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Quality of life of perimenopausal women: Community based cross sectional study

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Abstract

Background: Menopause is a natural process for women and is a universal event. Perimenopause is the transition period of a woman's life shortly before the occurrence and around menopause. During this period, women may experience physical and psychological problems due to the changes in the level of estrogen and progesterone, which may affect their quality of life.

Objective: The study aimed to assess the menopause-specific symptoms and quality of life of perimenopausal women.

Materials and Methods: Non-experimental cross-sectional research design was adopted with 60 participants selected by convenience sampling technique at the selected village. The tool used for the study was demographic variables and the Menopause Specific Quality of Life Questionnaire to assess the quality of life. The interview method was to collect the data on one to one basis.

Results: Out of 60 participants, 25(41.67%) had poor quality of life, 34(56.7%) had moderate, and only one (1.67%) had a good quality of life. The severity of menopause-related symptoms is found in all physical, psychosocial, vasomotor, and sexual domains. Demographic variable flow type had shown a statistically significant association with the quality of life of perimenopausal women at $p < 0.05$.

Conclusion: The present study findings revealed that most perimenopausal women experienced moderate to poor quality of life. Nurses play a vital role in assess the symptoms and designing the nursing intervention to alleviate the symptoms associated with menopause and improve the quality of life.

Keywords: Quality of life, menopause symptoms, menopause, perimenopausal women, perimenopause

Introduction

Menopause is a natural process for women and is a universal event. Perimenopause is the transition period of a woman's life shortly before the occurrence and around menopause. It begins in some the age 30s, but most often, it starts in ages 40 to 44 with changes in menstrual flow and the length of the cycle due to sudden surges in estrogen. Menopause is the cessation of ovulation caused by the absence of ovarian oocyte response. It is characterized by decreased estrogen and progesterone hormone, which causes the end of the menstrual cycle. It occurs around 50 years in most developed countries ^[1]. However, the average age of menopause in natural women is between 42 and 58 years, and the median is 51.4 years. The body is experiencing hormonal changes, fertility reduces, and physical and mental changes risk increases during this period ^[2]. Many women experience disturbances in lower urinary tract symptoms, which may also have a negative effect on their life to some extent ^[3]. Headache, trouble sleeping, mood swings, vasomotor symptoms such as hot flash and night sweats, somatic symptoms such as vaginal dryness, or atrophy and dyspareunia, as well as psychological symptoms such as anxieties, difficulty in concentrating, overreacting to minor upsets, quickly being irritated, forgetfulness are symptoms of menopause and affect all dimensions of life quality ^[4-5]. Quality of life is defined as an individual perception of the positive and negative aspects of life, including physical, emotional, social, and cognitive functions ^[6]. The transition through menopause is a life event that can profoundly affect the quality of life. The World Health Organization-Quality of Life (WHO- QOL) divides the quality of life into six domains: physical, psychological, level of freedom, social, environmental, and spiritual relations, and religion, which is then summarized into four domains. Physical health, psychological health, social relationship, and environment ^[7]. The duration, severity, and impact of these symptoms on quality of life vary from one woman to

another and from population to population [8]. Many types of research assess QOL in menopausal women. Some women have severe symptoms that profoundly affect their personal and social functioning and quality of life [9]. Menopause might have a negative impact on QOL independent of age in community-based women in China [10]. Hence, assessing symptoms associated with quality of life in the perimenopausal period is an important and essential clinical outcome measure for perimenopausal women. With this background and considering the importance of quality, the life study was conducted to assess the quality of life of perimenopausal women.

2. Methods and Materials

The research approach adopted in the study was a quantitative approach by using a nonexperimental community-based cross-sectional research design. The study was conducted after obtaining formal permission from the concerned village administrative officer of Kondancheri village, Thiruvallur District, with 60 samples. Samples who matched the inclusion criteria were selected by convenience sampling technique. Samples who could not understand Tamil or English, were not willing to participate, mentally ill, or had any physical comorbidities were excluded from the study. The participants who consented for willing to participate were informed about the purpose of the study and obtained informed consent. The interview method was used to collect the demographic variables followed by the menopausal-specific symptoms quality of life was assessed by using the Menopause Specific Quality of Life Questionnaire (MENQOL) on one to one basis. It took 20 minutes to complete the questionnaire. The MENQOL questionnaire consists of a total of 29 items, and those items belong to the domain of vasomotor (items 1-3), psychosocial (items 4-10), physical (items 11-26), and sexual (items 27-29). Each item has a 6-point Likert-scale format which ranges from not at all bothered to extremely bothered [11-12]. The participants were instructed to express their past month of experience with the items mentioned in the questionnaire. The reliability of physical, psychosocial, and sexual domains and the vasomotor questionnaire were 0.81, 0.79, 0.70, and 0.55, respectively. It is also a validated questionnaire for the assessment of menopausal women's symptoms. Confidentiality and anonymity were maintained throughout the procedure. Collected data were analyzed by using descriptive and inferential statistics.

