

FREQUENCY & SEVERITY OF MENOPAUSAL SYMPTOMS ASSESSED ON MENOPAUSE RATING SCALE (MRS)

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ABSTRACT

Objectives: To determine the frequency and severity of menopausal symptoms using menopausal rating scale.

Study Design: Cross sectional study.

Place and Duration: This study was conducted at outpatient department of Qazi Hussain Ahmed Medical Complex, Nowshera from 1st May to 31st July 2017.

Materials and Methods: The group of women studied were 45 years old and beyond in age. Total of one hundred women were interviewed and menopausal rating scale chart was completed for severity of Menopausal symptoms. Descriptive statistics by SPSS software version 20 was used for analysis.

Results: Mean age of the women was 56.7 years having 50% uneducated and 32% having only primary level of education. 66% of them were grand multipara. Physical symptoms were more common with joint and muscle problem was the predominant feature in 80% followed by sleep problem in 63%. Majority had mild to moderate symptoms.

Conclusion: Menopause is considered to be a physiologic event but majority of our women are unaware of the consequences of menopause which needs to be addressed by creating awareness through health education.

Key Words: Menopause, menopause rating scale, climacteric.

INTRODUCTION

Menopause is a physiologic condition results from decreased ovarian gonadotrophins followed by cessations of menstruation. It can be defined as cessation of menstruation for 12 consecutive months¹⁻⁴. Majority of women experience menopause between 45-54 years with mean age of 51 years.⁵ Although it's a normal physiologic event, menopausal period has a major influence on women physical and mental health. Due to lack of hormones women often experience different symptoms like hot flushes menstrual irregularities sexual dysfunction, physiological problems osteoporosis and increased risk of cardiovascular disease. Menopausal symptoms vary according to social cultural and economic status.⁶⁻⁸

Various scales have been developed to measure the menopausal symptoms in a standardized way. MRS was developed in 1990s in Germany, aiming at establishing an instrument to measure the quality of life (QOL)

that can be easily completed by women.⁹⁻¹⁰ The MRS is well accepted internationally and has been translated in different languages and validity of this score has been proved in HRT clinical trial as well.¹¹

Menopausal women are among the groups on whom very little research has been done in developing countries therefore this study was conducted at Qazi Hussain Ahmed Medical Complex, (QHAMC) Nowshera to assess the quality of life in post-menopausal women using MRS.

MATERIALS AND METHODS

A prospective cross sectional study carried out at outpatient department of QHAMC Nowshera from 1st May to 31st July 2017. Participants were menopausal women aged 45 years and above. All the women were interviewed using pre designed questionnaire consisting of socio demographic data including age, parity, educational level, marital status, HRT use and time since menopause. After completing the demographic data, women were asked about all the symptoms based on MRS scale and also asked to rate severity of symptoms as mild, moderate, severe, very severe or none if no symptoms were reported. The data was then analyzed on SPSS version 20 and means, frequencies and percentages were determined.

RESULTS

A total of 100 women were interviewed on the given questionnaire. Mean age of the women was 56.7 years with majority of them uneducated (50%) or have had very low level of education (32%) and most

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Table 1: Validated items of the Menopause Rating Scale

Somatic Symptoms	
1.	Hot flushes, sweating (episodes of sweating)
2.	Heart discomfort (unusual awareness of heartbeat, hearts skipping, heart racing, tightness)
3.	Sleep problems (difficulty falling asleep, difficulty in sleeping through the night, waking up too early).
4.	Joint and muscular discomfort (pain in the joints, rheumatoid complaints).
Psychological Symptoms	
5.	Depressive mood (feeling 'down', sad, on the verge of tears, lack of drive, mood swings)
6.	Irritability (feeling nervous, inner tension, feeling aggressive)
7.	Anxiety (inner restlessness, feeling 'panicky')
8.	Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)
Urogenital Symptoms	
9.	Sexual problems(change in sexual desire, in sexual activity and satisfaction)
10.	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)
11.	Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with intercourse)

