

Presence Of Menopausal Symptoms And Coping Measures Among Post-Menopausal Women

Priscillal AD¹ Kumari N², Luckshmy AL³, Menon AG⁴, Devisree KG⁵,
Bhutia C⁶.

¹Tutor, College of Nursing Command Hospital, Air Force Bangalore, Karnataka, India

^{2, 3,4,5,6} Ward sisters, CHAFB, Karnataka, India.

ABSTRACT:

Background: Natural menopause – a permanent cessation of menstruation, in the women. During the transition to menopause, women may experience vasomotor, urogenital, psychosomatic and psychological symptoms, as well as sexual dysfunction. There are various coping measures present to overcome these symptoms. The objectives were to assess the presence of menopausal symptoms and to identify the coping strategies adopted by the post-menopausal women.

Methods: the study sample was 100 postmenopausal women availing the services of a tertiary care hospital. Research approach was descriptive survey. Convenient sampling technique used.

A questionnaire on menopausal symptoms and coping measures was administered to the sample.

Results: Subjects mean age was 50.8 (SD ± 5) Mean duration of attainment of menopause 3.14 yrs (SD ± 1.7). All six categories of symptoms were present in any one form. The subjects also adopted various coping measures to overcome the symptoms. The commonly prevalent among the symptoms were tiredness (76%), and muscle/joint pain (70%), Irritability (67%), and the next common symptoms were sleep disturbance, irritability, forgetfulness and headache (61-68%). The third group was the mixture of vasomotor, psychosomatic and psychological symptoms. To combat the symptoms subjects have adopted various measures of coping to name a few, take rest and relax, opt to pray and meditate, apply pain relieving balm etc.

Conclusion: Postmenopausal women do suffer with few symptoms and also adopt the coping measures which ever is easy and known to them. Providing them with appropriate and symptoms specific coping measures will enable them in effective coping.

Key Words: Post-menopausal women, Post-menopausal symptoms, coping measures.

Date of Submission: 11-07-2023

Date of Acceptance: 21-07-2023

I. INTRODUCTION

Menopause is derived from ‘meno’ means month/menses and pausis means pause/cessation or taken, jointly a pause in menstruation.¹ Permanent cessation is diagnosed retrospectively after 12 months of amenorrhoea and believed to occur due to loss of ovarian follicular function and lack of ovarian hormones. Based on the life expectancy it is identified that women spend two decades of life in menopausal state.² Menopausal state includes vast symptomatology broadly classified as immediate, intermediate and late symptoms.¹ The mean age at menopause was 48.7 years among 350 south Indian women. Most frequent menopausal symptoms were aching in muscle and joints, feeling tired, poor memory, lower backache and difficulty in sleeping. The vasomotor and sexual domains were less frequently complained when compared to physical and psychological domains.²

As per the Indian menopause society report there are currently 65 million women over the age of 45yrs in India affected with menopause related health symptoms.³

Among 683 Sri Lankan women aged between 45- 60 years 59.4% were postmenopausal and 18.4% were perimenopausal; 90% of the sample had one or more menopausal symptoms. The most prevalent menopausal symptoms were joint and muscular discomfort (74.7%), physical and mental exhaustion (53.9%), and hot flushes (39.1%). Hot flushes sleep problems, and joint/muscular discomfort showed an increase in prevalence from the premenopausal category to the postmenopausal category ($P < 0.05$ for all). Chronic illness in the women was significantly associated with the presence of menopausal symptoms ($P < 0.01$). Women with menopausal symptoms had significantly lower ($P < 0.05$) quality-of-life scores in most of the domains of the Short Form 36 compared with women without symptoms.⁴

Symptoms like joint pain (78%), hot flush and loss of appetite (76%), difficulty in sleep, vaginal pain, fatigue, dyspareunia (74%) and the least experienced are poor skin tone (36%), voice change (34%), wrinkled

skin (32%), and decreased interest in sex (30%). The most frequently experienced psychological health problem was forgetfulness (74%).⁵

The typical menopausal symptoms of hot flushes, night sweats, sweating and vaginal dryness were experienced by 42.4%, 34.8%, 29.7% and 49.3%, respectively among the indigenous women of Malaysia; similar findings were present among Indian and Thailand women.⁶⁻⁸

