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Women's Adaptational Methods Toward Transitional Menopausal Symptoms among Medical and Non-Medical Personnel

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Abstract

Menopause known as change of life, Perimenopause comprise a half or a third of a women's life, particularly in developing countries, which troublesome symptoms. Empowerment during the menopause can improve women's adaptation to menopausal symptoms. This study **Aims to** compare adaptational methods among medical and non-medical personnel regarding transitional menopausal symptoms. **Setting** of this study was outpatient clinics of Sedfa central hospital & maternal & child health care center (MCH) at Sedfa district in Assiut governorate, Egypt. A descriptive, comparative **Design** was used in this study. A **Purposive sample** of 140 participants (70 women from medical personnel and 70 women from non-medical personnel) **A tool** used was interviewing questionnaire. **Results** of this study revealed that the most common transitional symptoms both medical and non-medical personnel complained of were sleeping disturbance followed by hot flushes. Adaptational method to sleep disturbances was similar but with large percentage among medical than non-medical personnel in a form of being physically active. Adaptational methods to hot flushes was similar but with large percentage among medical than non-medical participants in a form of trying to avoid things that may trigger the symptoms. This study **concluded** that medical participants were practiced adaptational methods more than non-medical participants in some transitional menopausal symptoms, while these adaptational methods were nearly similar in others This study **Recommended to** increase women's awareness of transitional menopausal symptoms and methods of adaptation.

Keywords: *Adaptational Methods, Transitional Menopausal Symptoms, Medical Personnel & Non-Medical Personnel.*

Introduction

Perimenopause means "around menopause" and refers to the period during which a woman's body adapts to its natural transition toward the next stage of menopause (Lentz, 2013). Menopausal transition is also used to define perimenopause. Signs of perimenopause, such as menstrual irregularity, may notice by age 40s. But some women notice changes as early as their mid-30s (Casper 2013).

Menopause does not happen suddenly; most women experience several years of changes, during this time, women start to have menopausal changes. These result from declining levels of estrogen in the body and can include hot flashes, night sweats, mood changes, sleep problems, and vaginal dryness. (Robert, 2016).

Menopausal changes, can cause embarrassment, diminish confidence and can be stressful to deal with for those at work place. The menopause may be compounded by the development of other health conditions, as well as coinciding with caring responsibilities for ageing parents and relatives. Some women may also still have children living at home. (Royal college 2016).

In Egypt, women aged 50 years or more constitute about 5 million from the total population. The prevalence of menopausal symptoms among these

women constitute 84% and with increase life expectancy of egyptian women from 53,8 to 71,5 years these mean that women suffer from menopausal symptoms for longer period of time consequently constitute psychosocial, economic problems for women awareness where prevention is better than cure will decrease burden on women and society (Sallam et al., 2008).

In the beginning of the 3rd Millennium, menopausal symptoms are major health problems in multiple countries. Today, women's inability to adapt with the symptoms of menopause is the most common reason for them to attend health care centers. Such as vasomotor menopausal problems, which affect women's life. negatively and affect their relationships, sociocultural, psychological status and menopausal body image (Yazdkhasti, et al., 2015).

There are Factors affecting women's health during Middle-aged they are vulnerable to physiologic, psychosocial, and economic factors. In addition, factors such as their understanding of health problems, and access to health care, social factors (education, employment, and marital status), and cultural and economic factors affect women's health, are important in planning their health program. On the other hand, several of the chronic diseases, such as hypertension, arthritis, heart disease, and diabetes,

occur in the middle-aged women .Therefore, women must be empowered to take decisions concerning their health.(Aunapama, 2015).

To provide support and advice to women it is important that all nurses, midwives, and health visitors understand the changes that women face at the time of their menopause. Nursing staff working specifically in women's health must understand the safety and efficacy of modern therapy options and be aware of complementary therapies. They also must balance these options with the fact that for many women the menopause is an event that needs no intervention, and all that's required is general health promotion advice (Bracy, 2012).

Significance of the study

Perimenopausal women had insufficient knowledge and improper dealing with all health complaints. There was a highly statistically association between women's knowledge and their dealing with complaints associated with menopausal transitional symptoms (Esmat & Mohamed, 2013) perimenopausal period facing all women after age therefore, this study will be done to ensure the adaptational methods used regarding menopausal symptoms by medical & non medical personnel on the light of the findings will be obtained from data collection.

