



## Research Article

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## Assessment of awareness about Post-Menopausal Symptoms and Preventive Measures

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### Abstract

Menopause refers to the actual cessation of ovarian activity and generally a woman may experience menopause anywhere from her 40s to mid-50s. Overall, stated median age at natural menopause was 51.4 years as per different studies. Female population experience a variety of post menopausal symptoms and due to their weak understanding regarding those symptoms it's become hard to manage thus this study is being conducted to find out the level of Awareness about post-menopausal symptoms and preventive measures to overcome the problems associated with it. A sample of 300 postmenopausal ladies (40 to 55 years) were questioned to evaluate their level of awareness regarding signs symptoms, post menopausal complications and preventive measures along with their general demographics and menopausal information. Mean age of menopause is found quite early in our population ( $44.61 \pm 3.785$  years). Joint pains, Hypertension, depression, anxiety and mood swings are the main self reported effects after menopause.

**Keywords:** Post menopausal complications, Onset of menstruation, Pregnancy history.

### INTRODUCTION

Menopause refers to the permanent cessation of menstruation ovarian activity<sup>[1]</sup> and generally a woman may experience menopause anywhere from her 40s to mid-50s. Overall, stated median age at natural menopause was 51.4 years as per different studies<sup>[2, 3]</sup>. A woman is considered to have experienced natural menopause once she has had no period for one year. The symptoms and age at which natural menopause occurs is as different for each woman. Smoking, education, marital status, history of heart disease, parity, race/ethnicity, employment, and prior use of oral contraceptives are factors found influencing onset of menopause according to different studies<sup>[4]</sup>. Menopause being a part of life is brought on by a decrease in the production of hormones, such as estrogen or loss of ovarian function and subsequent deficiency of endogenous estrogens is suggested as menopause that may increase risk of different pathological states<sup>[2]</sup>. Another type of menopause is called induced menopause which can happen when the ovaries are removed during surgery (surgical menopause) or when damage occurs to the ovaries by radiation or chemotherapy. When the ovaries are removed or severely damaged (ovaries help produce hormones in women), the woman will often experience menopausal symptoms because of an abrupt interruption in the amount of hormones produced in her body or hysterectomy that is removal of the uterus is also responsible for early menopause for women. Hysterectomy is associated with an earlier onset of menopause still the benefits of hysterectomy have been frequently described and include the cessation of abnormal uterine bleeding, relief from monthly menstrual symptoms, and reduction in depression and anxiety levels<sup>[5-7]</sup>. Three main causes of mortality and disability in developed countries for women are cardiovascular disease, cancer and osteoporosis-associated fractures related to menopause<sup>[8]</sup>. Female population of third world countries like Pakistan where basic health facilities are lacking and health budget is less than 1%<sup>[9]</sup>, women experience a variety of post menopausal symptoms and due to their weak understanding it's become hard for them to manage those symptoms. This study is being conducted to find out the level of awareness about post-menopausal symptoms and preventive measures to overcome the problems associated with it.

### METHODOLOGY

Survey is conducted in the city of Karachi on selected postmenopausal group of general population in a period of three months. Data collected regarding menstruation regularity, onset, signs symptoms of menopause, post menopausal complications and preventive measures adopted were collected together

with demographic variables such as age, weight, marital status, physical routine, reproductive history and use of oral contraceptives etc. Study sample is of 300 women (age between 38 to 55 years) out of 332 women approached. An exclusion criterion was questionnaire with incomplete or inadequate data. (n= 300 with response rate 90.36%). Since our study was not experimental and did not involve any intervention, we did not approach any ethics committee for review before conducting the study although we took informed consent from all participants and maintain strict confidentiality. Standard statistical methods are applied further to analyze the data for appropriate findings.

## RESULTS

There is a total sample of 300 women age between 38 to 55 years. Mean menopausal age found was  $44.61 \pm 3.785$  years. Onset of menstruation found is 12.9 to 14.2 years. Further in a total of 300 women, 23.5% Osteoarthritis, 21.6% mood swings, 23.5% hypertension, 7.8% weakness, 3.9% anxiety, 1.96% anger, 2.0% hot flushes, 3.9% obesity/weight gain, 1.96% eczema and 2.0% reported experiencing diabetes (Figure 1). Factors that are found significantly related to early age menopause are age of Onset of Menstrual cycle ( $p < 0.05$ ), Irregular periods habit ( $p < 0.001$ ), Working Status ( $p < 0.001$ ), Pregnancy history ( $p < 0.05$ ) and Use of oral contraceptives ( $p < 0.01$ ) while marital status is found insignificantly related to early menopause. (Table 1) Only 32.5% ladies responded positive upon asking to see a gynecologist for their issues. Reported options for purpose of cure of symptoms 56.9% was under no curative measure taken, 23.5% proper allopathic medicine, 1.96% Homeopathic, 1.96% Calcium supplement, 9.8% vitamin supplement and 5.9% relied solely on milk (Figure 2).

