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Original Research Article

The prevalence and awareness of menopausal symptoms among perimenopausal and postmenopausal women visiting a tertiary care hospital

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ABSTRACT

Background: The growing number of postmenopausal women has important implications for healthcare systems, as these women may face specific health concerns associated with menopause and ageing. The study aimed to know the prevalence and awareness of menopausal symptoms among perimenopausal and postmenopausal women visiting tertiary hospitals.
Methods: A cross-sectional design was used for data collection and analysis. Women aged 45 years and above in the perimenopausal and postmenopausal age groups were included. We utilised the menopausal rating scale questionnaire as a tool.
Results: A maximum percentage of women (73%) reported physical and mental exhaustion, bladder problems (66%), joint and muscular discomfort (61%), and irritability (59.66%). Additionally, 46.6% of women reported having hot flushes. Dryness of the vagina in 41.33%. Among the 45 to 55 years age maximum women had hot flushes (60.71%), the sexual problem (54.83%), irritability (54.74%), and depressive mood (32%). Among 56 to 65 years age the most common complaints were sleep disturbance (58.62%), bladder problems (45.96%), Anxiety (44.58%), physical and mental discomfort (40.63%), joint and muscular discomfort (39.89%), and vaginal dryness (36.29%). Among the 66 to 75 the heart discomfort was highest (45.67%). Among women aged 76 years and above, age depressive symptoms (16%) and sleep problems (13.79%) were present.
Conclusions: There is a high prevalence of menopausal symptoms and a lack of awareness among women, implying a need for healthcare initiatives in India, where this issue receives little attention. We strongly advocate a governmental policy for menopausal women to support their specific health needs.

Keywords: Awareness of menopausal symptoms, Menopause, Perimenopausal symptoms, Postmenopausal symptoms

INTRODUCTION

As women get older, a natural ageing biological process occurs as menopause. It marks the end of the reproductive phase of a woman's life and is characterised by the cessation of menstruation. With increasing life expectancy globally, the number of postmenopausal women is on the rise.[1]

Natural or spontaneous menopause is a transition phase from the reproductive to the non-reproductive phase in a woman's life. It occurs with the final menstrual period which is known to occur after 12 months of amenorrhea for which there are no obvious pathological and physiological causes.[1,2] Perimenopause is defined as the transition before the last menstrual cycle, when a woman may experience variable or irregular menstrual cycles and hormonal fluctuations, and the 12 months after the final

menstrual period. Premenopause is the stage after menarche but before entering menopausal stages with normal fertility function during this phase.[3,4] Post-menopause is defined as the stage beginning 12 months after the last menstrual cycle.[5] Worldwide the age of menopause is in between 45 and 55 years. The average age for attaining menopause of an Indian woman is 46.2 years which is much less than their western counterparts (51 years).[6] Symptoms of menopause may be overcome easily or can make a woman's life miserable. As a woman spends one-third of her life in this phase, severe menopausal symptoms reduce the quality of life of a woman. The decrease in estrogen levels leads to perimenopausal symptoms of hot flushes, insomnia, mood changes, generalize physical, and mental exhaustion as well as postmenopausal symptoms, such as vaginal atrophy, bladder problems, and osteoporosis.[7,8] Advances in healthcare, nutrition, and living conditions have contributed to increased life expectancy in many parts of the world. As a result, women now spend a significant portion of their lives in the postmenopausal stage. It is estimated that the average age of natural menopause is around 51 years, but this can vary for different individuals.[9]

The growing number of postmenopausal women has important implications for healthcare systems, as these women may face specific health concerns associated with menopause and ageing. It is crucial to provide appropriate healthcare and support for this population, addressing both the physical and emotional aspects of the menopausal transition.[10]

Aim

The study was conceptualised with the aim of knowing the prevalence and awareness of menopausal symptoms among perimenopausal and postmenopausal women visiting tertiary hospital settings.

METHODS

The study was initiated after obtaining institutional ethics committee approval. The present observational study was conducted in the department of obstetrics and gynecology, People's College of Medical Sciences and Research Centre, Bhopal, over a period of 5 months (1st May till 30th September 2023). Before the commencement of the study, approval was obtained from the ethics committee of the institute (Code No. IEC 2022/76 dated 8/5/2023). The women attending the gynaecology OPD and fulfilling the inclusion criteria were included in the study.

The women aged 45 years and above during the perimenopausal and post-menopausal age group, who consented to participate in the study, were included. Women who did not give consent to participate in the study or aged <45 years were excluded from the study. We used a cross-sectional observational study design for data collection and analysis. Data was collected after taking written, informed consent, and anonymity and confidentiality of information were maintained.