Aim of the study

This study aimed to compare adaptational methods among medical and non-medical personnel regarding transitional menopausal symptoms at Sedfa district, Assiut governorate, Egypt.

Research question

Are there differences between medical & non medical personnel in adaptational methods regarding traditional menopausal symptoms?

Subjects & Method

Research design

Comparative, analytical study design.

Setting

The study was conducted at outpatient clinics of Sedfa central hospital and maternal & child health care center (MCH) at Sedfa district in Assiut governorate Egypt.

Subjects:

A purposive sample of 140 women enrolled for this study by using calculation based on frequency of population. 70 women from medical personnel (head nurses, nurses and technical) and 70 women from non-medical personnel (teachers ,administrative employees) , had secondary & university education. average age 48 years, were recruited based on the

appropriate equation, who attended MCH & outpatient central hospital at Sedfa district in Assiut governorate Egypt. all sample were were chosen according the criteria of the study and included in the study. The inclusion criteria include to be female, medical or non medical after age 45yrs and accepted to participate in the study.

Tool of data collection

An interview questionnaire was developed by self-administrative questions and include the following:

Part 1

Personal- data as age, marital status, educational level, occupation and residence, and

Part 2

Transitional menopausal symptoms include menstrual history, hot flushes sexual changes, sleeping troubles sweating sleep, vaginal & urinary symptoms.

Part 3

Adaptational methods, mood problems & adaptational methods memory problems and adaptational methods.

Procedures

Administrative design

An official permission was obtained from the dean of the faculty of nursing to the director of the hospital and director of the maternal & child health care center (MCH) at Sedfa district in Assiut governorate Egypt.

Pilot Study

A pilot Study was conducted with a representative sample of 10% women (14 women) to assess the clarity, reliability and applicability of the study tool. Also, to do necessary modifications of the tool by omission of unneeded or repeated questions or adding missed questions. There were no modifications needed therefore, these women were included in the actual study. collecting data of pilot study started at 15 April 2015 to its end.

Ethical Consideration

1. research proposal was approved from ethics review committee at the Assiut university , faculty of nursing
2. There is no risk for women during application of the research .
3. study was following common ethical principles in clinical research
4. recent consent was obtained from each participants after explain the natural and purpose of the study . 5-confidentiality and anonymity was assure.
5. All participants had the right to withdraw from the study any time they wished without giving any explanation.
6. privacy was considered during collection of data.

Actual study

Data collected through face to face interview. Time was determined after pilot study, Every Participant take about 20 minutes in their work place. During the interview, the investigator introduced herself to the participants and explained the nature of the study to the participants after obtaining oral consent to participate in the study then collected data related to personal data, Transitional menopausal symptoms and adaptational methods used during perimenopausal transition period after translate the items to participants. Some women refused to participate in the study. Two women were interviewed each working day during the actual study

period .The data were collected through Wednesday and Thursday every week from May 2015 to the end of April 2016

Statistical analysis

Data collected, coded, tabulated and analyzed, using the SPSS version 20 of computer application for statistical analysis. Descriptive statistics were used to calculate percentages, frequencies, Mean and standard deviations, Chi Square (X²), T. test were used to estimate the statistical significant differences. A significant P-value considered when P-value less than 0.05 and it considered highly significant when P- value less than or equal 0.01.

Results**Table (1): Comparison between medical and non-medical participants regarding personal data.**

Items	Work field				P. value
	Medical= 70		Nonmedical=70		
	No	%	No	%	
Mean Age±SD/years	48.16±4.43		49.4±3.36		0.073
Residence					
Rural	33	47.1	28	40	0.394
Urban	37	52.9	42	60	
Educational level					
Illiterate	0	0	6	8.6	0.026*
Read and write	0	0	1	1.4	
Secondary education	68	97.1	63	90	
University	2	2.9	0	0	
Occupation					
Employee	0	0	41	58.6	<0.001**
Nurse	67	95.7	0	0	
Teacher	0	0	19	27.1	
worker	0	0	10	14.3	
Technical	3	4.3	0	0	
Marital status					
Single	2	2.9	1	1.4	0.184
Married	64	91.4	57	81.4	
Divorced	1	1.4	2	2.9	
Widow	3	4.3	10	14.3	

* Statistically significant difference ($p < 0.05$)

** Highly Statistically significant difference ($p < 0.01$)

Table (2): Comparison between medical and non-medical participants regards menstrual history.

