Quality of Life among a Sample of Iraqi Menopausal Women Visiting Primary Health Care Centers in Al-Rusafa Health Directorate of Baghdad

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ABSTRACT:

BACKGROUND:

The physiological changes associated with menopause can influence women's quality of life. Most women report vasomotor, sexual, psychological and physical symptoms that commonly accompany menopause, with varying degrees of severity and life disruption.

OBJECTIVE:

To assess the menopausal symptoms severity and its impact on the quality of life (QoL).

PATIENTS AND METHODS:

A cross-sectional study was conducted on a convenient sample of 426 women attending in seven primary health care centers in Al-Rusafa health directorate of Baghdad for the period from 20th of February to 20th of June 2017 using the MENQOL questionnaire.

RESULTS:

The common severe symptoms of women at menopause are low backache (63.6%), aching in muscles and joints (53.8%),aches in the back of neck or head (52.6%), decrease in the sexual desire (49.5%),dissatisfaction in personal life (46.5%),hot flushes (44.1%)and feeling tired and worn out (43.7%).

CONCLUSION:

It can be concluded that the most severe symptoms in menopausal women were low backache in the physical domain, decrease sexual desire in the sexual domain; dissatisfaction in personal life in the psychosocial domain and hot flushes in the vasomotor domain. The QoL was less affected on the sexual domain and highly affected on physical domain.

KEYWORDS: quality of life, menopause specific quality of life questionnaire

INTRODUCTION:

The World Health Organization defined quality of life as "an individual's perception of his/ her position in life in the context of the culture and value systems to his/her goals, expectations, standards and concerns."Since one of the goals, of Health -for-All Policy for the twenty-first century is in improving the quality of life, the use of a model as a framework to identify the factors that lowered the quality of life in postmenopausal women and weakened their health status, and also designing educational programs to improve the quality of life of postmenopausal women appears to be essential [1]. Naturally occurring menopause is not a disease. It is a normal life stage signaling the physiological transition terminating the reproductive years.

It is defined as the last menstrual period after a minimum of one-year amenorrhea [2] [3].

The transition from fertility to infertility occurs from 45 to 55 years when a woman passes from her reproductive into her post-reproductive years. The average age of women experiencing their final menstrual period is 51 years [4] [5].

The physiological changes occurring due to decreasing estrogen and changing levels of sex hormones have a significant impact on a woman's quality of life (Qol) throughout menopause [6].

Vasomotor symptoms such as hot flushes, and night sweats, sexual symptoms such as vaginal dryness and dyspareunia, somatic symptoms such as backache and joints pain 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 [7].

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There is considerable variation in reporting of menopausal symptoms severity by woman all over the world where hot flushes, vaginal dryness and sleeping disturbances are the most commonly reported symptoms in women of western countries and states of Latin America while the joint pain, fatigue and headache are more frequently reported severe symptoms in women of Asian, African and Arab countries [6] [8].

AIMS OF THE STUDY:

To assess the menopausal symptoms severity and its impact on quality of life among a sample of Iraqi women attending primary health care centers in Al-Rusafa health directorate of Baghdad city.

PATIENTS AND METHODS:

Design of the study and setting: A cross-sectional study was conducted during the period from 20th of February to 20th of June 2017, a convenient sample consisted of 426 women aged (45 – 64) years who were attending health centers in seven health sectors in AL-Rusafa health directorate (one primary health care center from each sector) were selected randomly. The health sector involved in our study are Baghdad Al-Gadida, AL-Rusafa, AL-Sadder, AL-Adhemia, first AL-Baladiat, second AL-Baladiat.

Inclusion and exclusion Criteria:

We included women of age 45 – 64 years and have irregular menstrual patterns (irregularity in the length of the period, the time between periods, and the level of flow) or menses cessation (last menstrual period occurred 12 months or more ago), and women (Single, married, widow and divorced). Any Women 45 years and above and still have a normal menstrual cycle, Women who had menses cessation before age of 40 (premature ovarian failure), and Women on hormonal replacement therapy were excluded from this study.