MATERIALS AND METHODS

Aimed to assess the presence of postmenopausal symptoms and identify the coping methods adopted among postmenopausal women. **Research Approach:** Non experimental and descriptive survey. **Setting:** Selected Tertiary care hospital, Bangalore. **Sample and Sampling Techniques:** Post-menopausal women receiving health care services at a selected tertiary care hospital, Bangalore. Non probability - convenient sampling. Sample size- 100. **Inclusion criteria:** Women who had the last menstruation before 1 year and in the 5 years of menopausal period. Willing and available during the study, who can read and write Hindi/English/Malayalam/Tamil. **Tool:** semi structured questionnaire method. Validity was ensured by 6 experts. **Description of Tool:** Consisted of two parts. **Part-1** demographic characteristics like **Part-2** - 24 items five point rating scale on the severity of the symptoms. **Pilot Study:** conducted on 10 postmenopausal women. Ethical clearance obtained from the IEC and consent taken from the individuals. Data was analyzed using descriptive statistical methods, frequency and percentage as well as mean and standard deviation.

II. RESULTS

Table 1: Socio Demographic Characteristics
N=100

Age	Frequency & Percentage	
40 -49 yrs	41	Mean Age 50.89 SD ± 5
50 - 59 yrs	53	
>60yrs	6	
Education		
Primary	41	
Secondary	38	
Higher Secondary	14	
Graduation And Above	7	
Occupation		
Working	5	
Non-Working	95	
Attained Menopause since		
12 months	27	Mean duration of menopause 3.14 SD ± 1.7
2 – 3 yrs	27	
4 – 5 yrs	46	
Medical illness		
HTN	35	
DM	29	
Renal	2	
Thyroid disorders	10	
others	6	

Table 1 show that the mean age was 50.89 SD ± 5. A total of 79% had primary and secondary education (41% and 39% respectively). Working women were only 5%. Mean duration of menopause 3.14 SD ± 1.7. Among the medical illnesses Hypertension (35%) and Diabetes Mellitus (29%) were more common.

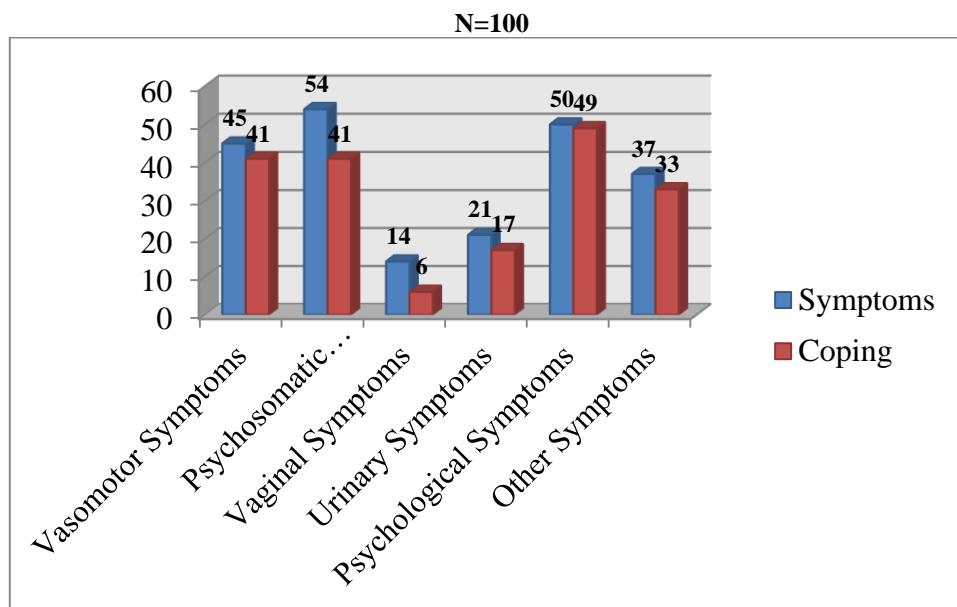


Figure 1: Distribution of symptom category and Coping

Among the six symptoms category the majorly found symptoms category were Psychosomatic and psychological 54% and 50% respectively. Maximum coping percentage was 49% for Psychological symptoms, 41% each for vasomotor and psychosomatic symptoms.