Items	Work field				P. value
	Medical=70		Nonmedical=70		
	No	%	No	%	
Mean Age of menarche ±SD/years	12.04±1.12		12.91±1		0.001**
Menstruation					
present	29	41.4	52	74.3	0.001**
absent	41	58.6	18	25.7	
Cycle					
<21 day	2	6.9	7	13.5	0.364
21-30 day	25	86.2	41	78.8	
31-45 days	1	3.4	4	7.7	
>45 day	1	3.4	0	0	
Amount of bleeding by towels number					
1-3 towel/day	7	24.1	13	25	0.035*
4-6 towels/day	9	31	29	55.8	
more than 6 towels	13	44.8	10	19.2	
Rhythm					
regular	12	41.4	33	63.5	0.055
Irregular	17	58.6	19	36.5	
Form of irregularity					
short cycle	1	5.9	1	5.3	0.761
long cycle	1	5.9	0	0	
menorrhagia	10	58.8	12	63.2	
Non cyclic bleeding	5	29.4	6	31.6	
Dysmenorrhea					
yes	7	24.1	15	28.8	0.648
non	22	75.9	37	71.2	

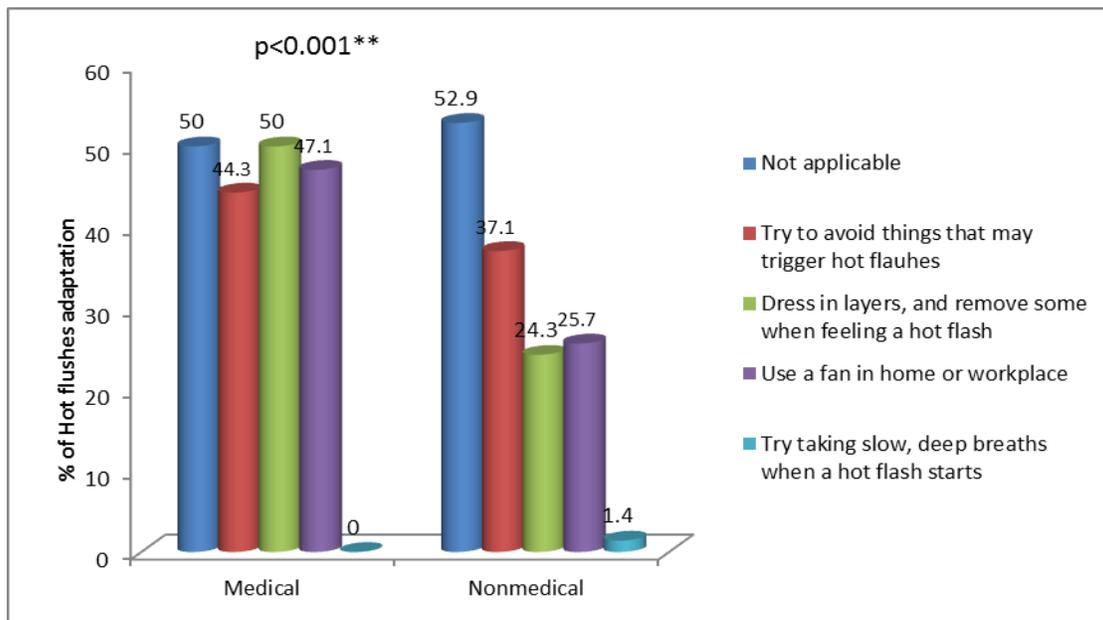


Figure (1): Comparison between medical and non-medical participants regarding adaptation with hot flushes

Table (3): Comparison between medical and non-medical participants regarding sleeping troubles and adaptational methods.

