

Assessing the Effect of Menopausal Symptoms on Women's Quality of Life.

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Abstract

Aim of the study was to assess the effect of menopausal symptoms on women's quality of life. **Design:** A descriptive study design was carried out. **Setting:** The study was conducted at Benha University. **Sampling:** purposive sample included 200 menopausal women. **Tools of data collection:** interviewing questionnaire sheet, knowledge assessment sheet regarding menopause, menopausal rating scale sheet and quality of life assessment sheet. **Results:** the study results revealed that more than two third of the studied group had poor knowledge about menopause and of the studied group had moderate level of menopausal symptoms and there are a negative strong correlation between menopausal symptoms and quality of life. **Conclusion:** the present study revealed that women's quality of life affected negatively with menopausal symptoms and the majority of the studied group had average quality of life. **Recommendation:** design awareness program for women regarding menopausal symptoms and dealing with it.

Key words: menopause, quality of life.

Introduction

Menopause is a normal, natural event, defined as the final menstrual period (FMP). It speaks to the permanent cessation of menses because of loss of ovarian follicular function, usually due to aging. Menopause can happen normally (spontaneously) on average around age 51 years or be prompted through a medical intervention (surgery, chemotherapy, or pelvic radiation therapy) (Jennifer, et al., 2013). Additionally, women encounter numerous physical changes, the vast majority of which are ordinary results of both menopause and aging. A portion of the physical changes observed around menopause possibly indications of illness that develop during midlife, for example diabetes mellitus. Some of the time, health problems arise when

changing hormone levels and the physical impacts of aging are combined with an individual's genetic makeup certain unhealthy lifestyles, and other stresses of midlife (Leifer, 2015). Moreover, Approximately 85 percent of women during menopause report experiencing symptoms of varying type and severity include the following; vasomotor symptoms are recurrent, transient episodes of flushing, with intense heat on the face and upper body. Increases in sleep disturbances such as insomnia and sleep apnea/hypopnea may occur. Psychological symptoms such as depressive symptoms, anxiety, and mood disturbances (Mark, et al., 2015).

In addition to, Urogenital problems such as urinary incontinence and vaginal atrophy may occur. Sexual function effects such as dyspareunia (pain during intercourse) and decreased libido are also reported by perimenopausal and postmenopausal women (Rahn, et al., 2014).

Quality of life (QOL) is a broad-ranging concept, incorporating the person's physical wellbeing, mental state, level of independence, social connections, personal convictions and their relationship with salient features of the environment(Mujchin,2015).

For another view of point, QOL is a expansive multidimensional concept that usually consisted of subjective evaluations of both positive and negative aspects of life. Health-related quality of life(HRQoL) is a multidimensional concept that can be seen as a latent construct which portrays the physical, role functioning, social, and psychological aspects of well-being and functioning(Maartje& Tibor,2013).

Nurses play an important role in teaching women about menopause, emphasize it's a normal event with varying symptoms, which can be managed effectively through various pharmacologic and non pharmacologic therapies. As appropriate, follow up with women by telephone to assess the effectiveness of management and provide additional support. Finally, stay up-to-date on the current literature on menopause and women's health so nurse can be sure using an evidence-based approach when counseling and educating women (Chism, 2014).

Subjects &Methods

Technical Design:

Technical design of the study includes: research design, setting of the study, sample and tools of data collection.

Research design:

A descriptive design.

(A) Research setting:

Benha University.

(B) Sampling:

* **Sample type:**

Purposive sample.

* **Sample size and Technique:**

- All nurses (50) working at obstetrics and gynecology department at Benha university hospital.

(C) Tools of Data collection:

The following tools were designed and used after reviewing related literature and under supervision of the supervisors of the study.

1-Structured interviewing questionnaire, it includes two parts:

Parts (1)

Assessment of Socio-demographic characteristic data of the study sample such as(age ,level of education , ,.....etc).

-Menstrual and obstetric history, It consisted of (9) items (age of menarche, number of pregnancy, number of abortion, number of deliveries, previous use of contraceptive methods,.....etc.).

Part (2)

Assessment of women's knowledge about menopause and menopausal symptoms .It include (3) parts;

(A) knowledge regarding menopause, according to (Ahmed, 2014) it include (7) items (definition, types, causes physical symptoms,.....).