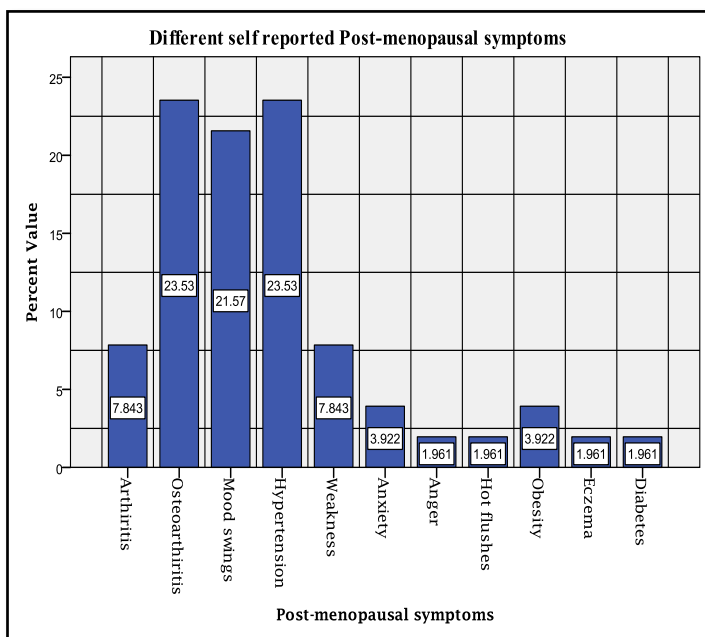


Figure 1: Different self reported Post-menopausal symptoms

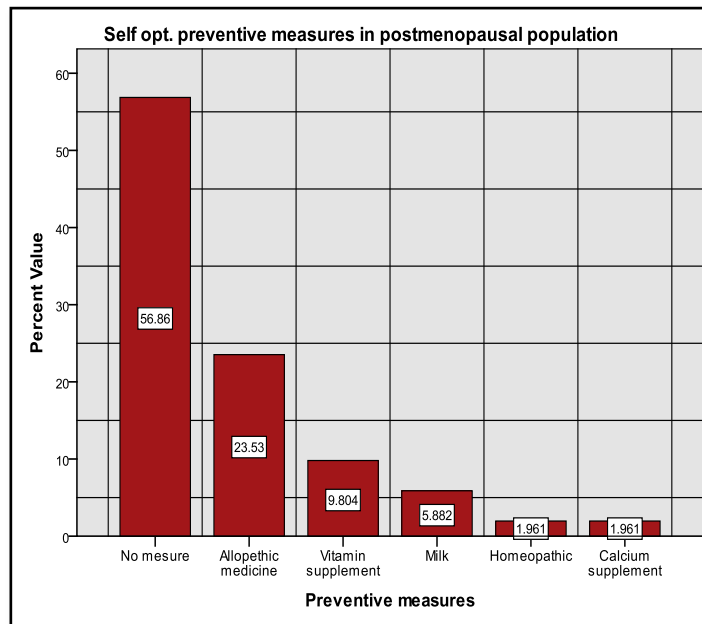


Figure 2: Self opt. preventive measures in post-menopausal population

Table 1: Factors related to early age Menopause

Table # 1 Factors related to early age Menopause	P value
Age on Onset of Menstrual cycle Early Late	0.02
Periods Habit Regular Irregular	0.003
Working Status Working woman House lady	0.002
Marital Status Single/Divorced/Widow Married	0.297
Reproductive History children(2 or more) No child	0.04
Use of oral contraceptives Frequently Not Frequently	0.001
<i>Pearson chi-square test is applied.</i> <i>P &lt; 0.05 is considered as significant relationship.</i>	

## DISCUSSION

The aim of the study was the evaluation of correlation between menopause and its consequences and to assess the level of awareness about these consequences and preventive measures that can be taken. Menopause is a natural biological event in every woman's life, there is no way to prevent it from occurring. Menopause onset typically occurs around 45 to 50 years of age, but many patients will begin having symptoms years before. Unfortunately, many patients feel their providers do little to help them with their symptoms. Fluctuating levels of estrogen and progesterone can cause a variety of symptoms. Severity of symptoms also varies a great deal. Majority of the cases in our survey results complained about arthritis, back pain, mood swings and generalized weakness. A large number of women experience hypertensive symptoms. The influence of menopause on blood pressure remains uncertain. Recent experimental and epidemiological evidence supports the hypothesis that oestrogen deficiency may induce

endothelial and vascular dysfunction and potentiate the age-related increase in systolic pressure, possibly as a consequence of a reduced compliance of the large arteries <sup>[10]</sup>.

A majority admitted never taking any preventive measures before or after menopause as they were unaware of the risks. Few tried allopathic medicines and others preferred supplements and multivitamins. Diet, reproductive history, use of oral contraceptives or other medication and smoking history are all implicated in age at menopause and also potentially in symptomatology. In other words, it is important to consider how culture affects the body over the entire lifespan and not simply focus on the brief time period around the end of menstruation <sup>[11]</sup>. In our study the early menopause is significantly associated with use of oral contraceptives. This can be due to these cycle suppressing contraceptives contain synthetic hormones, and thus prolong exposure to these altered levels of synthetic hormones may cause menstrual complications severity depending on the length of exposure <sup>[12]</sup>.