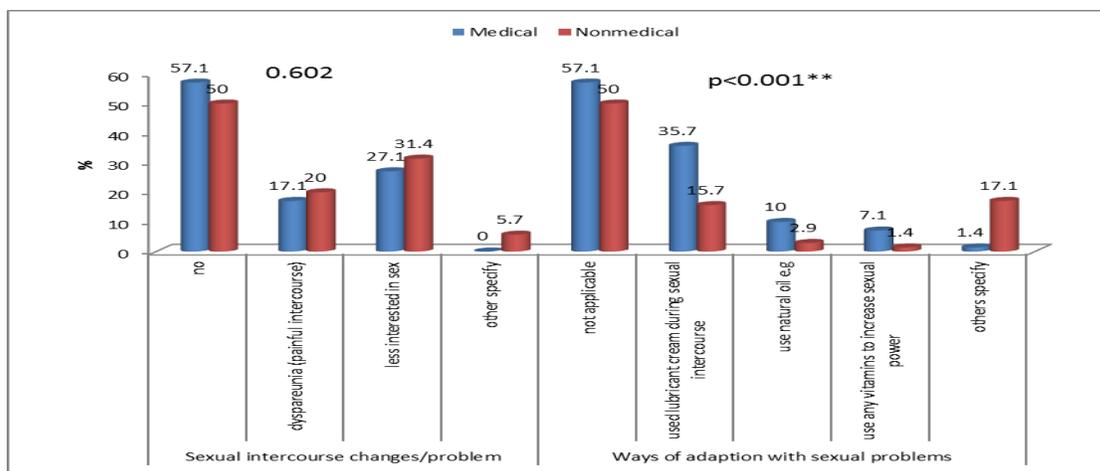
Items	Work field				P. value
	Medical=70		Nonmedical=70		
	No	%	No	%	
Sleeping troubles					
No	29	41.4	38	54.3	0.038*
Night sweats, sleeping Trouble	47	67.1	32	45.7	
Other specific (thinking about son's problems)	3	4.3	0	0	
Ways of adaptation with sleeping problems					
Not applicable	29	41.4	38	54.3	0.014*
Being physically active	30	42.9	20	28.6	
Change bad habits (Coffee and tea)	4	5.7	2	2.9	
Kept bedroom dark, quiet, and cool	11	15.7	6	8.6	
Avoid napping during the day	11	15.7	10	14.3	
Try to go bed and get up at the same times every day	1	1.4	3	4.3	
read until get tired	2	2.9	4	5.7	
treating the hot flashes	1	1.4	0	0	
Other specify	0	0	11	15.7	

Other= Taking shower, watching TV lessening Quran, music

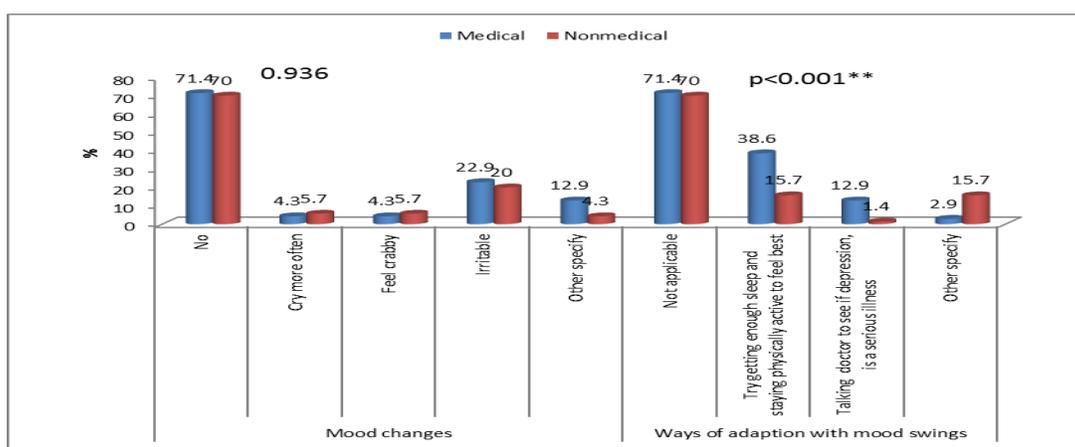
- *Statistically significant difference (p<0.05)*

Table (4): Comparison between medical and non-medical participants regarding vaginal & urinary symptoms as one of the menopausal symptoms and adaptational methods.