(B) knowledge about overcoming menopausal symptoms, it consisted of (8) items(methods to overcoming hot flashes, methods to overcoming sleeping problems, methods to overcoming vaginal dryness,

methods to overcoming muscle and joint pain, methods to overcoming dry skin and hair,.....).

(C) Knowledge regarding healthy life style during menopause, it consisted of (4) items (exercises, nutrition, sun exposure, screening).

Scoring:

Each item was assigned a score of (2) when the answer was completely correct, (1) when the answer was incompletely correct and (0) when the answer was unknown.

The total women’s knowledge score was classified as the following:

- Poor less than60%.
- Averige 60% to75%.
- Good 75% to 100%.

(II) Assessment of the effect of menopausal symptoms on women’s quality of life, according to (WHO, 2014): (A) Quality of life rating scale, It contains 26 items and addresses 4 domains:

- Physical health consisted of (7) items (mobility, daily activities, functional capacity, energy, pain, and sleep).
- Psychological health consisted of (6) items (self-image, negative thoughts, positive attitudes, self-esteem, mentality, learning ability, memory concentration,.....).
- Social relationships consisted of (3) items (personal relationships, social support, and sex life).
- The environmental health domain consisted of (8)items covers issues related to(financial resources, safety, health and social services, living physical environment, opportunities to acquire new skills and knowledge, recreation,

general environment (noise, air pollution, etc.), and transportation).

- Other (2) items measure overall quality of life and general health.

(B) Menopausal Rating Scale:

Menopausal rating scale (MRS) is consisted of 11 items and was divided into three subscales:(a) somatic-hot flushes, heart discomfort/palpitation, sleeping problems and muscle and joint problems; (b) psychological-depressive mood, irritability, anxiety and physical and mental exhaustion and (c) urogenital-sexual problems, bladder problems and dryness of the vagina. Symptoms).

Results

Table (1) shows about two third of the studied sample (63.5%) between age 49-50years, about half of the studied sample (49.5%) secondary school and more than one third of the studied sample (39.0%) high education, more than two third of the studied sample (72.0%) live in urban area and only one quarter live in rural area, the majority of the studied sample (85.0 %) married and only (15.0%) of the studied sample widow.

Table (2) shows that more than 70%of the studied sample has incomplete knowledge about menopausal symptoms specially physical and psychological symptoms, more than 56.5% of the studied sample doesn’t have knowledge about types, causes and risk factors of menopause..

Table (3) shows that more than two third (72.5%) of the studied sample suffer from moderate somatic symptoms of menopause, (37.5%) of the studied sample suffer from severe urogenital symptoms of menopause.

Table (4): shows that more than two third of the studied sample (71%) report

average physical, psychological and environmental domain of life.(42.5%) of the studied sample report better social domain of life.

Table (5): shows negative correlation between menopausal symptoms and total knowledge and total quality of life

Table (1): Distribution of the studied sample according to their socio-demographic characteristics

Demographic characteristics	n=200	
	No	%
Age (years)		
45-46	44	22.0
47-48	29	14.5
49-50	127	63.5
Mean ± SD	48.59 ± 1.93	
Educational level		
Read & write	10	5.0
Primary school	13	6.5
Secondary school	99	49.5
High education	78	39.0
Residence		
Rural	56	28.0
Urban	144	72.0
Marital status		
Married	170	85.0
Widow	30	15.0

Table (2): Distribution of the studied sample according to knowledge about menopause period

Items	Complete Correct Answer		Incomplete Correct Answer		Don't Know	
	No	%	No	%	No	%
Definition	31	15.5	135	67.5	34	17.0
Types	0	0.0	87	43.5	113	56.5
Causes	0	0.0	76	38.0	124	62.0
Risk factors	0	0.0	83	41.5	117	58.5
Symptoms	0	0.0	190	95.0	10	5.0
Physical symptoms	40	20.0	140	70.0	20	10.0
Psychological symptoms	46	23.0	142	71.0	12	6.0

Table (3): Distribution according to menopausal symptoms

Symptoms	Mild		Moderate		Severe	
	No	%	No	%	No	%
Somatic Symptoms	17	8.5	145	72.5	38	19.0
Psychological Symptoms	42	21.0	124	62.0	34	17.0
Urogenital Symptoms	40	20.0	85	42.5	75	37.5

Table (4): Distribution of the studied sample according to quality of life

Domain	Better		Average		Worse	
	No	%	No	%	No	%
Physical	12	6.0	169	84.5	19	9.5
Psychological	41	20.5	142	71.0	17	8.5
Social	85	42.5	73	36.5	42	21.0
Environmental	23	11.5	151	75.5	26	13.0

Table (5): Correlation coefficient between menopausal symptoms and total knowledge score and total quality of life

variable	Total menopausal scale score	
	r	p
Total knowledge score	- 0.475	0.000
Total quality of life	- 0.537	0.000

Discussion

The aim of the current study is to assess the effect of menopausal symptoms on women’s quality of life. This aim was achieved through assessing women's knowledge regarding menopausal symptoms and quality of life.

