

Assessment the Menopausal Symptoms of Women by Using the Menopausal Rating Scale In Qena City

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Abstract: Background: Menopausal symptoms can affect women's health and wellbeing. Many women pass through menopause without untoward symptoms. These women remain active and in good health with little interruption of their daily routines. Other women experience vasomotor symptoms, which give rise to sensations of hot flushes, night sweating, headache, insomnia, and irritability. Aim of the study: To assess the menopausal symptoms of women by using the menopausal rating scale in Qena city. Methods and materials: it was a descriptive cross section study was carried out on (250 menopausal women). Data was collected through a modified menopausal rating scale sheet to collect necessary data. Setting: The study was conducted at out patient's clinics of Qena University and general hospitals and south valley university. Results: the study results revealed that, more than one- thirds of women (37.2%) had severe hot flushes, less than one-half (41.2%) had severe depression, more than one – third (38.4%) had a moderate and less than one- third (29.2%) had a severe sexual problems, so there was a statistically significance differences. Conclusion : In this study, age, and educational level were independent risk factors predicting more severe menopausal symptoms. So, increased severity of symptoms was found to be related to age, and lower educational level.

Keywords: Menopause, menopausal rating scale, symptoms, women, Qena.

I. Introduction

Climacteric period and menopause are important for women in terms of problems such as vasomotor symptoms, and also some long-term consequences such as osteoporosis, increasing risks of heart problems. These problems may affect the quality of life of a woman. Cultural differences may play an important role in the perception of the symptoms and affect the quality of life. (Ozcan , et al, 2007).

Symptoms experienced with the menopausal transition and early post menopause are varied and span both physical and psychological domains. An ovulatory cycles and ovarian failure may be accompanied by a multiplicity of physical symptoms. Vasomotor symptoms, including hot flashes and night sweats, sleep disturbances, vaginal dryness, urinary incontinence, and weight gain, are common physical conditions experienced by midlife women in the transition through menopause and early post- menopause, (Thurston, et al,2011).

Psychological symptoms frequently associated with menopause include fatigue, irritability, and anxiety. Some symptoms associated with changing hormone levels are directly linked with estrogen depletion. Hot flushes, night sweats, and vaginal atrophy resulting in vaginal dryness are correlated with changing levels of sex hormones .(Lewis, 2009).

Aim Of The Study

Assess the menopausal symptoms of women by using the menopausal rating scale.

Significance Of The Study

Menopause has not been well-investigated in our environment. Women in our environment have always been assumed to adjust well to the changes caused by menopause. Such thinking derives support from the belief that the cultural background of our women contributes to their adjustment to menopausal changes. Menopause has been reported as one of the opportunities for women to visit health-care services. (Guthrie, 2003). In our health system, women of the reproductive age group are given more importance. The post-menopausal women in both urban and rural areas are neglected. Therefore, in this study, the most common post-menopausal symptoms, namely the vasomotor, psychological and the urinary symptoms which occur in the post-menopausal women, have been stressed on. Menopause, an important stage within the continuum of the health in a woman's life, has gained a lot of attention since the last century.

Subjects And Methods

Research design:

A descriptive cross-sectional study design was utilized in carrying out this study.

Study Settings:

The study was conducted at out patient's clinics of Qena University and general hospitals such as obstetrics and gynecological clinic and the orthopedic clinic, the maternal and child health center of sedy abdel-Rahim in Qena, and South Valley University, which provide free services all cases from rural and urban areas at qena city, Egypt.

Sample size:

convenient sample included 250 menopausal women, which ages ranged between 45 and 60 years, who were seeking medical advice or not. Direct personal communication made to get their consent and cooperation before being enrolled in the study after the purpose of the study was explained. This sample detected by using Epi- info[™] statistical package, version 3.3 with power 80%, a value of 2.5 is chosen as the acceptable limit of precision (D) at 95% level of confidence (CI), sample size was estimated to be 250 women. The collected data started from May- August ,2013 which are collected through two-three days per week.

The target population of the study was chosen according to the following criteria:-

Inclusion criteria:-The study population included:

All the women who had attained natural menopause .

Whose age ranged between 45 to 60 years .

Who had symptoms of menopause.