Items	Work field				P. value
	Medical=70		Nonmedical=70		
	No	%	No	%	
Vaginal problems					
No	40	57.1	42	60	0.156
Dryness	5	7.1	12	17.1	
Redness/Inflamed skin	20	28.6	15	21.4	
Itching	6	8.6	2	2.9	
Burning sensation	1	1.4	0	0	
Ways of adaptation with vaginal dryness					
Not applicable	40	57.1	42	60.0	0.731
A water-based vaginal lubricant	30	42.9	28	40.0	
Urinary problems					
No	56	80	59	84.3	0.749
Dysuria	13	18.6	11	15.7	
urinary incontinence	2	2.9	1	1.4	
Ways of adaptation with Urinary problems					
Not applicable	56	80.0	59	84.3	0.647
Frequency urination	5	7.1	3	4.3	
Anti-inflammatory drugs	6	8.6	7	10.0	
Clean pads	3	4.3	1	1.4	



Figure(2): comparison between medical and non-medical participants regarding sexual intercourse as one of the menopausal symptoms & adaptational methods



Figure(3): comparison between medical and non-medical participants regarding mood problems & adaptational methods

Table (5): Comparison between medical and non-medical participants regarding memory problems and adaptational methods

Items	Subjects (no.140)				P. value
	Medical=70		Nonmedical=70		
	No	%	No	%	
Memory problem					
No	31	44.3	34	48.6	0.662
Forget anything quickly	25	35.7	26	37.1	
Forget recent events/dates/and remember past events	14	20	10	14.3	
Ways of adaptation with memory problems					
Not applicable	31	44.3	34	48.6	0.005**
Getting enough sleep and keeping physically active	22	31.4	9	12.9	
Write everything in note	20	28.6	14	20	
Others specify	4	5.7	15	21.4	

Others= Telling her sons to remember her by events

** Highly Statistically significant difference (p<0.01)

Table (1): Shows the comparison between medical and non-medical personnel reflects a statistically significant difference between two groups regarding educational level and occupation ($p=0.026$, $p=0.001$) respectively. Also, comparison due to occupation between two groups reflect a highly statistical significance

at $p=0.001$

Table (2): Shows the comparison between two groups regarding their history of menarche. There is a statistically significant difference between two groups regarding age of menarche, menstruation ($p=0.001$, $p=0.001$, $p=0.035$) respectively.

Fig (1): Illustrates, that nearly half of medical participants and 37.1% of non-medical participants were trying to avoid things that may trigger hot flushes; like spicy foods ,alcohol, caffeine ,stress ,or being in a hot place. This comparison reflects a highly statistically significant difference between two groups ($p=0.001$).

Table (3): shows that 67.1 % of medical participants were complaining of night sweats, sleeping trouble versus 45.7% of non-medical participants. Regarding adaptational methods with sleeping troubles, 42.9% and 28.6% of medical and non-medical personnel (respectively) were trying to be physically activity (but not too close to bed time). Regarding other adaptational methods, 15.7% of medical participants were keeping their bedroom dark, quiet, and cool versus 8.6% of non-medical participants. This relation reflects a statistically significant difference ($p=0.003$).

Table (4): Shows that redness and Inflamed vaginal skin was the most symptom trouble both medical and non-medical participants (28.6%&21.4% respectively). However, there is no a statistically significant difference between two groups regarding urinary problems and their adaptational methods.

Fig. (2): Illustrates that most sexual troubles were less interest in sex (among 27.1%of medical participants &31.4% of non-medical participants), followed by dyspareunia (17.1% and 20% of medical and non-medical personnel respectively). While adaptational methods were using of lubricant cream during sexual intercourse (35.7% &15.7% of medical & non-medical participants respectively), with statistically significant difference ($p=0.001$).

Fig. (3): Illustrates that the most common mood symptoms was irritability (22.9% of medical and 20% of non-medical participants respectively). The most common adaptational method was trying to get enough sleep and staying physically active to feel best (38.6% of medical participants and 15.7% of non-medical participants), with a statistically significant difference ($p=0.001$).

Table (5) Shows that 35.7% of medical participants and 37.1% of non-medical forgot anything quickly. Regarding to adaptational method with memory problems, 31.4% of medical participants and 12.9% of non-medical participants had enough sleep and kept physically active. with a statistically significant difference at ($p=0.005$).