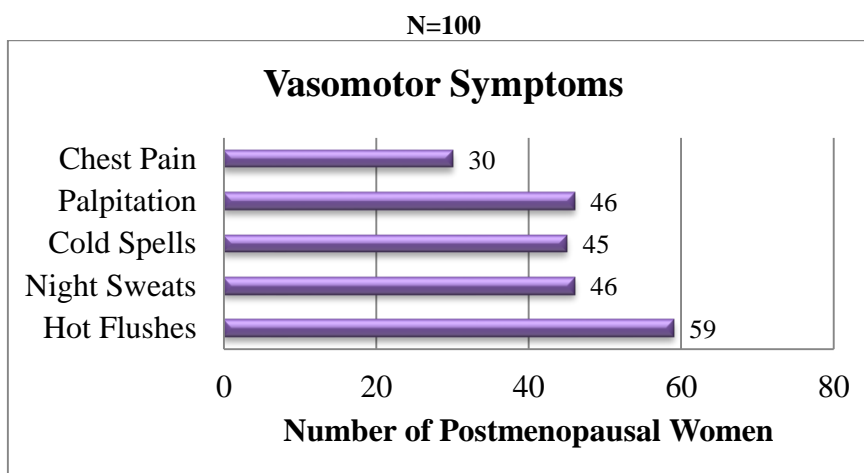


Figure 2: Vasomotor Symptoms

Inference: Among the vasomotor symptoms 59% of the subjects had Hot Flashes , 46% Night Sweats and Palpitation, 45% Cold Spells, and 30% Chest Pain.

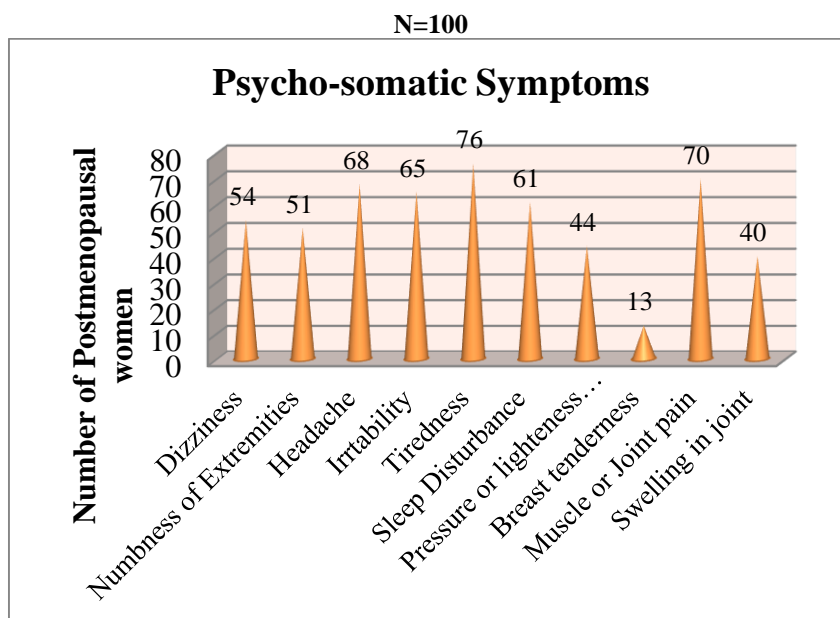


Figure 3: Psycho-somatic Symptoms

Inference: The Maximum Prevalent Psychosomatic Symptoms were tiredness (76%), muscle or Joint pain (70%). Sleep disturbance, Irritability and Headache range between 61 – 68 %, Dizziness and Numbness of Extremities range between 51 & 54 % respectively.