Exclusion criteria: -

Women had chronic diseases before menopause

Women who had undergone overectomy, hysterectomy or chemotherapy .

Tools of data collection:-

A structured interview sheet that was developed, modified and translated and utilized by the researcher to collect the necessary data to filled from the menopausal women in Qena city . it was based on review of literature and reviewed by experts from obstetrics and Gynecological nursing specialties. Included the following two sections:

Section I: which concerned with personal data or socio - demographic data (such as age, education, employment, marital status and residence) and reproductive parameters (menstrual, gravidity ,parity). The current medical history was concerned with hypertension, heart diseases and liver diseases.

Knowledge about menopause was concerned with meaning of menopause, sources of knowledge about menopause.

Section II: was about data related to assessed the menopausal symptoms by using Menopause Rating scale (MRS). (Heinemenn , et al, 2003).

Menopause Rating Scale: It comprises of 11 items assessing menopausal symptoms, divided into three subscales. A) Somatic: Hot flushes, heart discomfort, sleep problem and muscles and joint problems. B) Psychological: depression, irritability, anxiety and physical and mental exhaustion. C) Urogenital: Sexual problems, bladder problems and dryness of vagina. Each Item can be graded from 0-4, (0= not present), (1=mild), (2=moderate), (3=severe), (4=very severe).

Procedure

An official permission will be obtained from the head of department of obstetrics & gynecology in Qena university hospital, mother and child health center and consent from the women in the study after the purpose and nature of the study will be explained for taking their approval to carry out the study.

The researcher will interview the women face to face to answer a questionnaire, during this interview full the questionnaire assess the severity of menopausal symptoms and it effect on quality of life of women.

The researcher will assure voluntary participation and confidentiality of each subject who agrees to participate. The researcher introduced herself to the eligible women and briefly explained the nature of the study.

The consent was obtained from women orally before being involved in the study after explanation of the nature and purpose of the study and there are no risks or cost in participation, and there are voluntary participation and confidentiality of each subject who agree to participate and to fill the questionnaire.

The researcher takes two to three days every week, and each day take about 5 women maximally.

The filling of questionnaire took 30 minutes by participants.

After filling the questionnaire .the researcher explains symptoms to women for awareness and answers the questions of participant related to this subject and the researcher provided health education about menopausal problems or effects and how deals with it and give women brochure about menopausal symptoms and its management.

Pilot Study

It was conducted in (10% equal 25 women) from sample size menopausal which was included in the study, this pilot will be done to identify the clarity of the questions and test validity and reliability of the questionnaire and accordingly necessary modifications was be carried.

Statistical Analysis

Data collected were coded and analyzed. Results were tabulated and statistically compared by computer program (SPSS) SD, number, percentage and using Chi-square to determine significance between numerical variable. N.S P>0.05 (No significance), P<0.05 (Significance).

Limitations Of The Study

The current study had exhausted every effort to fulfill the study; however there were some unavoidable limitations. Some of the women refused to participated in this study because they were busy so, the researcher make more clarification for purpose of the study and give more education about symptoms of menopause and life style changes and this attract women to initiate and participate in the study and this take more effort for the researcher.

II. Results

Table (1): Distribution of women according to Socio - demographic characteristics among menopausal women:

Socio-demographic characteristics	No.=250	%	p. value
Age Mean ± SD	53.6±6.5		
45 - 50 years	52	20.8	0.001**
50 - 55 years	85	34.0	
55 - 60 years	113	45.2	
Residence			
Rural	189	75.6	0.001**
Urban	61	24.4	
Who do you live with?			
Alone	21	8.4	0.001**
with family	222	88.8	
with relatives	7	2.8	
Occupation			
Worker	48	19.2	0.001**
house wife	202	80.8	
level of education			
Illiterate	168	67.2	0.001**
read and write	28	11.2	
primary school	9	3.6	
secondary school	39	15.6	
University	6	2.4	
social status			
Single	9	3.6	0.001**
Married	163	65.2	

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Socio-demographic characteristics	No.=250	%	p. value
Widow	69	27.6	
Divorced	9	3.6	

Table (2): Distribution of women according to menstrual history:

History of menstruation	No.=250	%	P. value
Spots between period			
Yes	123	49.2	0.721 ^{Ns}
No	127	50.8	
When did the stopping of menstruation?			
6-12 month	45	18.0	0.001**
2-3 years	71	28.4	
5 years and more	134	53.6	
Character of stopping of menstruation?			
Suddenly	78	31.2	0.001**
Gradually	172	68.8	
Age of last period			
less than 45 years	28	11.2	0.001**
45-50 years	168	67.2	
more than 50 years	54	21.6	

Fig (1): the current medical history:

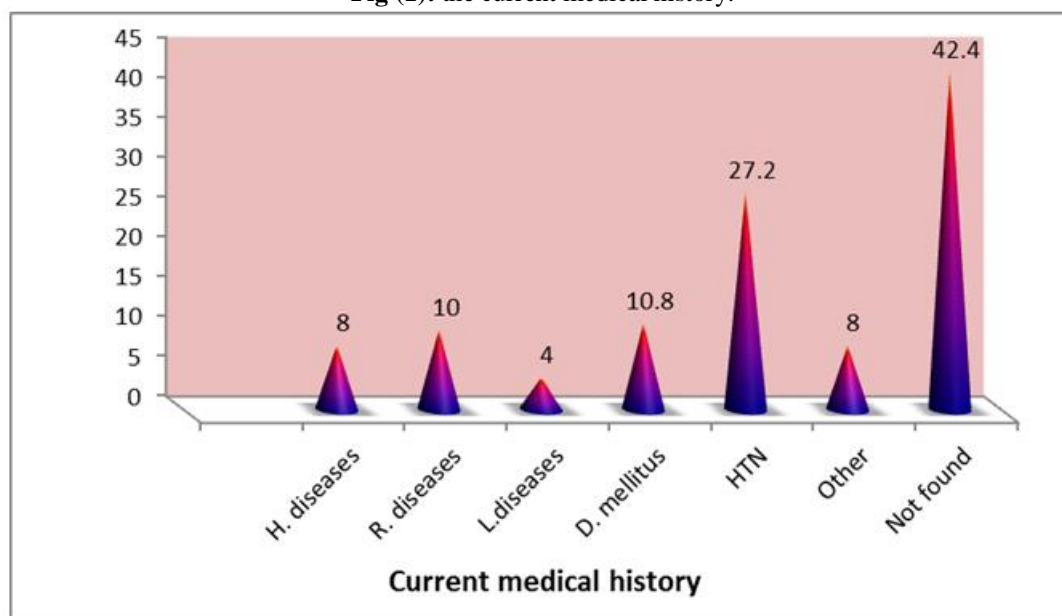


Table (3): Distribution of women according to their knowledge about menopause:

Knowledge about menopause	No.=250	%	P. value
Definition of menopause #			
Stopping of menstruation	185	74.0	0.001**
End of reproductive age	65	26.0	
Real evidence	42	16.8	
The Source of knowledge#			
Books	43	17.2	0.001**
Friends & neighbors	193	77.2	
Journals & advertisements	24	9.6	
Radio & TV	45	18.0	
What is your sense towards this age?#			
Age of experience	46	18.4	0.001**
Free from period problems	167	66.8	
Free from pregnancy and its problems	63	25.2	
Health deterioration	149	59.6	
Decreased sex	20	8.0	

Table(4): Distribution of women according to menopausal rating scale (MRS).

