

MENSTRUAL ABNORMALITIES AMONG PERIMENOPAUSAL WOMEN -A QUESTIONNAIRE BASED STUDY

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Abstract:

Aim and objective: To provide current evidence - based guidelines for the menstrual abnormalities among perimenopausal women.

Background: Perimenopause begins certain years before menopause. Perimenopause occurs when the ovaries gradually begin to make less oestrogen. Menopause generally occurs between 40 and 60 years of age; the average is 51 years. Irregular patterns of menstruation are common in some women at altimes of reproductive life. If ovulation does not occur properly, the ovary will continue making oestrogen, causing the endometrium to keep thickening. This often leads to a late menstrual period and irregular bleeding. This result in endometrial polyps, and in extreme long standing cases leading to cancer of lining of the uterus.

Reason: Abnormal uterine bleeding is a common and sometimes debilitating condition in women of reproductive age. This questionnaire study provides the morbidity of menstrual abnormalities among perimenopausal women.

Keywords: Perimanopause, perimenopausal symptoms, menstrual abnormalities, oestrogen level.

INTRODUCTION:

Perimenopause begins certain years before menopause. Perimenopause occurs when the ovaries gradually begin to make less oestrogen. It usually starts in women 40s, but it may start in her 30s or even earlier. Nearly 30 % of women will seek medical assistance for this problem during their reproductive years. Regular menstrual cycle which is a result of precise hormonal balance causing regular ovulation. In perimenopausal changes the hormone levels intermit with ovulation. Menopause is the permanent cessation of menstruation which is retrospectively determined following twelve months of amenorrhea during midlife period and the most identifiable event of the perimenopausal period. The perimenopausal period encompasses the time before; during and after menopause. [1]

Symptoms that begin with the menopausal transition usually making a compensatory decrease in the post menopause.[2] Commonly noticed symptoms include sleep disturbances, mood swings, irritability or depression, head ache, presence of anaemia, tiredness, impaired memory or attention, joint pain, heart palpitation and fatigue, poor memory, anxiety and depression.[3,4] The other symptoms of menopause are the hormonal changes on organ system, most commonly the cardiovascular and musculoskeletal system affecting their quality of life.[5] Also some women may become symptomatic in months, others may take years to develop symptoms and some may never develop any symptoms.[6-10] Further, wide variations have been observed in the sub population studies,[11] including studies in Indian women from selected regions.[12-15]

There were no studies regarding the menstrual abnormalities among perimenopausal women. This study evaluates the perimenopausal symptom of women aged between 40 to 60 years which is important to understand the prevalence and also to create awareness.

MATERIALS AND METHODS:

This study was carried out in 100 women (aged 40 to 60 years) who were from the local community belonging to various women organisations. They were included in this study based on their menstrual history and the experience menopausal symptoms by using the questionnaires. The self-administered questionnaire included socio-demographic factors with menstrual history. Women with perimenopausal symptoms included in this group were 'premenopausal' who reported still having menstrual cycles or with slight change in the length of cycle and 'postmenopausal' women whose last menstrual period occurred 12 months or later.

Each woman was asked whether she experienced the symptoms in the previous six months if answer was no she was asked next item and if answer was yes she was asked to indicate how bothered she had been by the symptoms on a point scale.

RESULTS:

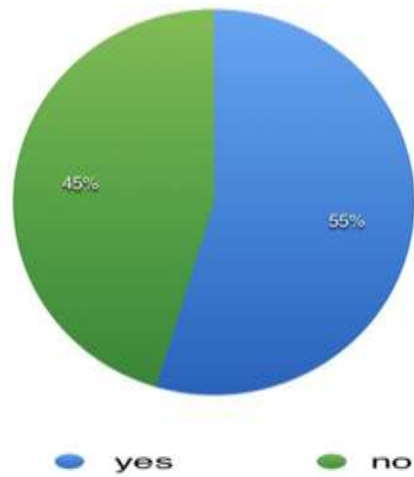


Figure 1: women who experienced menstrual problem

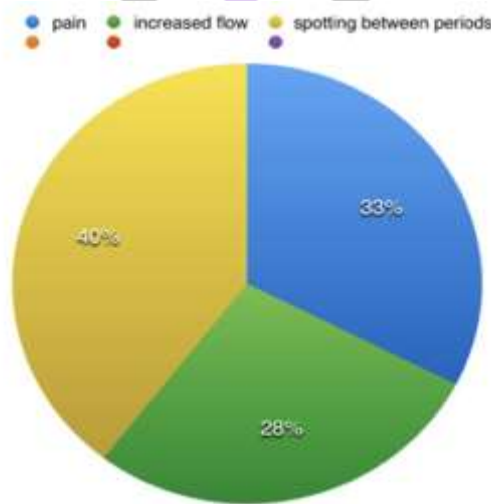


Figure 2: Changes in menstrual cycle

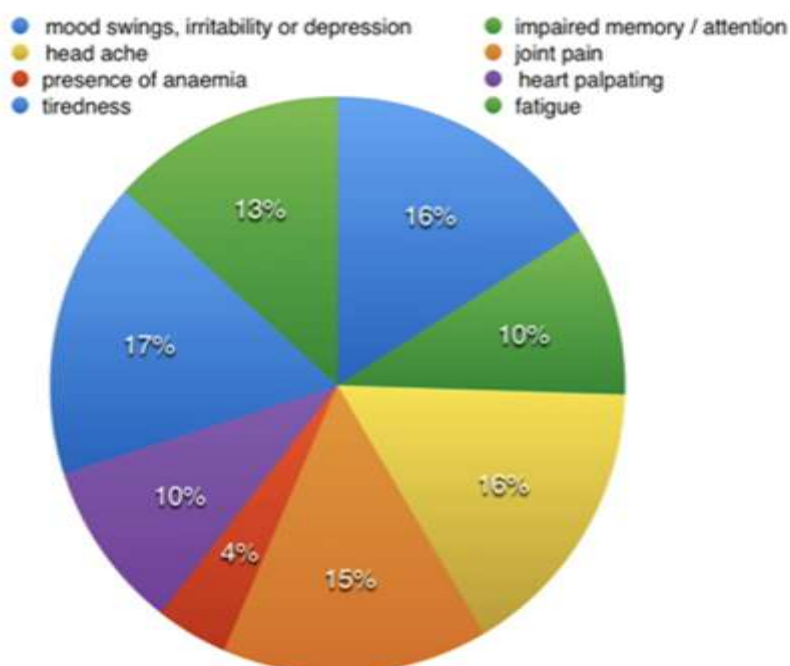


Fig. 3: Pre Menstrual Symptoms

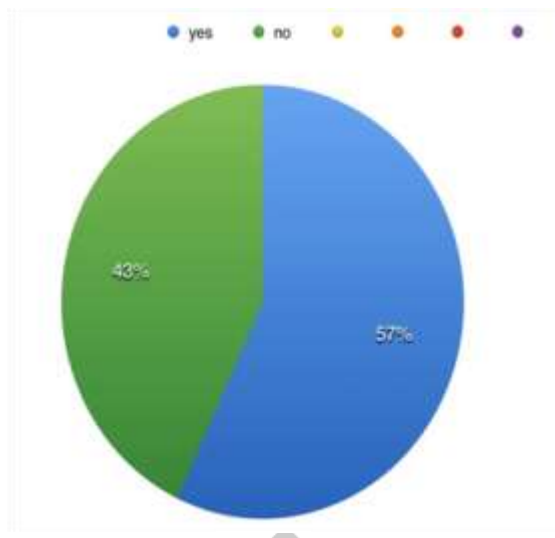


Figure 4: Total no .of women suffering from menstrual symptoms

DISCUSSION:

The present study records the menopausal symptom profile in women. The mean age of the group was 48.30 ± 5.30 of years. Among 100 women, 45% of women who experienced menstrual problem and 55% were not experienced menstrual problem (Figure 1). Out of 100, 33% were experienced pain, 28% were experienced increased flow and 40% were experienced spotting during menstrual cycle (Figure 2). All of them were educated with 34% graduate/post graduate, 48% intermediate/high school education and 18% middle/primary school education. 41% of the women were employed and 59% were house wives with domestic duties.

The women from the present study reported higher physical and psychosocial symptoms with a high frequency of physical symptoms such as mood swings, irritability or depression, head ache, presence of anaemia, tiredness, impaired memory or attention, joint pain, heart palpitation and fatigue. The major symptoms in psychosocial domain were poor memory 10%, feeling anxious or nervous 17%, joint pain 15%, and presence of anaemia 4% (Figure 4).

Fu *et al.*[16] also compared oestrogen levels and found higher levels in Taiwanese women then in Australians and suggested that there might be a relationship between cultural life style factors and the oestrogen level. Thus oestrogen levels, environmental factors such as diet, exercise and other life style modifications seems to be determine the menopausal symptom profile.[17-20]

Moreover, several other factors also seem to influence the physical development of symptoms such as progressive aging, family responsibilities and other non-menopausal factors during this phase of their lives. The sexual symptom seems to be best explained by reduced oestrogen levels in perimenopause. Other studies suggested that vasomotor complaints were more common in menopausal transition whereas psychological reports were more in post menopause. [21]

CONCLUSION:

These kind of surveys helps to serve several purposes. First and most importantly, they educate the participating women and create awareness that the perimenopausal symptoms are natural consequences of progressive life events. Many women mistake these symptoms as a part of serious systemic disease and waste time, energy, effort and money on pursuing ineffective medical remedies.

Thus, as noted above a large number of women all over the world suffer from perimenopausal symptoms and the problem cannot be ignored. Education, creating awareness and providing suitable intervention to improve the quality of life are important social and medical issues which are to be addressed.

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