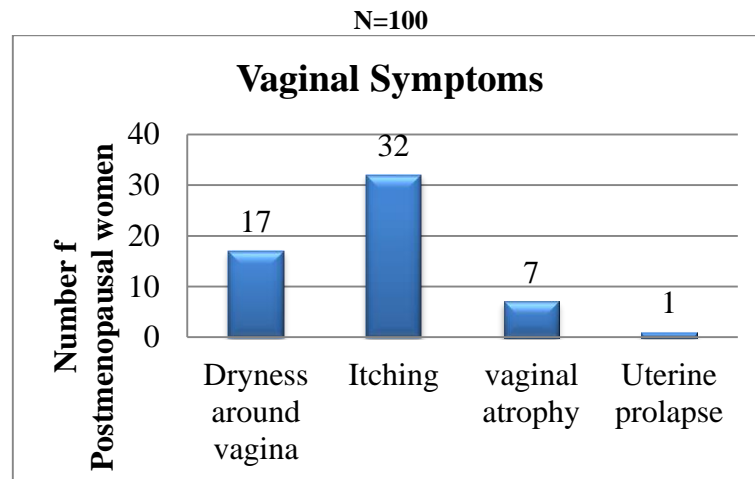


Figure 4: Vaginal Symptoms

Inference: Thirty two percentage (32) reported of experiencing itching around the genitalia, 17% reported of dryness around vagina, 7% of vaginal atrophy and only 1% has reported uterine prolapse.

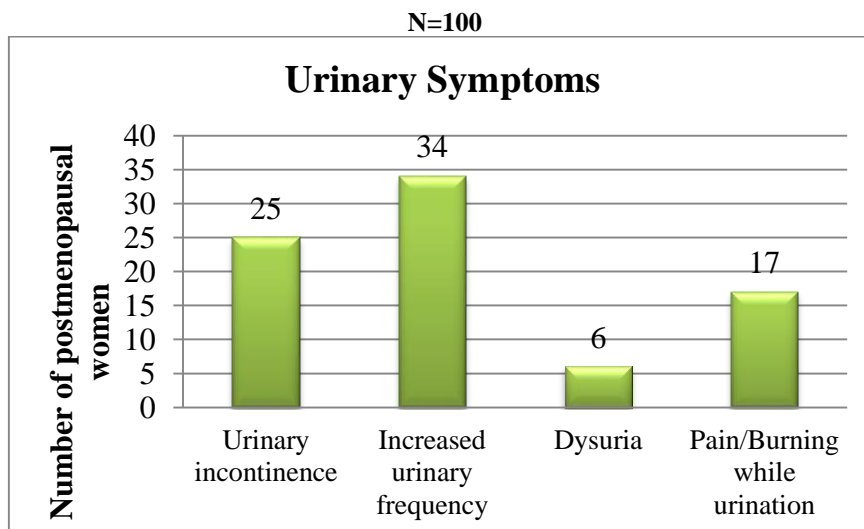


Figure 5: Urinary Symptoms

Inference: Dysuria and Pain/burning while urination present in 6% and 17% of the sample respectively, whereas 25% had reported of Urinary incontinence and 34% of increased urinary frequency.