Discussion

Menopause known as change of life, it's a normal part of a woman's life, and comprise a half or a third of a women's life. The biological and psychosocial changes occurring in 50 - 85% of women during menopause can cause great stress and disability (**Abdullah, et al., 2015**) The menopause transition is experienced by 1.5 million women each year and often involves symptoms & physical changes. (**Santora et al., 2016**).

The study concluded that the medical participants were more practice than non-medical participants toward adaptational methods in some transitional menopausal symptoms;(sleeping, memory, sexual, and mood problems). While were nearly similar regarding other symptoms ;(Hot flushes),

Therefore, the present study aimed to compare between adaptational methods among medical and non-medical women regarding transitional menopausal symptoms at Sedfa district, Assiut governorate, Egypt.

In the present study, the mean age of participants was 48.16 ± 4.43 , this result agrees with **Esmat & Mohamed (2013)** who studied menopausal transition and its effect on women's health on 200 married women working in faculties of Ain Shams University in Egypt they found that the mean age 50.8 ± 5.57 year. And disagrees with **Essayed et al., (2013)** who studied menopausal symptoms and the quality of life among pre/post-menopausal women from rural area in Zagazig city on 175 women, they found that the mean age was 54.0 ± 7.9 year with range (50-60).

In the present study, the majority of studied participants (91.4% & 81.4 of medical and non-medical respectively) is married, while 1.4%&2.9% of medical and non-medical respectively, is divorced and 4.3%&14.3% of medical and non-medical respectively, is widow. and this is nearly on line with **Satpathy (2016)** who found that 94% of women is married and 3% is divorced and 3% is widow ($n=100$).

In the present study, more than half of medical participants and more than two thirds of non-medical participants were complaining of menstrual irregularities. The most common form was menorrhagia which represented in 58.8%-36.2% of medical and non-medical participants respectively and these results were disagree with **Satpathy**

(2016), found that 17% of his study participants were complaint of menorrhagia.

In the present study the majority of medical and non-medical participants were complaining of some of transitional menopausal symptoms, this result agree with **Abdel- Azim et al., (2014)** who studied a quality of life among menopausal women in Saudi Arabia on 90 women they found that the 80% of their participants were complaint of transitional menopausal symptoms. This similarity in result between the studies related to mutual experiences, cultural and knowledge. Also agree with **Alan & Gakyildiz (2016)** who studied the effects of menopause on women's life on 40 women in Turkey, they found that most of participants were complaint of menopausal symptoms. This disagree with **Franco et al., (2016)** who studied the use of plant-based therapies and menopausal symptoms, found that less than half of participants were complaint of menopausal symptoms.the differences between the current study and other study can be explained the differences in cultures and knowledge.

In the present study half of medical participants and nearly half of non-medical were complaining of hot flushes, this nearly agree with **Sarker (2014)** who studied health profile of 100 postmenopausal women in India, they found that nearly half of participants were complaint of hot flushes. This disagree with **Abd Elazim et al., (2014)** who studied the quality of life among menopausal women in Saudi Arabia on 90 women they found that 30% of women were complaining of hot flushes. Also, the present result disagree with **Satpathy (2016)** who studied the menopausal symptoms and problems among urban women in India found that more than three quarters of the study subjects were complaining of hot flushes. the differences between the current study and other study can be explained the differences in cultures , knowledge and atmosphere.

As regards to adaptational methods for hot flushes in the present study more than one third to one third of medical and non-medical participants respectively were try to avoid things that may trigger hot flushes like spicy foods, alcohol, caffeine, stress, or being in a hot place. The differences between medical & nonmedical personnel can be explained by that the medical personnel are engaged in the knowledged and more oriented than nonmedical personnel .This result agrees with **Vroomen (2015)** who studied the adaptational methods to transitional symptoms, women were trying to avoid wearing tight clothing, caffeine, and spicy foods & were dressing in light clothes, and avoid smoking. Also agrees with **Burbos & Morris (2011)** who studied menopausal symptoms where the participants were drinking cold liquids rather than hot ones, eating smaller, more

frequent meals, do not smoke or use other forms of tobacco, staying cool, keeping area cool, using a fan, dressing in layers. Wearing natural fabrics, such as cotton and silk, sleeping with fewer blankets. Other study done by **Esmat & Mohamed (2013)** who studied the menopausal transition and its effect on women's health on 200 women at Ain Shams university as they found that about fifty percentage of participants were decrease room temperature or using fans. And less than fifty percentage were dressing in layers and removing some of them when they feel hot, similarly agree with the present study (half of medical and one quarter of non-medical) the participants were using the same adaptational method. This agreement can be explained by mutual experiences& knowledge.