Menopausal rating scale (MRS)	No.=250	%	P. value	Mean ± SD
Somatic symptoms(Hot flushes and night sweating)				
None	2	0.8	0.001**	3.73± 0.56
Light	18	7.2		
Moderate	81	32.4		
Severe	93	37.2		
very severe	56	22.4		
Heart problems				3.65± 0.55
None	0	0	0.001**	
Light	34	13.6		
Moderate	59	23.6		
Severe	117	46.8		
very severe	40	16		
Sleep problems				3.74± 0.56
None	2	0.8	0.001**	
Light	27	10.8		
Moderate	46	18.4		
Severe	133	53.2		
very severe	42	16.8		
Joints and muscles problem				3.76± 0.56
None	6	2.4	0.001**	
Light	11	4.4		
Moderate	63	25.2		
Severe	128	51.2		
very severe	42	16.8		
Psychological symptoms(Mood depression)				3.44± 0.52
None	11	4.4	0.001**	
Light	26	10.4		
Moderate	82	32.8		
Severe	103	41.2		
very severe	28	11.2		
Anxiety				3.50± 0.53
None	6	2.4	0.001**	
Light	23	9.2		
Moderate	89	35.6		
Severe	103	41.2		
very severe	29	11.6		
Irritability				
None	2	0.8	0.001**	
Light	16	6.4		
Moderate	52	20.8		
Severe	145	58.0		
very severe	35	14.0		
Uro- genital symptoms (Sexual problems)				3.66± 0.55
None	3	1.2	0.001**	
Light	19	7.6		
Moderate	96	38.4		
Severe	73	29.2		
very severe	59	23.6		
Urinary bladder problems				3.82± 0.57
None	2	0.8	0.001**	
Light	29	11.6		
Moderate	55	22.0		
Severe	90	36.0		
very severe	74	29.6		
Dryness of vagina				2.82± 0.42
None	35	14.0	0.001**	
Light	60	24.0		
Moderate	75	30.0		
Severe	74	29.6		
very severe	6	2.4		

Table (5): levels of Menopausal Rating Scale :

	No.=250	%	P. value
Mild	39	15.6	0.001**
Moderate	76	30.4	
Severe	135	54.0	
Mean ± SD (in %)	42.3±14.4		

Table (6): The relation between menopausal rating scale and socio-demographic characteristics among menopausal women.

socio-demographic characteristics	Menopause rating scale level						P. value
	Mild =39		Moderate =76		Severe =135		
	No.	%	No.	%	No.	%	
Age							
45 < 50 years	5	12.8	30	39.5	17	12.6	0.001**
50 < 55 years	6	15.4	23	30.3	56	41.5	
55 < 60 years	28	71.8	23	30.3	62	45.9	
Residence							
Rural	36	92.3	40	52.6	113	83.7	0.001**
Urban	3	7.7	36	47.4	22	16.3	
Job							
Worker	5	12.8	26	34.2	17	12.6	0.002**
House wife	34	87.2	50	65.8	118	87.4	
level of education							
Illiterate	19	48.7	49	64.5	100	74.1	0.001**
Read and write	13	33.3	3	3.9	12	8.9	
Primary school	5	12.8	0	0.0	4	3.0	
Secondary school	1	2.6	20	26.3	18	13.3	
University	1	2.6	4	5.3	1	0.7	
Social status							
Single	2	5.1	6	7.9	1	0.7	0.001**
Married	10	25.6	57	75.0	96	71.1	
Widow	26	66.7	11	14.5	32	23.7	
Divers	1	2.6	2	2.6	6	4.4	
BMI level							
Under weight	1	2.6	1	1.3	7	5.2	0.002**
Normal	21	53.8	22	28.9	48	35.6	
Over weight	15	38.5	21	27.6	48	35.6	
Obese	2	5.1	27	35.5	22	16.3	
Morbidly obese	0	0.0	5	6.6	10	7.4	

Table (7): the relation between MRS and knowledge about menopause.

Knowledge about menopause.	Menopause rating scale level						P. value
	Mild =39		Moderate =76		Severe =135		
	No.	%	No.	%	No.	%	
Mean of menopause							
Stoppage of menses	33	84.6	42	55.3	110	81.5	0.003**
End of reproduction	14	35.9	21	27.6	30	22.2	
Real evidence	29	74.4	13	17.1	42	31.1	
More than one answer	8	20.5	17	22.4	18	13.3	
Source of knowledge							
Books	2	5.1	24	31.6	17	12.6	0.001**
Friends	37	94.9	56	73.7	100	74.1	
Journal	1	2.6	8	10.5	15	11.1	
Radio&tv	1	2.6	15	19.7	29	21.5	
More than one answer	2	5.1	14	18.4	23	17.0	
Source of feeling to this age							
Age of experience	5	12.8	23	30.3	18	13.3	0.015*
Free from period problems	26	66.7	44	57.9	97	71.9	
Free from pregnancy and its problems	11	28.2	9	11.8	43	31.9	
Health deterioration	19	48.7	36	47.4	94	69.6	
Decreased sex	9	23.1	11	14.5	20	14.8	
More than factor	21	53.8	42	55.3	99	73.3	

Table (1): show that slightly less than half of women about (45.2%) were in the age group 55<60 years old. And slightly more than one- fifth of women about (20.8%) were in the age group 45-50 years old, with mean of women age and standard deviation (53.6± 6.5), so there was statistical significant difference.