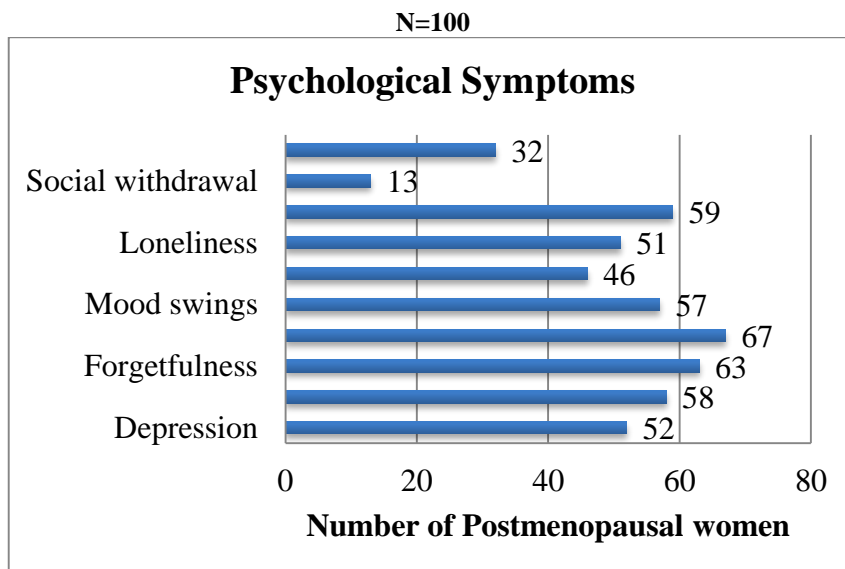


Figure 6: Distribution with respect to Psychological Symptoms

Inference: Among the entire Psychological symptoms majority experienced forgetfulness and irritability (63% & 67%). Fifty nine percentage (59%) of the sample reported of having decreased sexual desire. Feeling loneliness, Depression, Mood swings and anxiety range between 51% - 58%.

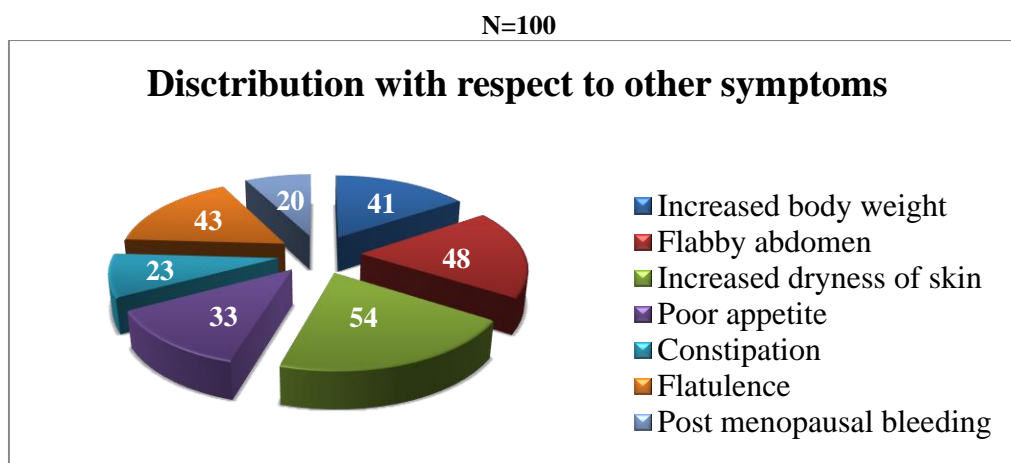


Figure 7: Other Symptoms

Inference: Increased dryness of the skin was perceived by 54% of the sample. Increased body weight, flatulence and flabby abdomen were perceived by 41-48% of the sample. Poor appetite and constipation were found in 33% and 23% respectively. Only 20% reported of post-menopausal bleeding.

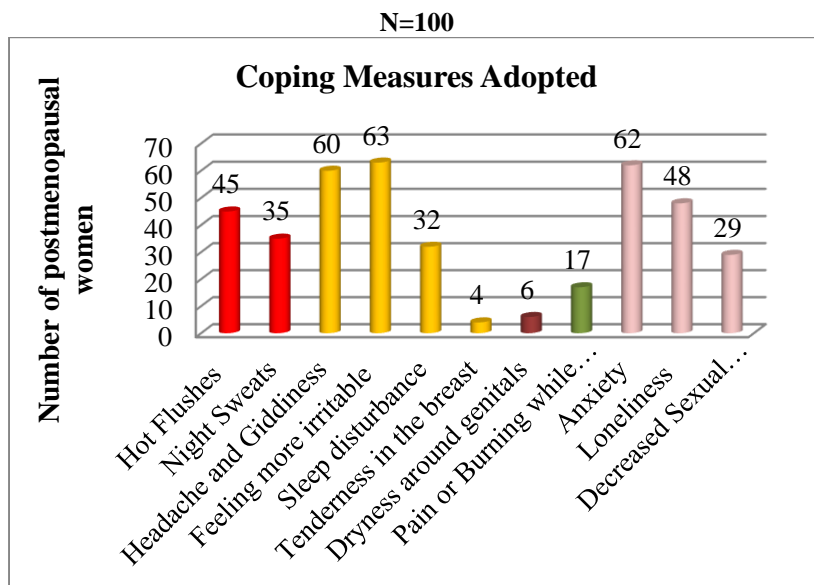


Figure 8: Coping Measures Adopted

Inference: Women adopted various coping measures for their postmenopausal symptoms. Maximum coping measures were adopted for the following symptoms: Feeling more irritable (63%), Anxiety (62%), Headache and giddiness (60%). Reasonable coping measures were adopted for symptoms such as loneliness (48%), Hot flushes (45%) and Night sweats (35%).