In the present study, more than two thirds of medical and nearly half of non-medical participants were complaining of night sweats and sleeping troubles. This result was nearly agreeing with **Mushtaq (2011)** who studied psycho-physical changes in menopause with an impact on family on 100 women in India, he found that more than half of his participants were complaining of night sweats. And agree with **Sarker (2014)** who studied a health profile of postmenopausal women he found that nearly half of his participants were complaining of night sweat & sleeping troubles. Also agree with **Santoro & Epperson (2016)** who studied menopausal symptoms and their management in Australia on 386 women they said that half of their population study(n=455) were complaining of sleeping troubles. This result was disagreeing with **Satpathy (2016)** an Indian study which revealed that less than half of the population study were complaining of sleeping troubles.

As regards to adaptational methods for night sweat and sleep troubles in the present study less than half of medical participants and slightly more than one quarter of non-medical participants was trying to be physically active during the day and small percentage of medical and non-medical were trying to keep their bedroom dark, quiet, and cool also small percentage of medical and non-medical was trying to go bed and get up at the same times every day and to adapt with night sweat and sleep troubles the differences between medical & nonmedical personnel can be explained by that the medical personnel are engaged in the knowledged and more oriented than nonmedical personnel this is go with line with **Kravitz et al., (2016)** who studied the sleep during the Perimenopause ,they found that most of women tried to cope with this problem by going to bed only when sleepy, sleep only in the bedroom, get up at the same time each morning, discontinue caffeine and nicotine, exercise daily,

avoid alcohol, limit fluid intake in the evening, Practice relaxation techniques. Also the finding agrees with **Hachul et al., (2011)** who studied insomnia in post menopause women who adapting with sleep problem by avoiding heavy meals and strenuous exercise before bed avoiding tobacco, caffeine. This agreement can be explained by mutual experiences & knowledge.

Also agree with **Ameratunga et al., (2012)** who studied the sleep disturbance in menopause he found that lifestyle modification e.g. regular sleep schedules, sleep hygiene, elimination of caffeine and alcohol, appropriate and comfortable bedding and temperatures may help in adaptation with sleep problems.

However the finding disagree with **Abo El Matty & Abdel Hakeem (2010)** who studied effect of menopausal symptoms on women's quality of Life in benha City (Egypt) and Arar City (Kingdom of Saudi Arabia on 220 menopausal women, as 45% of participants used remedies warm fluid for insomnia. Also disagree with **Esmat & Mohamed (2013)** as they found one third of studied sample were limit coffee intake during the day as in the present study (only 5.7% & 2.9 %) from medical and non-medical participants were limiting coffee intake during the day. the differences between the current study and other study can be explained the differences in cultures, knowledge and atmosphere.

As regards to adaptational methods for memory problems in the present study one third of medical and 12.9% of non-medical participants were getting enough sleep and keeping physically active to adapt with memory problems and this agree with **Blais et al., (2015)** Who studied cognitive impairment and probable dementia in the women's health initiative memory study, as they found that women adapt with this problems by sleeping seven to eight hours per night, exercise regularly. And disagree with **Gayatri (2014)** who studied memory loss, estrogen, menopause & alzheimer's disease, he found that fresh fruit and vegetables, vitamins B, C, D and E, mental exercises and games, such as crossword puzzles may help in adapting with memory problem. These differences can be explained by differences in culture education and communities.

In the present study, vaginal problems were reported by nearly half of both medical and nonmedical participants, this disagree with **Neslisah et al., (2014)** who studied the effect of physical activity and body mass index on menopausal symptoms in 305turkish women, they found that one third of participants were reported vaginal problems.

In the present study, the most common form of vaginal problems was inflammation and dryness (28.6 and 21.4% respectively). This agree with

Satpathy (2016) who found that one third of participants were reported vaginal dryness.