The individual details of marital status, sociodemographic profile, education status, number of children, and type of work were obtained from participants. We utilized the menopausal rating scale (MRS) questionnaire, which has 11 items utilized as a tool for questioning women. The menopausal rating scale (MRS) is a standardised questionnaire used to assess and quantify the severity and frequency of menopausal symptoms in women. It was developed to provide a reliable and objective tool for evaluating the impact of menopause on women's quality of life.[11]

The MRS consists of 11 items that cover three domains commonly affected by menopause: 1) Somatic domain: this domain assesses physical symptoms such as hot flashes, heart discomfort, sleep problems, joint and muscle discomfort, and sexual problems. 2) Psychological domain: this domain evaluates psychological symptoms such as depressive mood, irritability, anxiety, and physical and mental exhaustion. 3) Urogenital domain: this domain focuses on symptoms related to the genitourinary system, including sexual problems, bladder problems, and dryness of the vagina.

Each item on the MRS is scored on a 5-point scale, ranging from 0 (no symptoms) to 4 (very severe symptoms). The total score is calculated by summing up the scores of all 11 items, with higher scores indicating more severe menopausal symptoms.

The MRS is a widely used tool in clinical research and practice to assess menopausal symptoms and monitor the effectiveness of interventions such as hormone therapy, lifestyle changes, or alternative treatments. It provides a standardised way to measure and compare menopausal symptoms across different populations and study settings.[11-14]

RESULTS

In the present study, a total of 300 women participated in the study. Of these women, a maximum of 68% (204) were of the age group 45-55 years. 16% (48) of women belonged to the age group 56-65 years, 11% (33) were 66-75 years age group, and 5% (15) of women were 76 years and above age group (Figure 1).

Table 1: Socio-demographic profile.

Characteristics		N (%)
Education	Graduate level	28 (9)
	Higher secondary level	116 (39)
	Secondary level	75 (25)
	Primary level	48 (16)
	Illiterate	33 (11)
Residence	Urban	109 (36)
	Semi-Urban	78 (26)
	Rural	113 (38)
Marital Status	Married	268 (89)
	Widow	21 (7)
	Divorced	8 (3)
	Unmarried	3 (1)
Parity (Number of live children)	Nulligravida	4 (1)
	Parity 1	30 (10)
	Parity 2	207 (69)
	Parity 3	51 (17)
	Grand multipara	8 (3)
Occupation	Homemaker	189 (63)
	Working	111 (37)
Physical activity	Sedentary work	74 (25)
	Moderate work	138 (46)
	Strenuous Work	88 (29)

Table 2: Menopausal rating scale-based severity of symptoms.

Symptoms	Positive symptoms (%)	None (%)	Mild (%)	Moderate (%)	Severe (%)	Extreme severe (%)
Hot flush episodes of sweating	140 (46.6)	160 (53.33)	93 (66.43)	40 (28.57)	5 (3.57)	2 (1.43)
Heart discomfort (unusual awareness of heartbeat, heart skipping, heart racing, tightness)	81 (27)	219 (73)	45 (55.56)	23 (28.39)	9 (11.12)	4 (4.93)
Sleep problems (difficulty in falling asleep, difficulty in sleeping through the night, waking up early)	29 (9.66)	271 (90.33)	17 (58.63)	8 (27.58)	4 (13.79)	0 (0)
Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)	25 (8.33)	275 (91.66)	17 (68)	3 (12)	2 (8)	3 (12)
Irritability (feeling nervous, inner tension, feeling aggressive)	179 (59.66)	121 (40.33)	47 (26.25)	105 (86.77)	22 (12.29)	5 (2.79)
Anxiety (inner restlessness, feeling panicky)	83 (27.66)	217 (72.33)	39 (46.98)	25 (30.12)	8 (9.63)	11 (13.25)
Physical and mental exhaustion (general decrease in performance, impaired memory, decreased in concentration, forgetfulness)	219 (73)	81 (27)	167 (76.25)	31 (14.15)	14 (6.39)	7 (3.19)
Sexual problems (change in sexual desire, sexual activity, and satisfaction)	93 (31)	207 (69)	44 (47.31)	38 (40.86)	5 (5.37)	6 (6.45)
Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)	198 (66)	102 (34)	116 (58.58)	41 (20.71)	39 (19.69)	2 (1.01)
Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)	124 (41.33)	176 (58.66)	47 (37.91)	39 (31.46)	34 (27.41)	4 (3.22)
Joint and muscular discomfort (pain in the joints, rheumatoid complaints)	183 (61)	117 (39)	93 (50.81)	44 (24.04)	21 (11.48)	25 (13.67)