The interview sheet in the questionnaire was designed and using menopause specific quality of life questionnaire (MENQOL) is considering standard evidence support validity of tool [9], it includes:

1.**interview sheet**: includes sociodemographic data: age of women, education and marital status.

2.**Menopause Specific Quality of Life Questionnaire (MENQOL)**: It is a self-report measure assessing the presence and severity of menopausal symptoms and the degree to which they adversely affect women's life designed by Hilditch JR [10].

It consists of 29 items divided into four domains: vasomotor (three items: item 1 to 3), psychosocial (seven items: item 4 to 10), and physical (16 items: item 11 to 26) and sexual (three items: item 27 to 29). The vasomotor domain assesses hot flushes, night sweats and sweating. The psychological domain evaluates the psychological wellbeing of the individual by including items regarding anxiousness, memory and feeling blue. The physical domain assesses items such as flatulence, bloating, back and joint pain, tiredness, sleeping,energy and weight gain. The sexual domain inquires about changes in sexual desire, vaginal dryness and intimacy; and asked all women included in the study about changes in sexual desire.

The systematic scoring for each of the four MENQOL domains is identical and each domain is scored separately. The seven-point Likert scale used during the administration of the MENQOL is converted for scoring and data analysis. For each of the 29 items, this seven-point Likert scale is converted to an eight points scale, ranging from 1 to 8. A (one) is equivalent to a woman responding (no), which indicated she had not experienced this symptom in the past months. A (two) indicated that the woman experienced the symptom, but it was not at all bothersome. Scores (three) through (eight) indicated increasing levels of bother experienced from the symptom, and correspond to the (one) through (six). The score by domain is the mean of the converted item scores forming that domain and ranges from 1- 8.

The overall questionnaire score (severity of menopausal symptoms scoring) is the mean of four domains and as the following; score range from 2-4 considers mild, score range from 5-6 moderate, and score range from 7-8 severe symptoms.

Statistical analysis: Microsoft Excel 2016 was used for data entry and SPSS (statistical package for social science–version 23) was used for statistical analysis.

Descriptive statistics were used to calculate percentages, frequencies, mean and standard deviations. Chi Square (X2) and T. test were used to estimate the statistical significant differences. A significant P-value was considered when P less than 0.05 and it will be considered highly significant when P- value less than or equal 0.01.

RESULTS:

Table 1: Showed the distribution according to the severity of menopausal symptoms:

the findings of this study demonstrated that (44.1%) had severe hot flushes , (46.5%) had dissatisfaction with her personal life, (22.3%) were feeling anxious or nervous, (25.1%) were severely depressed (53.8%) had severe pain in the muscles and joints, (43.7%) were feeling severely tired or worn out, (52.6%) had severe aches in the back of neck or head, (63.6%) had low backache, (37.8%) had severe frequent urination, (49.5%)had severe decrease in their sexual desire.