Characteristics of participants

	N	f	%	Min	Max	Mean	S. D
Age	100			45	71	56.17	6.116
Time since Menopause	100			1	21	7.07	5.252
Age of Menopause	100			44	59	49.10	2.072
Parity							
Nullipara	100	8	8				
Primipara	100	7	7				
Multipara	100	19	19				
Grand Multipara	100	66	66				
Education							
Nil	100	50	50				
Primary	100	32	32				
Matric & Above	100	18	18				
Marital Status							
Married	100	95	95				
Un-Married	100	5	5				
HRT Use							
Yes	100	6	6				
No	100	94	94				

of them were grand multipara (66%). Mostly commonly reported menopausal symptoms were joint and muscle discomfort (80%) followed by sleep problems (63%). 51% women complained of bladder symptoms while 11% were irritable and 36% with depressed mood. Sexual problems were the least frequently found symptoms

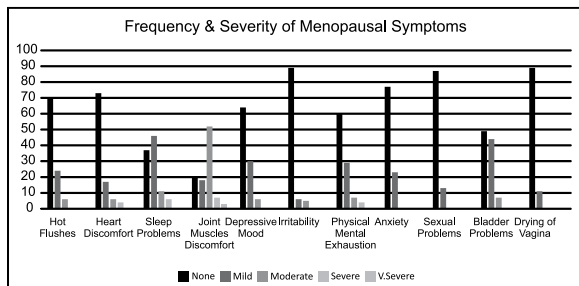
accounting for 13%.

DISCUSSION

Menopause is one of the natural processes in women's life. Its symptoms can affect women quality of life so different scales were developed for assessment

Frequency and Severity of Menopausal Symptoms

Descriptive Statistics				Frequencies				
Symptoms	N	Mean	S. D	None	Mild	Moderate	Severe	V. Severe
Hot flushes	100	.36	.593	70	24	6	0	0
Heart discomfort	100	.41	.778	73	17	6	4	0
Sleep problem	100	.86	.839	37	46	11	6	0
Joint muscles discomfort	100	1.55	.986	20	18	52	7	3
Depressive mood	100	.42	.605	64	30	6	0	0
Irritability	100	.16	.485	89	6	5	0	0
Physical mental exhaustion	100	.55	.794	60	29	7	4	0
Anxiety	100	.23	.422	77	23	0	0	0
Sexual problem	100	.13	.337	87	13	0	0	0
Bladder problem	100	.58	.621	49	44	7	0	0
Drying of vagina	100	.11	.314	89	11	0	0	0



CONCLUSION

Majority of our women consider menopause as a normal physiologic event and usually the women experience these symptoms after the age of 45 years. Due to lack of education, their knowledge about menopause and its affects is very low. Awareness of menopausal symptoms should be increased by promoting health education to improve their quality of life.

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of these symptoms. Menopause is valuable tool of QOL assessment and is being used worldwide.

The mean age of the women was 56 years which was similar to a study conducted by Ande AB et al; where it was found to be 57.4. Majority of them were married uneducated and grandmultipara. Chuni N et al; also found majority of them to be illiterate while Ande AB et al; found mean parity of 5.7 ± 1.9 .^{1,17}

The most commonly reported symptoms were joint and muscle discomfort (80%) sleep problems (63%), bladder problems (52%) followed by physical and mental exhaustion in 41%. Waidyasekera H et al; also showed the joint and muscle discomfort to be the most frequently reported symptom (74.7%). Physical and mental exhaustion remained 53.9% and hot flushes in 39.1% in the same study.¹⁴ A study done by Del Prado M found the physiological symptoms to be dominating followed by somatic symptoms which is in contrast to our study. Joint and muscle discomfort and sleep problems were found to be more in advance age group in our study.¹⁵ Sexual problems were the least report (13%) while Chedraui P showed the increase in prevalence (69.6%).¹⁶ Among the urogenital domain bladder symptoms were found in majority (52%) which is in contrast to study done by Mazhar SB et al; which found only 12% of women with bladder symptoms.⁷

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