As regards to adaptational methods for vaginal problems in the present study less than half of medical participants and more than one third of non-medical participants was using a water-based vaginal lubricant and moisturizers. the differences between medical & nonmedical personnel can be explained by that the medical personnel are engaged in the knowledged and more oriented than nonmedical personnel. This nearly agree with **Petridis (2016)** who studied vaginal discomfort after menopause where moisturizers and lubricants as nonhormonal alternatives to intravaginal estrogen can temporarily provide moisture and agrees with **Christian (2016)** who studied menopause: symptoms, causes, and treatments as he found that water-based vaginal lubricants or moisturizers and stay sexually active help to adapt with vaginal problems this agreement is a result of mutual experiences & knowledge and disagree with **Abo El Matty (2010)** who found that the majority of studied sample used cotton underwear and vaginal douches for vaginal symptoms. And disagree with **Esmat & Mohamed (2013)** as they found that about half percentage of studied sample were wearing cotton help to adapt with vaginal problems

In the present study nearly half of medical participants and half of non-medical participants were complaint of sexual problems, which agree with **Abdel Aziem et al., (2014)** who studied quality of life among menopausal women in Saudi Arabia on 90 women they founded that the sexual problems represented nearly half of participants. and disagree with **Neslisah et al., (2014)** who studied the effect of physical activity and body mass index on menopausal symptoms in 305turkish women, they found that nearly three quarters were complaint of sexual problem.

The most common form of sexual problem in the present study was the loss of sexual interest (less than one third and small percentage respectively among medical and non-medical participants), followed by dyspareunia (17.1% & less than one quarter of medical and non-medical participants) these results are in line with **Satpathy (2016)** who studied menopausal symptoms and problems among 100 urban women in India he found that 17% of participants were complaining of dyspareunia.

As regards to adaptational methods for sexual problems in the present study (one third & 15.7% of medical & non-medical participants) were using of lubricant cream during sexual intercourse to adapt with sexual problems and this agree with **Esmat & Mohamed, (2013)**, as they found that more than one third of studied sample were using moisture during

intercourse. And disagree with **AboEl Matty (2010)** who found that most of participants didn't use anything or ever given any concern for adapting with sexual problems. These results could be attributed to traditions and lack of knowledge among perimenopausal women.

In the present study less than one third of medical and one third of non-medical participants complained of mood problems, this disagree with **Neslisah et al., (2014)** they found that more than three quarters of their participants reported mood problems. These differences may be explained by cultural differences in each country.

The most form of mood problems in the present study was irritability (30%-20% among medical and non-medical participants respectively) and this results disagree with **Satpathy (2016)** who found that less than half of participants (n=100) were complaining of irritability. Also, disagree with **Sarker (2014)** who found that nearly two thirds of participants were complaint of irritability.

As regards to adaptational methods for mood problems in the present study more than one third of medical participants and small percentage of non-medical participants were trying to get enough sleep and staying physically active to adapt with mood symptoms and this disagree with **AboEl Matty (2010)** as more than half of studied sample used herbal for adapting with mood problems. Also, disagree with **Esmat & Mohamed (2013)** as they found that more than half were talking to their friends to adapt with mood symptoms while in the present study 15.7% and 2.9 % of medical and non-medical group were talking to their friends.

The most common form of urinary problems was dysurea, (18.6%-15.7% of medical and non-medical participants respectively), this result is agreeing with **Khan, (2015)** who studied urinary tract infection and associated risk factors in post-menopausal women on 530 participants in India and he found that one- fifth of his participants were complaining dysurea.

Conclusion

The study concluded that the medical participants were practicing more than non-medical participants for adaptational methods in some transitional menopausal symptoms such as ;(sleeping, memory, sexual, and mood problems). However, they were similar regarding other symptoms such as ;(Hot flushes),

Recommendations

- 1- The health facilities should provide health education program for women after age 40 about transitional menopausal symptoms &its adaptational methods

- 2- Nursing curriculum must include perimenopausal symptoms &its adaptational methods to apply in the clinical areas by nurses.
- 3- Further researches must increase in perimenopausal symptoms &its adaptational methods to help all women in this age.

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