Regarding to residence, slightly more than three- fourth of women about (75.6 %) were from rural area and slightly more than one-fifth of women about (24.4%) were from urban area, so there was statistical significant difference. In the same table, regarding to occupation, the great majority of women about (80.8%) house wife and less than one –seventh of women about (19.2%) were worker. So there was highly statistical

significant difference. As regarding to level of education of menopausal women ,more than two-third of women about (67.2%) have illiterate and less than one- seventh of women about (2.4%) have university education ,so there was highly statistical significant difference.

Regarding to social status, less than one-seventh of women about (3.6%) were single and divorced and slightly less than two- thirds of women about (65.2%) were married, so there was statistical significant difference.

Table (2): the results show that ,Regarding to spots between periods, slightly more than half of women (50.8%) did not have blood between periods, so there was no statistically significant difference.

Regarding when the stopping of menstruation occurred , for slightly more than one-sixth of women (18.0%) it stopped at 6-12 months, and for more than half of them (53.6%) it stopped at 5 years and more ,so there was a statistically significant difference.

Regarding the character of stoppage of menstruation , more than two-thirds of women (68.8%) had gradual stoppage of period, so there was a statistically significant difference.

Regarding age of last period , two-thirds of women (67.2%) had the last period at the age of 45-50, and slightly more than one fifth of them (21.6%) had the last period at the age of over 50, so there was a statistically significant difference.

Table (3): The results show knowledge about menopause, regarding the definition of menopause, slightly less than three-fourths of women (74.0%) answered stopping of menstruation ,and slightly more than one-fourth (26.0%) answered end of reproductive age ,so there was a statistically significant difference.

Regarding the source of knowledge, slightly more than three- fourth of women (77.2%) had knowledge from friends .and less than one-fifth (17.2% & 18.0% respectively) had knowledge from books and radio &TV. So there was a statistically significant difference.

Regarding what is your sense towards this age ,two – thirds of women (66.8%) answered free from periods problems, and one- fourth (25.2%) answered, free from pregnancy and its problems. so there was a statistically significant difference

fig:(1): The results show that , regarding current medicine history ,less than one third of women (27.2%) had hypertension ,and less than one- sixth of them (10.8%) had diabetes mellitus, and less than a half of them (42.4%) did not have any diseases, so there was a statistically significant difference at $p<0.01$.

Table(4): the results show, menopausal rating scale, regarding to vasomotor symptoms regarding to, hot flushes and night sweating, more than one- third of women about (37.2%) were have severe hot flushes , slightly less than one- third of women about (32.4%) were have answered moderate ,and slightly more than one –fifth about (22.4%) were have answered very severe ,so there was statistical significant difference.

In the same table regarding to heart problems , less than one half of women about (46.8%) were severe and slightly less than one – fourth about (23.6%) were moderate, so there was statistical significant difference.

As regarding to sleep problems, more than one –half of women about (53.2%) were severe and less than one- fifth about (18.4%) were have answered moderate, so there statistical significant difference.

In the same table , regarding to, joints and muscles problems, slightly more than one- half of women about (51.2%) were severe ,and slightly more than one- fourth about (25.2%) were moderate, so there was statistical significant difference.

Regarding psychological symptoms regarding to mood depression , less than one-half about (41.2%) were severe, less than one – seventh about (4.4%) were none, so there was statistical significant difference.

Regarding to physical &mental stress, more than one – half about (58.0%) were severe and one – fifth about (20.8%) were moderate, so there was statistical significant difference.

In the same table , regarding to urinary and genital system symptoms ,as regarding to sexual problems, more than one – third about (38.4%)were moderate and less than one- third about (29.2%) were severe ,so there was statistical significant difference.

Regarding dryness of vagina ,less than one- third about(30.0%) were moderate ,and the minority of them about (2.4%) were very severe , so there was statistical significant difference.