III. DISCUSSION

The current study identified the presence of menopausal symptoms and the coping strategies adopted by them. The overall socio-demographic characteristics of the population under study revealed that 85% of the subjects were between the ages of 45 – 59 yrs (mean age = 50.89 SD + 5). A similar study had mean age at menopause as 48.7 years among 350 south Indian women. . Mean duration of attainment of menopause 3.14yrs (SD+ 1.7). The post-menopausal women under study also reported to have chronic illnesses like Hypertension (35%), Diabetes Mellitus(29%), Thyroid Disorders (10%) , Renal and other disorders (8%) and are under treatment for their illnesses. Maximum number of study participants adopted one or other coping measure to overcome Headache and Giddiness (60%) and Irritability (63%). Forty five and 48% of the study participants adopted some or the other measures to overcome Hot Flashes and Loneliness. A Study at Bangalore revealed that 75% of the samples adopted remedial measures for menopausal problems.

IV. CONCLUSION

The current study findings add the information on the presence of post-menopausal symptoms and the coping measures adopted by 100 post-menopausal women. The findings reveal that majority of women suffer with the post-menopausal symptoms and most of them take simple home measures to cope up with the symptoms. This study results can be utilized to initiate Nurse led interventions/educational programme. Similar studies can be conducted to evaluate the effectiveness of nurse led educational programme.

ACKNOWLEDGEMENTS

We acknowledge the cooperation of all our participants.

CONFLICT OF INTEREST

Nil

REFERENCES

- [1]. Daftary SN, Desai SV: Selected Topics In Obstetrics And Gynaecology – 1 For Postgraduates And Practitioners. BI Publications Pvt Ltd. 2005, 279-293.
- [2]. Bairy L, Adiga S; Et Al: Prevalence Of Menopausal Symptoms And Quality Of Life After Menopause In Women From South India. Australian And New Zealand Journal Of Obstetrics And Gynaecology, Volume 49, Number 1, February 2009 , Pp. 106-109(4)
- [3]. Indian Menopausal Society . Enhancing Education For Optimal Midlife Women Health (Www.Indianmenopause Society.Org)
- [4]. Waidyasekera H, Wijewardena K, Lindmark G, Naessen T. Menopausal Symptoms And Quality Of Life During The Menopausal Transition In Sri Lankan Women. Menopause. 2009 Jan-Feb;16(1):164-70. Doi: 10.1097/Gme.0b013e31817a8abd. PMID: 18703984

- [5]. Souza LD, Rao AC. Health Problems Among Menopausal Women In Udupi District (Karnataka). *Nurs J India*. 2012 Apr;103(2):62-4. PMID: 23362740.
- [6]. Syed Alwi SA, Lee PY, Awi I, Mallik PS, Md Haizal MN. The Menopausal Experience Among Indigenous Women Of Sarawak, Malaysia. *Climacteric*. 2009 Dec;12(6):548-56. Doi: 10.3109/13697130902919519. PMID: 19905907.
- [7]. Peeyanjarassri K, Cheewadhanaraks S, Hubbard M, Zoa Manga R, Manocha R, Eden J. Menopausal Symptoms In A Hospital-Based Sample Of Women In Southern Thailand. *Climacteric*. 2006 Feb;9(1):23-9. Doi: 10.1080/13697130500487422. PMID: 16428122.
- [8]. Gupta P, Sturdee DW, Hunter MS. Mid-Age Health In Women From The Indian Subcontinent (MAHWIS): General Health And The Experience Of Menopause In Women. *Climacteric*. 2006 Feb;9(1):13-22. Doi: 10.1080/13697130500515776. PMID: 16428121.
- [9]. Sonia Sunny. Prevalence Of Menopausal Problems Among Women In Selected Urban Area Of Bangalore.2005. P. 1-7.