A variety of factors have been reported to affect the age at menopause, including age, race, marital status, oral contraceptive use, cigarette smoking, level of education, and reproductive factors such as age at menarche, parity, pregnancy and abortion(Burcu, C.,& Nebahat, Ö.,2014).

Age of onset of natural menopause varies worldwide, with the international range being 44.6–52 years. In the US, the median age at menopause is 51 years, while across Europe; age of onset of natural menopause is higher with a mean of 50.7 years and a median of 54.25 years (Jacob, 2012).

In the present study, that mean age of women ranged from 45-50years with mean \pm SD of (48.59 \pm 1.93), this result agree with study conducted by (palacios et al 2010) who reported that the mean age at menopause

was 51.14 \pm 2.11years,and also agree with (Elsayed. E & Shokery. E, 2012) who mentioned that the mean age of women was 54.0 \pm 7.9 years. In their study about Menopausal symptoms and the quality of life among pre/post menopausal women from rural area in Zagazig city.

This agrees with another study conducted by (Delaver& Hajiahmadi, 2011) who stated that the mean age in menopause was 47.7years, in their study about factors affecting the age in normal menopause and frequency of menopausal symptoms in Northern Iran.

Education is treated as one of the decisive and highly influential factor in reproductive behavior. The present study showed that low proportions of women have high education this is agree with (Rahman et al, 2011) who mentioned that the lowest proportion of women are highly educated in their study about Menopausal symptoms assessment among middle age women in Kushtia, Bangladesh .

The present study showed that more than two third of women married and the minority of women were single or divorced & widowed this agree with the study about

Severity of Menopausal symptoms and the quality of life at different status of Menopause by (Nisar N., Ahmed S., 2010) who described that majority of women was married and minority of them was single, divorced and widowed.

Regarding age of menarche indicates the onset of the female reproductive cycle (Michele, 2013), The present study showed that age of menarche 12-14 years old with mean \pm SD (13.17 \pm 1.43) this agree with the study about The Quality of Life During and After Menopause Among Rural Women by (Poomalar G., & Bupathy A., 2013) who stated that the mean age of menarche was 14.58 years.

On the same line agree with (Abo el matty, et al., 2010) who stated that the age of menarche in Saudi Arabia of study women were experienced menarche before 14 years. in study about Effect of Menopausal Symptoms on Women's Quality of Life in Benha City (Egypt) and Arar City (Kingdom of Saudi Arabia).

The present study showed that women had more than 3 deliveries and this agree with (Ahmed,2014) in the study about the effect of educational program on menopausal symptoms , who mention that majority of women had more than 3 deliveries and mention that there is no significant relationship between the mean age of menopause and number of pregnancy and delivery.

Pertaining to natural cessation of menstruation, more than two third of the studied samples had normal cessation of menstruation and this agree with (Ahmed,2014) in the study about the effect of educational program on menopausal symptoms , who mention that less than half of the studied samples had normal cessation of menstruation.

Concerning to time elapse since menopause was 5.74 \pm 3.15, this agree with

(Affi,2010) in the study about the impact of educational program on the quality of life for post menopausal women with osteoporosis, who mentioned that the mean age of time elapse since menopause was 9.48 \pm 2.21.

The present study showed that the majority of the studied sample uses intrauterine device, the majority of women use intrauterine device this may be due to women concepts about this methods that it is safe, cheap and more effective, this agree with (Murugan & Vanaja, 2015) in their study about evaluation of some risk factors on the age at menopause in South Indian women, That confirmed the role of birth control devices, especially copper -T on the early age at onset of natural menopause in women.

For the other point of view, disagree with (Olaolorun & Lawoyin, 2009) in their study about age at menopause and factors associated with attainment of menopause in an urban community in Ibadan, Nigeria, reported that contraceptive use didn't affect the age at natural menopause.

