mood swings, vaginal irritation, weight gain and fatigue to be predominant symptoms. Majority of women are not aware of therapy of menopause and fewer have heard of hormonal therapy. These findings were similar in the present study also.

There was a significant prevalence of sexual dysfunction among postmenopausal women that they attributed to ageing, culture, presence of adolescent children at home and lack of privacy in traditional rural homes. In a study where factors associated with sexual dysfunction were examined, it was found that dysfunction increased substantially with age, associated depression and with poor marital relationship.^[13] A study reported that women described their sexual experience as boring especially when they were overburdened by family responsibilities and were physically exhausted.^[12, 13] It is evident from these studies that the aetiology of sexual dysfunction among women >40 years of age is multifactorial, menopause being just one of the factors. It was seen in the present study various socio-demographic factors did play a significant role in the attitude of these women towards the symptoms.

In our study the awareness about PAP smear was also very less and only 3 women underwent this test. This was similar to the findings in the study by Puri et al.^[4] Thus our study shows that a significant number of postmenopausal women suffer from vasomotor symptoms, urge incontinence and other somatic symptoms such as backache, aches and pains, lack of concentration and dizziness. Sexual life was also affected by menopause.

Conclusion

Average age at menopause varies from one culture to another. Differences in the age at menopause have also been found between women in developed and developing countries. Age at menopause is found to be very low among Indian urban women. Women were aware only about irregularity of menstruation as a symptom of menopause. Though they experienced other symptoms they could not relate them to menopause. Most of the women experienced menstruation at the larger

intervals and with heavy bleeding. Irregularity of menstruation during middle age is not at all considered as a problem and many preferred not to seek any treatment for it. Some women were having the opinion that their health was remained same or improved compared to that of earlier. Women and their husbands have to be educated and counselled about the changes that occur. They can thus be a moral and mutual support. Other family members, relatives and friends can provide important support during this crucial stage of menopause. More than anything else, preparing oneself for perimenopause and menopause psychologically and emotionally works out more effectively. Regular general check-up including blood pressure and blood sugar, checking cholesterol is very much essential. Regular pelvic and breast examinations are to be done.

In the next 20 years, more women will experience perimenopause and menopause than ever before since they comprise the baby boomer generation. They are unique in that many women have delayed child bearing into their thirties or forties and many have chosen to have no children at all. ^[14] This uniqueness and the very large number of women who are entering or are currently in the perimenopausal period make it particularly essential for health care providers to completely understand the variability, effects, and treatment regimens during decreasing ovarian function. Health care providers must also access and manage correctly the risk factors for common health problems among perimenopausal and/or menopausal women, including osteoporosis, heart disease, and cancers. They should offer screening tests and dietary and exercise recommendations. Earlier life expectancy was shorter. Reaching menopause often meant that their life was nearing an end. With the increasing life expectancy today's women will live a third of her life after menopause. Health education and planning ahead for challenges can make this period as one of the most rewarding and enriching time of her life.

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