Table (5): the results show menopausal rating scale level, less than one –sixth of women about (15.6%) were had mild MRS level and more than one-half of them about (54.0%) were had severe MRS level ,with mean \pm SD about(42.3 \pm 14.4), so there was statistical significance difference.

Table (6): the result show that, regarding to, age less than one-sixth of women (12.8%) were in group 45>50 years old had mild MRS and if compare with more than one- third (39.5%) were in the same group with a

moderate MRS level ,and regarding to 55>60 years old the highest percentage of women (71.8%) had mild MRS level if compare with less than a half of them (45.9%) had severe MRS level ,so there was a statistically significant difference.

As regarding residence, the most highest percentage of women (92.3% & 83.7% respectively) had a mild & severe MRS ,from rural areas and the minority of them (7.7% & 16.3% respectively) had mild & severe from urban area, so there was a statistically significant difference.

Regarding the level of education ,less than a half of women (48.7%) had mild MRS level ,if compare with slightly less than three-fourth of them (74.1%) had severe level ,were illiterate level of education, if compare with the minority of them (2.6% & 5.3% & 0.7% respectively) had mild, a moderate and severe MRS level , had university level of education, ,so there was a statistically significant difference.

Regarding the marital status, minority of percentage (5.1% & 7.9% & 0.7% respectively) had a mild ,average, and severe MRS level were single if compare with the highest percentage (71.1% & 75.0% respectively) had a moderate and severe MRS level, were married, so there was a statistically significant difference.

Regarding to BMI level, the minority of women (7.4%) had severe MRS level , had morbidity obese if compare with more than one-third (35.6%) had severe MRS level, were overweight, So there was a statistically significant difference.

Table (7): the results show that, As regarding the mean of menopause ,stoppage of period, more than a half of women (55.3%) had a moderate MRS level if compare with the highest percentage of them (81.5%) had] severe MRS level if compare with real evidence, less than one-fifth of women about (17.1%) had a moderate MRS level if compare with less than one-third of them (31.1%) had severe MRS level , so there was a statistically significant difference.

As regarding the source of knowledge from books, the most minority of them (5.1%) had mild MRS level if compare with less than one-third of them (31.6%) had a moderate MRS level if compare with who their source of knowledge from friends, the most majority of them (94.9%) had a mild MRS level if compare with less than three-fourth of them (73.7%) had severe MRS level, so there was a statistically significant difference.

III. Discussion

The term “menopause” denotes the final cessation of menstruation, either as a normal part of aging or as the result of surgical removal of both ovaries. Some of menopausal symptoms experienced by these women can be severe enough to affect their normal daily activities .The common climacteric symptoms experienced by them can be group into: vasomotor, physical, psychological or sexual complaints (Gharaibeh, et al, 2010).

The current study revealed that the mean of age of study subjects was 53.6 ± 6.5 years, this agree with study conducted by (Dhillon et al, 2006 and palacios et al 2010) who reported that the mean age at menopause was 51.14 ± 2.11 years, and also agree with (Elsayed .E & Shokery.E, 2012) who mentioned that the study conducted in zagazig about Menopausal symptoms and the quality of life among pre/post menopausal women from rural area in Zagazig city ,the mean age of women was 54.0 ± 7.9 years. This agrees with another study conducted by (Delaver & Hajiahmadi, 2011) who stated that the mean age in menopause was 47.7 years .

Our study showed , the highest percent (80,8%) as a house wife ,this contradicting with (Huszla, et al, 2014) who mentioned that the most of women about (56,5%) employed, in their study carried in Poland about effects of socio - demographic, personality and medical factors on quality of life of post-menopausal women .and this consistent with the study by (Nisar & Ahmed Sohoo , 2010) who mentioned that the majority (75.6%) of women as a house wife in their a study about Severity of Menopausal symptoms and the quality of life at different status of Menopause: a community based survey from rural Sindh, Pakistan.

The current study is conforming to the minority (19.2%) of women workers .this agree with (Palacios, et al ,2010) who mentioned that only (1.5%) hired workers in their study about Age of menopause and impact of climacteric symptoms by geographical region.