Menopause occurs due to the woman's ovaries stop producing the hormones estrogen and progesterone (Menopause Health Center, 2016).

The current study showed that more than two third of the studied sample has poor knowledge about menopause in my opinion this may be due to low level of education and there is no educational program about menopause, this agree with (Mrina, 2009) who mentioned that the overall knowledge on menopause is poor, in his study about knowledge, attitude and perception about menopause among women in **Makiungu village, Singida rural, Tanzania. Also agree with (Hamid, et al., 2014)** who mentioned that women had poor know knowledge about menopause in their study about women's knowledge, attitude and practice towards menopause and hormonal replacement therapy, United Arab Emirates.

Menopause symptoms include hot flashes, night sweats, pain during intercourse due to vaginal dryness, and increased anxiety or irritability (Nivin, 2015). The current study showed that more than two third of the studied sample has incomplete knowledge about menopausal symptoms specially physical and psychological symptoms and more than half of the studied sample doesn't have knowledge about types, causes and risk factors of menopause this may be due to low educational level and low culture level , this agree with (Noroozi, et al., 2013) who mentioned that little females less than one third had information regarding symptoms and long-term health risks in the study about Knowledge and attitude toward menopause phenomenon among women aged 40–45 years.

On the same line with (El Bana, 2011) who mentioned that more than half of menopausal women had unsatisfactory knowledge about menopause in her study about Knowledge and attitude of menopausal women toward hormonal replacement therapy.

Regarding knowledge about overcoming menopausal symptoms and healthy life style the present study showed that there are poor knowledge , this may be due to live in rural area , low level of concern regarding healthy life style and low financial level, this agree with (Ahmed, 2014) in the study about the effect of educational program on menopausal symptoms, who mentioned that there are poor knowledge about overcoming menopausal symptoms.

The findings of the current study demonstrated that the ladies in menopausal period suffered from severe different menopausal symptoms for example: musculoskeletal, hot flashes and sweating symptoms and in addition sexual, bladder problem and dryness of vagina, the present study shows that more than half of the studied sample suffer severe hot flashes and sweating, this may be due to heat, stress,

tight clothes and eating spicy food, more than one third of the studied sample suffer from moderate heart discomfort, sleeping problems, muscle and joint problems, this may be due to Changes in estrogen levels.

Similar finding were also reported by (Gharaibeh et al., 2010) who mentioned that vasomotor signs were reported to have the highest scores for seriousness as showed by hot flashes and night sweating in their study about Severity of menopausal symptoms of Jordanian women.

Likewise (Ashrafi et al., 2010) demonstrated that night sweats, joint and muscle pain and hot flashes are the most widely recognized indications related with menopause in Iranian women in the study about Symptoms of natural menopause among Iranian women living in Tehran, Iran.

On the same line with (Yakout , et al, 2011) who specified that the greater part of ladies have extreme level of hot flashes & night sweating in their study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif .

This concurs with (Delavar, and Hajiahmadi, 2011). who specified that women will encounter this symptom at some time during menopause and for some menopausal women hot flashes.

In their study about factors affecting the age in normal menopause and frequency of menopausal symptoms in Northern Iran.

The loss of estrogen and testosterone taking after menopause can prompt to changes in a lady's body and sexual drive. Likewise, bring down levels of estrogen can bring about a drop in blood supply to the vagina that can influence vaginal grease, causing the vagina to be excessively dry for comfortable sex (Menopause Health Center, 2016).

The present study revealed that more

than two third of the studied sample suffers from severe sexual problems such as change in sexual longing, sexual activity and fulfillment, and burning in the vagina and difficulty With Sexual Intercourse, this may be due to changes in hormones and dryness of the vagina.

On the same line with **(Rahman et al., 2010)** underlined that the recurrence of sexual problems, bladder problems and vaginal dryness in their study about assessment of menopausal symptoms using modified Menopause Rating Scale (MRS) among middle age women in Kuching, Sarawak, Malaysia.

This agree with **(Yakout, et al, 2011)** who said that more than one- half of women have serious sexual problems, in their study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif .

Hormone changes at menopause may contribute to depressed mood and anxious feelings and you may find your emotions swing from joy to frustration and annoyance in the blink of an eye **(Mental health & emotions, 2016)**.