Result

Table 1: Demographic variables of Menopausal women

Demographic Variables	Frequency (%)
Age in Years	
40-42	10 (16.7%)
43-44	16 (26.7%)
45-46	28 (46.6%)
46-48	6 (10%)
Marital status	
Married	47 (78.4%)
Unmarried	11 (18.3%)
Widow	2 (3.3%)
Type of family	
Nuclear	46 (76.7%)
Joint	14 (23.3%)
Occupation	
Housewife	21 (35%)
Working women	28 (46.7%)
Self employed	11 (18.3%)
Educational status	
Illiterate	2 (3.3%)
Primary	6 (10%)
High School	8 (13.3%)
Higher Secondary	35 (58.3%)
Graduate and above	9 (15%)
Age at menarche	
12-13	28 (46.7%)
14-15	30 (50%)
16-17	2 (3.3%)
Menstrual cycle	
Regular	47 (78.3%)
Irregular	13 (21.7%)
No. of child birth	
Nallipara	3 (5%)
1	18 (30%)
2	22 (36.7%)
More than 2	17 (28.3%)

Out of 60 participants, 28 (46.6%) were in the age group of 45-46 years, 47 (78.4%) were married, 46 (76.7%) were belongs to nuclear family, 28 (46.7%) were working women, 35 (58.3%) had completed till higher secondary, 30 (50%) were attained menarche at the age of 12-13 years, 47 (78.3%) had regular menstrual cycle, and 22 (36.7%) had 2 child birth as shown in Table 1.

Table 2: Percentage distribution of domain wise symptoms

S. No	Variables	No (%)
I	Physical	
1	Aches in Muscles	52 (86.6%)
2	Decrease in Physical Strength	37 (61.6%)
3	Decrease in Stamina	29 (48.3%)
4	Feeling a Lack of Energy	36 (60%)
5	Low Backache	54 (90%)
6	Feeling Tired or Worn Out	49 (81.6%)
7	Aches in back of Head or Neck	53 (88.3%)
8	Feeling Bloating	36 (60%)
9	Accomplishing Less than I Used To	22 (36.7%)
10	Flatulence or Gas Pains	27 (36.7%)
11	Increased Facial Hair	13 (21.6%)
12	Changes in Appearance	34 (56.7%)
13	Texture or Tone of your Skin	38 (63.3%)
14	Weight Gain	9 (15%)
15	Dry Skin	11 (18.3%)
16	Involuntary Urination when Laughing or Coughing	26 (43.3%)

17	Frequent Urination	49 (81.6%)
18	Difficulty Sleeping	47 (78.3%)
II Psychosocial		
1	Down, Depressed, or Blue	-
2	Being Dissatisfied with my Personal Life	9 (15%)
3	Feeling Anxious or Nervous	48 (80%)
4	Feelings of Wanting to be Alone	31 (51.6%)
5	Being Impatient with Other People	4 (6.6%)
6	Poor Memory	12 (20%)
III Vasomotor		
1	Hot Flashes	57 (95%)
2	Night Sweats	43 (71.6%)
3	Sweating	32 (53.3%)
IV Sexual		
1	Avoiding Intimacy	45 (75%)
2	Decreased Sexual Desire	37 (61.6%)
3	Vaginal Dryness	-

Regarding physical domain, out 60 participants, 52 (86.6%) had aches in muscles, 37 (61.6%) had decrease in physical strength, 54 (90%) had low backache, 53 (88.3%) had aches in back of head or neck, 49 (81.6%) had frequent urination and 47 (78.3%) had difficulty in sleeping. With regards to psychosocial domain 48 (80%) had feeling anxious or nervous and 31 (51.6%) had feelings of wanting to be alone. In vasomotor domain, 57 (95%) had hot flashes, 43 (71.6%) had night sweats, and 32 (53.3%) had sweating. Regarding sexual domain, 45 (75%) had avoiding intimacy and 37 (61.6%) had decreased sexual desire as depicted in Table 2.