Table 1: Distribution According to Severity of Menopausal Symptoms

Domains	No Symptom		Bother less		Mild		Moderate		Severe		Total No.	Total %
	No.	%	No.	%	No.	%	No.	%	No.	%		
Vasomotor												
Hot Flushes	11	2.6	39	9.2	80	18.8	108	25.4	188	44.1	426	100
Night sweats	91	21.4	51	12	91	21.4	68	16	125	29.3	426	100
Sweating	121	28.4	28	6.6	84	19.7	58	13.6	135	31.7	426	100
Psychosocial												
Dissatisfaction with her personal life	46	10.8	21	4.9	79	18.5	82	19.2	198	46.5	426	100
Feeling anxious or nervous	49	11.5	28	6.6	136	31.9	118	27.7	95	22.3	426	100
Poor memory	42	9.9	53	12.4	202	47.4	103	24.2	26	6.1	426	100
Accomplishing less than she used to	169	39.7	22	5.2	93	21.8	63	14.8	79	18.5	426	100
Feeling depressed, down or blue	55	12.9	56	13.1	117	27.5	91	21.4	107	25.1	426	100
Being impatient with other people	103	24.2	52	12.2	162	38	44	10.3	65	15.3	426	100
Feelings of wanting to be alone	98	23	32	7.5	147	34.5	82	19.2	67	15.7	426	100
Physical												
Flatulence or gas pains	83	19.5	14	3.3	131	30.8	97	22.8	101	23.7	426	100
Aching in muscles & joints	34	8.0	16	3.8	65	15.3	82	19.2	229	53.8	426	100
Feeling tired or worn out	47	11.0	13	3.1	56	13.1	124	29.1	186	43.7	426	100
Difficulty sleeping	119	27.9	28	66.6	62	14.6	109	25.6	108	25.4	426	100
Aches in back of neck or head	64	15.0	15	3.5	54	12.7	69	16.2	224	52.6	426	100
Decrease in physical strength	83	19.5	21	4.9	56	13.1	131	30.8	135	31.7	426	100
Decrease in stamina	97	22.8	30	7	68	16	135	31.7	96	22.5	426	100
Lack of energy	58	13.6	13	3.1	92	21.6	132	31	131	30.8	426	100
Dry skin	102	23.9	28	6.6	194	45.5	62	14.6	04	9.4	426	100
Weight gain	76	17.8	55	12.9	87	20.4	117	27.5	91	21.4	426	100
Increased facial hair	142	33.3	94	22.1	117	27.5	20	4.7	53	12.4	264	100
Changes in skin texture, tone or appearance	146	34.3	46	10.8	127	29.8	39	9.2	68	16	426	100
Feeling bloated	96	22.5	40	9.4	73	17.1	81	19	136	31.9	426	100
Low backache	31	7.3	8	1.9	45	10.6	71	16.7	271	63.6	426	100
Frequent urination	118	27.7	18	4.2	61	14.3	68	16	161	37.8	426	100
Involuntary urination when laughing or coughing	151	35.4	72	16.9	110	25.8	47	11.0	46	10.8	426	100
Sexual												
Decrease in her sexual desire	54	15.3	17	4.0	46	10.8	98	23.0	211	49.5	426	100
Vaginal dryness	53	12.4	41	9.6	137	32.2	55	12.9	140	32.9	426	100
Avoiding intimacy	92	21.6	56	13.1	148	34.7	44	10.3	86	20.2	426	100

Table 2: Showed association of severity of symptoms and sociodemographic characteristics of women: the findings showed despite the severity of symptoms were reported more with those aged 45-54, married, (read & write), housewives and middle- income level, there was no significant association between severity of symptoms and each of age category, marital status, education status, occupation status and income level (p>0.05).

Table 2: The distribution of study group according to severity of symptom with some Sociodemographic Characteristics of Women

Sociodemographic Characteristics		Severity of Symptoms						P-value
		Mild		Moderate		Severe		
		No.	%	No.	%	No.	%	
Age Category	45 – 54	131	84.5	134	82.2	82	75.9	0.09
	55 – 64	24	15.5	29	17.8	26	24.1	
Total		155	100	163	100	108	100	
Marital Status	Single	9	5.8	10	6.1	6	5.6	0.6
	Married	127	81.9	139	85.3	86	79.6	
	Widow	15	9.7	12	7.4	15	13.9	
	Divorced	4	2.6	2	1.2	1	0.9	
Total		155	100	163	100	108	100	
Education	Read and Write	41	26.5	53	32.5	35	32.4	0.1
	Primary/Intermediate	49	31.6	74	45.4	27	25.0	
	Secondary	41	26.5	29	17.8	32	29.6	
	University	24	15.4	7	4.3	14	13.0	
Total		155	100	163	100	108	100	

DISCUSSION:

Menopause is a naturally occurring life stage and is not a disease. The impact of menopausal symptoms included several life characteristics of women and mainly is hormonally related. Daily activities of women will be disrupted due to sleeplessness, poor concentration and defective cognitive activity. Menopausal age is mainly detected by estrogen hormone level deficiency and other factors [11].