Insomnia, Heart palpitation, an irritable temper, dyspareunia, Headaches, Dizziness and lack of energy along with depression was also observed in a survey conducted in menopausal population in Taiwan <sup>[13]</sup>. Women believe to have irritability and depression as a result of menopause while some cases associate it with memory loss and initiation of Alzheimer's also. The single main source of women's information on menopause was a health professional in 49% according to a survey conducted <sup>[14]</sup>. Menopause below both age 40 and 45 was associated with an increased risk of ischemic heart disease, seeming most pronounced for women who had an early ovariectomy but also among spontaneous menopausal women <sup>[15]</sup>.

An ideal approach for treatment could be any condition that improves the feeling of being well being either physically mentally or socially. The treatment of menopause symptoms by ovarian extracts dates back a full generation, but therapy by means of pure hormone preparations is of very much more recent origin. Large quantities of pure estrogens have become available only during the past 5 years there has been an increase in the use of parenteral oestradiol as an alternative to the conventional oral preparations used in hormone replacement treatment (HRT) in menopause, such as conjugated equine estrogens (CEE) <sup>[16]</sup>. Acupuncture seems to be safe and effective for the treatment of menopausal symptoms in women <sup>[17]</sup>.

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## REFERENCES

1. Laven J S E, Visser J A, Uitterlinden a G, Vermeij W P, Hoeyjmakers J H J. Menopause: Genome stability as new paradigm. *Maturitas* 2016.
2. Atsma F, Bartelink M-L E L, Grobbee D E, Van Der Schouw Y T. Postmenopausal status and early menopause as independent risk factors for cardiovascular disease: a meta-analysis. *Menopause* 2006; 13(2): 265-279.
3. Shorr E. The menopause. *Bulletin of the New York Academy of Medicine* 1940; 16(7): 453.
4. Gold E B, Bromberger J, Crawford S, Samuels S, Greendale G A, Harlow S D, Skurnick J. Factors associated with age at natural menopause in a multiethnic sample of midlife women. *American journal of epidemiology* 2001; 153(9): 865-874.
5. Guide M. *medical-procedures-menopause*. 2015.
6. Farquhar C M, Sadler L, Harvey S A, Stewart a W. The association of hysterectomy and menopause: a prospective cohort study. *BJOG: An International Journal of Obstetrics & Gynaecology* 2005; 112(7): 956-962.
7. Greendale G A, Lee N P, Arriola E R. The menopause. *The Lancet* 1999; 353(9152): 571-580.
8. Palacios S, Borrego R S, Forteza A. The importance of preventive health care in post-menopausal women. *Maturitas* 2005; 52: 53-60.
9. Kafeel H, Sheikh D, Naqvi S B S, Ishaq H. Antidepressant activity on methanolic extract of Ananas comosus Linn peel (MeACP) by using forced swim and tail suspension apparatus in mice. *Science International* 2016; 28(3): 2525-2531.
10. Staessen J A, Celis H, Fagard R. The epidemiology of the association between hypertension and menopause. *Journal of human hypertension* 1998; 12(9).
11. Melby M K, Lock M, Kaufert P. Culture and symptom reporting at menopause. *Human reproduction update* 2005; 11(5): 495-512.
12. Kafeel H, Rukh R, Zubair A, Ghazala A, Muzaffar H, Raees H, Riaz K, Qudsia T, Ali Z. Prevalence and factors associated with functional secondary amenorrhea. *International Journal of Pharmacy* 2014; 4(1): 16-21.
13. Avis N E, Crawford S L, McKinlay S M. Psychosocial, behavioral, and health factors related to menopause symptomatology. *Women's health (Hillsdale, NJ)* 1996; 3(2): 103-120.
14. Kaufert P, Boggs P P, Ettinger B, Woods N F, Utian W H. Women and Menopause: Beliefs, Attitudes, and Behaviors. *The North American Menopause Society 1997 Menopause Survey*. *Menopause* 1998; 5(4): 197-202.
15. Løkkegaard E, Z. Jovanovic, Berit Lilienthal Heitmann, Nielskeiding, B. Ottesen, and Anette Pedersen. The association between early menopause and risk of ischaemic heart disease: influence of hormone therapy. *Maturitas* 2006; 53(2 ): 226-233.
16. Campagnoli C, Lesca L, Cantamessa C, Peris C. Long-term hormone replacement treatment in menopause: new choices, old apprehensions, recent findings. *Maturitas* 1993; 18(1): 21-46.
17. Porzio G, Trapasso T, Martelli S, Sallusti E, Piccone C, Mattei A, Di Stanislao C, Ficorella C, Marchetti P. Acupuncture in the treatment of menopause-related symptoms in women taking tamoxifen. *Tumori* 2001; 88(2): 128-130.