The present study stated that more than half of the studied sample suffer from severe psychological, mental exhaustion and feeling nervous and aggressive, may be due to don't have social support, low self esteem and Feeling negative about menopause and getting older, on the other hand, **(Elsayed .E &Shokery.E, 2012)** specified that psychological symptoms either decrease or stay stable in the postmenopausal women,

In their study about Menopausal symptoms and the quality of life among pre/post menopausal women from rural area in Zagazig city.

This results disagree with reported from study done in Ebril City which uncovered to that low rate of menopausal women had

depressed mood **(Gazang N.& Jwan .M 2012)** in their study about Perception and Experience Regarding Menopause among Menopause Women Attending Teaching Hospitals in Erbil City.

The present study showed that more than two third of the studied sample suffer from moderate somatic symptoms and psychological symptoms of menopause, Similarly, this result matched with **(Kumar, et al., 2016)** they mentioned that physical symptoms was the predominant symptoms experienced by menopausal women, and this was followed by psychosocial symptoms, in study about study of quality of life among peri-menopausal women in a rural field practice area of a medical college in Karnataka.

In the present study it can be observed that the highest mean score of menopausal symptoms were in domains physical problems and psychological followed by urogenital , this disagree with **(Yakout,etal,2011)**. Who mentioned that, the highest mean score of menopausal symptoms were in different domains urinary tract, physical compared to cardiovascular which are the lowest in their study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif.

Quality of life is the "individual perceptions of their position in life in the context of the cultural and value systems in which they live and in relation to their goals, expectations, standards and concerns". Quality of life is the main goal of health care and a significant factor for individual health and it is used to plan and evaluate health care programs **(Kalarhoudi, et al., 2011)**.

In the present study more than half of the studied sample report always problems in functional capacity and backache, may be due to stress, anxiety ad eating unhealthy diet, more than one third of the studied sample report always problems in social support and sex life, this may be due to

increased stress, not being physically active, this disagree with the study about Impact of menopausal symptoms on quality of life among women's in Qena City by (Moustafa, et al.,2010), it was found that the majority of women had physical effect & social effect on Quality of life.

The present study founded that more than one third of the studied sample report sometimes problems in depressive mood, may be due to hot flashes, backache and decrease in activity, These finding also in agreement with study about perception and experience regarding menopause among menopausal women attending teaching hospitals in Erbil City which revealed that low rate of menopausal women had depressed mood by (Gazang N.& Jwan .M 2012).

The current study founded that more than two third of the studied sample report always problems in noise and transport, more than one third of the studied sample report sometimes problems in social services, acquire new skill, health services, safety and financial resources, this may be due to living in rural area and low financial support, this agree with (Moustafa, et al.,2010), who was found that two third of the studied sample had environmental effect on Quality of life in the study about Impact of menopausal symptoms on quality of life among women's in Qena City.

The present study demonstrate that negative correlation between quality of life and menopausal symptoms may be due to age, change in functional capacity and change in sex life this agree with (yakout,et al,2011), who mentioned that There are negative significant correlation between MRS scores and WHOQOL

Brief scores in social, environmental domains, and over all mean score of quality of life for postmenopausal women in their study about Menopausal Symptoms and Quality of Life among Saudi Women in

Riyadh and Taif .

Likewise concur with (Jennifer W&Marco D. etal 2013) who said that less than half of women encountering at least one of the recorded side effects as anxiety ,depression, hot flushes ,difficult sleeping &vaginal dryness in their study about the impact of menopausal symptoms on quality of life ,productivity &economic out comes.

This results disagree with (Moustafa, et al., 2010) who mentioned that There are positive significant correlation between MRS scores and WHOQOL in the study about Impact of menopausal symptoms on quality of life among women's in Qena City.

Conclusion

In the light of the study finding, some important facts could be concluded: two third of studied sample had poor knowledge about menopausal symptoms and moderate level of menopausal symptoms, more than half of the studied sample had always problems in sex life and according to quality of life the majority of the studied sample had average level, women's quality of life was affected negatively with menopausal symptoms as well as in all domain of life (physical, psychological, social and environmental domain of life).

Recommendations

In the light of the current study findings, the following recommendations are suggested:

- Design awareness program for women regarding menopausal symptoms and dealing with it.
- Distribute guidelines for women about healthy life style and how to manage every menopausal symptom.
- Further study on large sample size in

different setting.

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