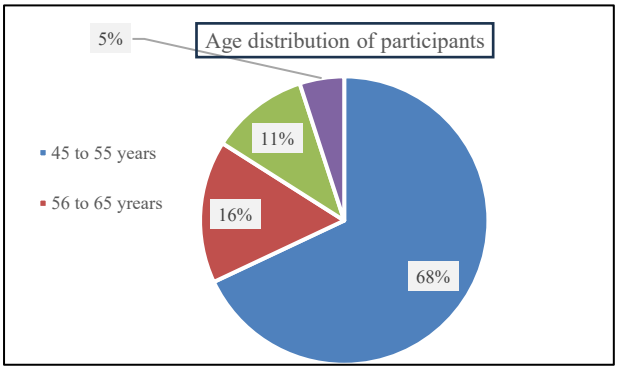

Figure 1: Age-wise distribution of the study participants.

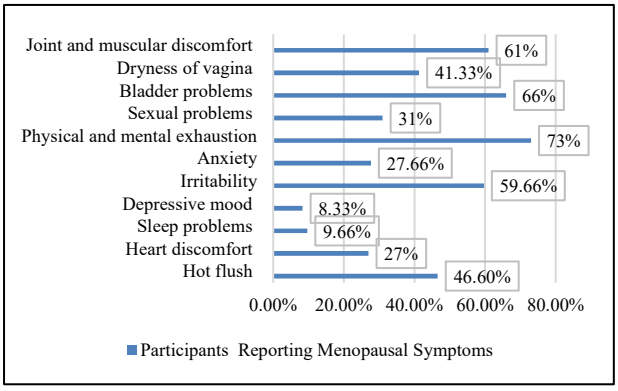

Figure 2: Menopausal symptoms reported by participants of the study.

The socio-demographic profile was studied (Table 1). Most of the participants were married, had 2 children, were homemakers doing moderate work, were educated until higher secondary or secondary, residing in urban or semi-urban regions. The menopausal symptoms were inquired about based on the MRS. A maximum percentage of women (73%) reported physical and mental exhaustion, bladder problems were experienced by 66% of women, and joint and muscular discomfort was present in 61% of participants. Irritability was reported by 59.66% of women, and 46.6% of women reported having hot flushes. Dryness of the vagina was seen in 41.33% of cases (Figure 2).

The severity of symptoms was assessed using the MRS scale (Table 2). The internal consistency coefficient (Cronbach's alpha) of the MRS was calculated to be 0.798. The symptoms in the very severe category reported by participants were joint and muscular pains, anxiety, and depressive mood. The highest percentage of symptoms reported in the severe category was dryness of the vagina, bladder problems, and sleep problems

It is important to note that while the MRS has shown good validity in assessing menopausal symptoms, it is primarily a self-report questionnaire and relies on the individual's subjective perception of their symptoms. Therefore, a clinical examination was also done for assessment.

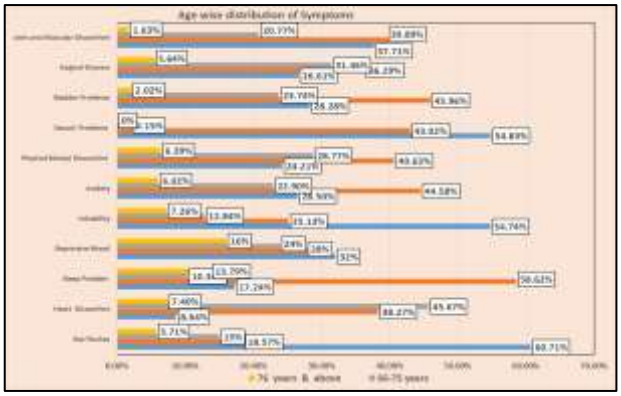

Figure 3: Symptoms distribution in the different age categories.

The menopausal symptoms were also analysed based on the age group (Figure 3). Among the 45 to 55 years age group maximum number of women reported symptoms of hot flushes (60.71%), the sexual problem was reported by 54.83% of participants, irritability was reported by 54.74% of participants, and depressive mood in 32%. Among 56 to 65-year-old age group participants most common complaint was sleep disturbance among 58.62% of women, bladder problems among 45.96%, anxiety at 44.58% physical and mental discomfort at 40.63%, joint and muscular discomfort at 39.89%, and vaginal dryness at 36.29%. Among the 66 to 75 age group, heart discomfort was the highest reported by 45.67% of participants. Among women of 76 years and above, age depressive symptoms (16%) and sleep problems (13.79%) were present.