The total study sample was 426 women aged from 45 to 64 years, 181 of them were at the transitional stage and 245 of them at the postmenopausal stage. The mean age at menopause for postmenopausal women in our study is (49.7±3.1) year which is different from a study done in Iraq which was about (48.8±6.7) year [12].

T study showed that the most frequent severe menopausal symptoms of studied women were low backache (63.6%), aching in muscles & joints (53.8%), pain in back of neck or head (52.6%) in physical domain, followed by decrease sexual desire (49.5%) in sexual domain, dissatisfaction in personal life (46.5%) in psychosocial domain and hot flushes (44.1%) in vasomotor domain, while in Saudi Arabia study, reported the frequency of these severe symptoms were low backache (41.9%),change in their sexual desire (36.8%), being dissatisfied with their personal life (44.8%) and hot flushes (29%) which are lower than our results [6].

Regarding backache which is the most frequent and most severe symptom in physical domain, our finding is consistent with the results of the study from Poland [13] and a study from China [14] which reported that lower back pain which is associated with muscle aching were most frequently reported in menopausal women. Several authors detected that the higher effect of female sex hormones in the pathogenesis of degenerative musculoskeletal disorders [15]. It was shown that women at menopausal age had accelerated disc degeneration, narrow intervertebral disc, spondylolisthesis and joint arthritis more common than men in the same age [16]. While in the Iranian study found the most severe symptom was aching muscles or joints in physical domain [17].

Concerning sexual domain, our study showed the most frequent severe symptom is a decrease in sexual desire (49.5%) while in the Iranian study in which avoiding intimacy was the most severe frequent (34.8%) [17].

Concerning psychosocial domain, the most severe frequent symptom in our study was dissatisfaction with personal life (46.5%) which contradicts the study in Iran as the most frequent severe symptom was feeling anxious[17]. A Bengalian study found that (55%) of menopausal women complained of dissatisfaction in life, which is higher than our finding[18]. These differences in symptoms are multifactorial rather than hormonal imbalance might be due to a difference in socioeconomic culture between communities.

As regards the vasomotor domain, severe hot flushes were detected among (44.1%) of menopausal women in our study that is similar to a study done in Saudi Arabia which found that less than half of women suffered from hot flushes[8].

Regarding the association of severity of menopausal system with sociodemographic characteristics, our study showed no significant association between severity of menopausal symptoms and age of menopausal women (p=0.09) which is a conflict with a study done in Brazil which found a significant inverse relationship between severity of menopausal women and their age [19], While agree with study done in Iran in which there was no significant association with age (p=0.4) [20].

Regarding the association of severity of menopausal symptoms with education, our result showed there is no significant association, which agrees with study in Saudi Arabia which showed no significant difference between severity of symptoms and level of education [6], while disagreeing with study done in China which showed a significant relationship between postmenopausal symptoms especially osteoporosis and educational level of women [21].

As regard to overall MENQOL scores in the current study showed that physical domain scores were higher (3.3±1.21),followed by vasomotor (3.12±1.31) then psychosocial (3.05±1.08) and the lower domain was sexual symptoms (2.8±1.9).Our study showed higher physical domain and lower sexual domain symptoms for menopausal women,and is consistent with results of study in india, which found physical symptoms score as (12.02±7.4) and sexual symptoms score as (1.19±1.3) [1].

However, these findings are inconsistent with results of study in Saudi Arabia [6] ,and study in Iran which documented that MENQOL domain scores for menopausal women were commonly higher for the sex symptoms domain[20].

CONCLUSIONS:

- The mean age at menopause in our sample of Iraqi women is (49.7±3.1) year., Menopause causes a decrease in quality of life through a decrease in its domains which include; the vasomotor, psychological, physical and sexual domains. The quality of life of menopausal women was less effect on the sexual domain while it is most effected on the physical domain. The common severe symptoms of women at menopause are low backache, aching in muscles & joints, aches in the back of neck or head in the physical domain followed by a decline in the sexual desire in the sexual domain, dissatisfaction in personal life in the psychosocial domain and hot flushes in vasomotor domain.

- The severity of menopausal symptoms are more with those women aged between 45 to 54, just read and write, there is no significant association.

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