In my point view the highest percentage of women in this study was house wives and the minority of them was employed ,this may be related to the nature of the society in qena especially in rural areas .

In the present study show the minority of women have high education was (2.4%) this is agree with (Rahman, et al, (2011) who mentioned that the lowest proportion of women are highly educated (5.5%) in their study about Menopausal symptoms assessment among middle age women in Kushtia, Bangladesh .This may be related to nature of the society as financial resources for completing education and early marriage of women and this society concerned with marriage more than education of women.

The present study show that the majority (77.2%) of women have sources of knowledge about menopause from friends followed by radio & TV (18.0%) and the minority (9.6%) their knowledge from journal and this contradictly with (DEMIRCI, et al, 2012) who mentioned in a study about Factors Affecting the Quality of Life in Climacteric Women in Manisa Region show that the majority (27.6%) of women have their knowledge from physician then followed by TV-radio-internet (26.5%) and reported that the minority (6.7%)

of women have their knowledge from friends and this may be because that the most of women in the present study were illiterate and depend on friends and TV& radio as source of information about this subject.

The present study revealed that the most prevalent symptoms in the MRS score: Hot flushes was severe among women about (37.2%),this agree with (Yakout , et al,2011) who mentioned that the majority (85.0%) of women have severe degree of hot flushes in their study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif .

In my point view, the present study indicated an overall increase prevalence of menopausal symptoms in studied population. The reasons for different frequencies can be many as the menopausal symptoms are influenced by socio-demographic/sociocultural factors, economical stresses, general health status, individual perception of menopause, genetic and racial differences and reproductive parameters like parity.

The present study show that, more than one – third (38.4%) of women have moderate sexual problems and this disagree with (Yakout , et al,2011) who mentioned that more than one- half (62.5%) of women have severe sexual problems in their study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif .

The findings of the present study showed that the women in postmenopausal period suffered from severe different menopausal symptoms such as: musculoskeletal, hot flushes and sweating symptoms as well as sexual, bladder problem, dryness of vagina .This may correlates with fluctuating levels of estrogen in the blood from premenopausal to postmenopausal period .These differences in frequencies of symptoms may be associated to differences of race, life style, culture, genetics and diet. For example musculoskeletal symptoms in women of menopausal age may be related to hormonal changes or, they may be due to women's roles within particular culture.

In the present study ,on assessing the severity of the menopausal symptoms by MRS it can be observed that the highest mean score of menopausal symptoms were in domains urinary bladder problems and worry(3.82 ± 0.57 & 3.80 ± 0.57 respectively)followed by physical and mental stress 3.78 ± 0.57 compared to urogenital symptoms as dryness of vagina (2.82 ± 0.42 which was the lowest mean score. this disagree with (Yakout, et al,2011) who mentioned that, the highest mean score of menopausal symptoms were in different domains urinary tract, muscles and skeletal (12.3 ± 3.1 , 10.4 ± 2.7 , respectively) compared to cardiovascular (3.4 ± 1.2) which are the lowest, in their study about menopausal symptoms and quality of life among Saudi women in Riyadh and Taif.

In the present study the mean of the total MRS score was (44.1 ± 15.2) this agree with (Elsayed& shokry, et al,2012) who mentioned that the total score was higher in post-menopausal women than premenopausal women (17.15 ± 11.21 , 16.86 ± 9.11 , respectively), and there is no statistically significant difference between two study groups regarding total MRS score. In their study about Menopausal symptoms and the quality of life among pre/post- menopausal women from rural area in Zagazig city .

IV. Conclusion

In this study, age, and educational level were independent risk factors predicting more severe menopausal symptoms. So, increased severity of symptoms was found to be related to age, and lower educational level.

V. Recommendations

This study has implications for research, practice and education where, Health-care providers need to play a more visible and instrumental role in continuously assessing menopausal women's needs as well as to implement appropriate health educational programs. the health care services should pay more attention towards the women's health in the post-menopausal period

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- [9]. Ozcan C, Budakoğlu II, Eroğlu D, Yanik F(2007): Quality of life and postmenopausal symptoms among women in a rural district of the capital city of Turkey. Gynecol Endocrinol 2007;23:404-9.]11] Certainly, there are many factors affecting the quality of life of women during that period.
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