DISCUSSION

The World Health Organization defines menopause as "The permanent cessation of menstruation as a result of the loss of ovarian activity". Natural menopause causes the atresia of almost all oocytes in the ovaries, which elevates follicle-stimulating hormone and luteinizing hormone levels while lowering oestrogen levels. This decrease in estrogen levels leads to perimenopausal symptoms of hot flushes, insomnia, mood changes, generalised physical and mental exhaustion as well as postmenopausal symptoms, such as vaginal atrophy, bladder problems, and osteoporosis. With increasing life expectancy and age at menopause remaining relatively unchanged, women spend less than half of their life in the postmenopausal period. The majority of women, however, are unaware of the changes brought on by menopause because they endure social discrimination and inequalities from conception to death due to their age and gender.

According to the literature, the experience of symptoms by menopausal women is said to be influenced by various factors, which include biological, reproductive, social, psychological, and cultural factors. This might have led to the difference in the prevalence of menopausal symptoms across the globe.[15]

In our study, the maximum percentage of women (73%) reported physical and mental exhaustion, bladder problems were experienced by 66% of women, and joint and muscular discomfort was present in 61% of participants. Irritability by 59.66% of women, 46.6% of women reported having hot flushes. Dryness of the vagina was seen in 41.33% of cases.

Armo reported in their study from rural areas of Rajnandgaon, Chhattisgarh, that menopause-related symptoms were prevalent among middle-aged women. The mean age at menopause was 45.35±4.42 years in their study; all women had experienced of more than five menopausal symptoms. They noted a 76.88% prevalence of urogenital-sexual symptoms, a 75.62% somatic prevalence, and a 73.33% psychological prevalence.[16]

According to Pathak study, the most common menopausal symptoms were of the physical domain, followed by the psychosocial domain to the vasomotor domain, and the least common sexual domain.[17]

The study conducted by Kalhan et al also studied the prevalence of menopausal symptoms and their impact on the quality of life (QOL) among rural middle-aged women in Haryana, India. The study found that the prevalence of menopausal symptoms among the participants was 87.7%. Anxiety was the most frequently reported symptom, with 80% of the women reporting it. Physical and mental exhaustion (71.5%), sleep issues (61.2%), irritability (60.7%), and joint and muscular discomfort (60.7%) were the next most prevalent symptoms. Hot flushes, which are considered a classical symptom of menopause, were reported by 36.7% of the participants. The mean age of menopause in the study population was 47.53 years, with a standard deviation of 4.5 years. The researchers observed a statistically significant difference in hot flushes and sweating, as well as joint and muscular discomfort, between the post-menopausal and peri-menopausal groups. Furthermore, the study revealed that the quality of life was impaired in 70.2% of the participants. Psychological symptoms were found to contribute significantly, accounting for 70.8% of the poor quality of life reported by the women.[18]

The study conducted by Yisma et al assessed menopausal symptoms and their severity among women in Ethiopia. The study participants had an average age of 40.4±5.9 years based on the menopause rating scale (MRS), the study found that the most prevalent types of menopausal symptoms were from the somatic subscale, reported by 65.9% of the participants. Psychological symptoms were also prevalent, reported by 46.0% of the women, followed by urogenital symptoms reported by 30.5% of the participants. In their study, hot flushes (65.9%), trouble falling asleep (49.6%), depression (46.0%), irritability (45.1%), and anxiety (39.8%) were the most frequently reported individual symptoms. Additionally, they also compared the scores of the somatic, psychological, and urogenital subscales of the MRS between postmenopausal and perimenopausal women. It was found that each subscale score was higher among postmenopausal women compared to perimenopausal women, indicating a higher severity of symptoms in the postmenopausal group.[19]

Marahatta et al study done on 500 participants reported from Kathmandu, Nepal, found that urinary tract infection was the major clinical diagnosis among 49.9% and physical menopausal symptoms were the commonest. About 20% of respondents scored more than 16 on the MRS (menopausal rating scale) score.[20]

A study conducted at Lucknow by Khatoon et al a study found that 53% of participants have hot flashes and that more than 70% of participants experience mental exhaustion.[21]

About 88% of the participants in a different study carried out in West Bengal by Karmarkar et al. were found to be depressed.[22] A study by Mathew et al from Etawah, Uttar Pradesh, found that postmenopausal women had a 100% prevalence of physical or somatic symptoms.[23] In a study done by Singh and Pradhan, they reported that the most common complaints of postmenopausal women were sleep disturbances (62.7%), muscle and joint pain (59.1%), hot flushes (46.4%) and night sweats (45.6%), depression (32.1%), and 21% suffered from anxiety.[24]

Menopausal symptoms can vary in severity and duration for different women. While some women may experience mild symptoms or have a relatively smooth transition, others may have more pronounced and bothersome symptoms. It is true that not all women openly discuss their menopausal symptoms with their doctors or healthcare providers. There can be several reasons for this lack of awareness and communication:

Lack of knowledge

Some women may not be aware of the full range of symptoms associated with menopause or may not understand that their symptoms are related to this natural transition. This lack of awareness can prevent them from seeking medical advice.