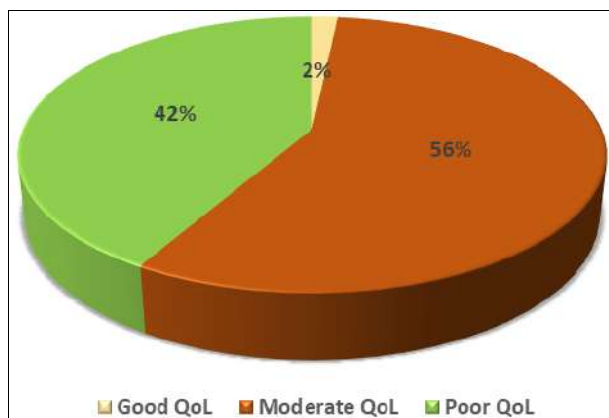


Fig 1: Level of Quality of life of Perimenopausal women

Out 60 participants, 25(41.67%) had poor quality of life, 34(56.7%) had moderate and only one (1.67%) had good quality of life as represented in Figure 1.

Association quality of life and demographic variables

Chi-square test reveals that demographic variable type of flow had shown statistically significant association with level of menopausal specific symptoms quality of life among perimenopausal women at $p < 0.05$ level and the other demographic variables had not shown statistically significant association with level of menopausal specific symptoms quality of life among perimenopausal women.

4. Discussion

Perimenopause means around menopause and also refers to the time during which the body makes the natural transition to menopause, marking the end of the reproductive years. Perimenopause is also called the menopausal transition. Throughout the menopausal transition, there are changes

Table 3. Mean score of Domains in Quality of Life

Domains	Mean \pm SD
Physical	79.8 \pm 2.67
Psychosocial	20.8 \pm 1.53
Vasomotor	9.6 \pm 1.32
Sexual	3.7 \pm 1.24

Table 3 reveals that the mean and standard deviation of Physical, Psychosocial, Vasomotor and sexual domain are 79.8 \pm 2.67, 20.8 \pm 1.53, 9.6 \pm 1.32 and 3.7 \pm 1.24 respectively.

that occur both physically as well as psychologically due to hormonal changes which may affect the quality of life. The current study also analyzed the quality of life of perimenopausal women and found that 41.67% had poor quality of life, 34(56.7%) had a moderate quality of life and also found the severity of menopause-related symptoms found in all domains of physical, psychosocial, vasomotor and sexual. The highest percentage of physical problems observed are muscle ache, low back ache, increased urination, difficulty in sleeping, feeling anxious and nervous, hot flashes, night sweats, and lack of intimacy. The findings of the present study supported by the study conducted by Katarzyna Kanady *et al.* reported that quality of life among perimenopausal was decreased and was affected by the level of depression, self-reported state of health, the occurrence of menopausal symptoms, education level, and marital status [13]. Another study by Mohamed HA explored that the most severe symptoms of vasomotor, psychosocial, physical, and sexual domains were hot flushes, poor memory, and dissatisfaction with personal life, low backache, and change in sexual desire and also suggested that menopausal symptoms were associated with a decrease in women quality of life [14]. Timi Thomas *et al.* mentioned in the findings that most mothers had an average quality of life during the menopausal period [15]. This current study finding is also consistent with the study finding by Koirala S *et al.* that only 50.8% of respondents had a good quality of life; sociodemographic variables such as the age of women, marital status, educational level, last menstrual period, and regular menstrual period were statistically significant with the quality of life of peri and postmenopausal women. It also stated that menopausal symptoms are common, but due to a lack of awareness, they do not seek medical advice [16]. The current study is associated with the flow of menstruation and quality of life. Karmakar N *et al.* reported that menopause causes both physical and psychiatric problems. It also revealed that the

occurrence of vasomotor symptoms was average, with 60% of them reporting hot flushes and 47% sweating. The most prevalent psychosocial symptoms reported were feeling of anxiety and nervousness (94%) and overall depression (88%). Physical symptoms were quite varying in occurrence, with some symptoms such as feeling tired or worn out decrease in physical strength, and lack of energy occurring in 93% of the women to only 5% suffering from the growth of facial hair. Overall sexual changes were reported among 49% who reported avoiding intimacy with a partner, and 26% complained of vaginal dryness^[17]. Debora J Mathew *et al.* found that the quality of life was affected by the physical and psychosocial problems of both perimenopausal and postmenopausal women^[18]. Gayathry Nayak *et al.* revealed that perimenopausal symptoms widely vary in affecting the quality of life in the women population, and accurate recording and understanding of which is essential to plan effective interventions to improve the quality of life^[19]. The current study is limited to assessing the quality of life of postmenopausal women as well as an intervention to improve the quality of life. Hence the current study recommends conducting a comparative study between premenopausal and postmenopausal women.

5. Conclusion

The present study statistical findings revealed that majority of the perimenopausal women experienced moderate to poor quality of life. Nurses play a vital role in the assessment of the symptoms associated with menopause and design the nursing intervention to alleviate the symptoms and to improve the quality of life.

6. Acknowledgement

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7. Conflict of interest

Authors declares no conflict of interest

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