Stigma and embarrassment

Menopause is still sometimes considered a taboo topic in certain societies, leading to feelings of embarrassment or shame for women experiencing symptoms. This stigma may discourage them from discussing their symptoms openly.

Minimization of symptoms

Some women may downplay their symptoms, assuming that they are a normal part of aging or that there is no effective treatment available. This misconception can prevent them from seeking help.

Fear of medical interventions

There may be concerns about hormone replacement therapy (HRT) or other medical interventions for managing menopausal symptoms. Women may worry about potential side effects or long-term health risks associated with these treatments, leading them to avoid seeking medical advice.

Indian Menopause Society has given guidelines for screening peri and postmenopausal women for various diseases including carcinomas, CNS disorders like dementia, depression cognitive and sleep disorders, ophthalmological problems, lifestyle modifications, counselling, hormone replacement therapy for somatic symptoms, genitourinary syndrome of menopause (GSM), and neuropsychiatric symptoms.[25]

It's important to encourage open conversations about menopause and its associated symptoms.[26,27] Healthcare providers can play a crucial role in raising awareness and ensuring that women have accurate information about menopause. By creating a safe and non-judgmental environment, healthcare professionals can help women feel comfortable discussing their symptoms, concerns, and treatment options. Additionally, women themselves can educate themselves about menopause, seek support from peers or support groups, and initiate conversations with their healthcare providers to address their specific needs.

By recognising the increasing prevalence of postmenopausal women, healthcare providers and policymakers can develop strategies to promote healthy ageing, manage menopausal symptoms, and address the potential health risks that may arise during this stage of life. Additionally, education and awareness about menopause can help women better understand and navigate this natural phase, empowering them to make informed decisions regarding their health and well-being.[28]

The European Menopause and Andropause Society (EMAS) have given recommendations about working conditions for menopausal women.[29]

The NHS Greater Glasgow and Clyde have implemented a menopausal policy for women employees keeping in account the following points: i) menopause is not a smooth transition for everyone and few women may struggle during this phase to support employees to remain at work; ii) to raise awareness of menopause, and the related issues among menopausal women; iii) break the stigma and taboo surrounding the menopause at work and to promote an environment in which employees feel confident in discussing menopausal issues and ask for support and adjustments; iv) to provide guidance and direction on how to support employees who raise menopausal issues not only for the individuals experiencing the menopause but also those who may be affected indirectly which may include managers, colleagues, partners, and family members; V) to inform managers of the potential symptoms of menopause, how this can affect employees, and what can be done to support individuals, including reasonable adjustments.[29,30]

There is currently no national health program operating in India that addresses the specific health needs of postmenopausal women. Although many studies have been done regarding menopausal symptoms, very few studies have been conducted in this area to address this issue at a deeper level, highlighting the need for attention given to postmenopausal women's health needs in India.[31]

Moreover, women themselves are unaware of the changes brought by menopause due to the lack of awareness, lack of knowledge, illiteracy, the burden of social inequalities, and the discrimination they face throughout their lives.[32]

The study was conducted as an opportunity to find out hidden aspects of menopause symptoms which women rarely complain about or feel shy to discuss in the OPD scenario. A good number of women reported their symptoms, which were not the primary reason for their coming to OPD.

As the study duration was short, with limited samples, a larger study can be planned so as to generalise the results to the universal population.

CONCLUSION

In our study, the maximum percentage of women (73%) reported physical and mental exhaustion, bladder problems were experienced by 66% of women, and joint and muscular discomfort was present in 61% of participants. Irritability by 59.66% of women,46.6% of women reported having hot flushes. Dryness of the vagina was present in 41.33% of cases.

Addressing menopausal symptoms comprehensively is crucial in providing appropriate support and interventions for women during the menopausal transition. In the context of India, there is an absence of a national health program specifically designed to address the health needs of peri and postmenopausal women. Overall, there is a need for increased awareness, support, and healthcare initiatives to cater to the unique health concerns of perimenopausal and postmenopausal women, particularly in India, where specific attention to this issue is lacking.

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