

Awareness Regarding Preventive Measures and Treatment to Overcome Menopausal Symptoms in Female Population of Karachi.

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ABSTRACT

Menopause is a phase that occurs in a women's life when the ovaries stop producing estrogen and progesterone. Menopause can lead to number of physical and psychological symptoms. The present study was conducted to evaluate the awareness regarding menopause, its symptoms, complications and preventive measures that can be adopted and awareness regarding treatment of menopause in both literate and illiterate females of Karachi. It is a cross sectional survey based study in which 200 females (100 literate and 100 illiterate from public and private hospitals were questioned belonging to age group 20-65 years.

Our study showed that majority of female population (100% literate and 86% illiterate) were aware about the term menopause. 53% literate while 41% Illiterate were aware about the symptoms common in menopause while only 27% literate and 19% Illiterate females were aware about preventive measures to adopt to overcome symptoms of menopause. From our study we concluded that there is need to spread awareness among females population regarding symptoms, preventive measures and treatment of menopause so that their life style is not effected and they can lead a healthy, fit and stress free life.

***Keywords:** Perimenopausal, hysterectomy, Hot flushes, gonadal hormones, Hormone replacement therapy*

INTRODUCTION*

Termination of normal menstrual cycle is referred to as Menopause[1]. Menopause is a natural phenomenon which occurs due to decrease in ovarian hormonal secretions and follicular atresia. The mean age of menopause varies in different women but is thought to be approximately 51 years. During this period hormonal variations are observed such as elevation of FSH level, a decrease in estrogen level also termed as Hypo-estrogenia, also variations in androgens secretion is observed. Literature studies show hypo estrogenia as basic cause for various clinical symptoms.
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Climateric syndrome refers to such symptoms which occur early in menopause, other symptoms such as osteoporosis, cardiovascular diseases etc occur in later stage[2]. During Perimenopausal period there are irregular menstrual cycles (fewer than six menstrual cycles per year), follicle-stimulating hormone (FSH) levels greater than 20 IU/liter and there is decline in ovarian function. When female is amenorrheic for 12 months or more it is defined as Postmenopause[3]. Menopause can also be induced by oophorectomy and hysterectomy (surgical menopause) or when damage occurs to the ovaries by radiation or chemotherapy. Due to damaged ovaries estrogen and progesterone release effected which will lead to menopausal

symptoms in women[4]. Estrogen receptors (Er) and progesterone receptors (PGr) have a specific antireceptor monoclonal antibody in uterine tissue. The maximal concentrations of Er and PGr released in the mid- to late proliferative phase of the menstrual cycle.[5] Estrogen also have endothelium-dependent vasodilatory action[6]. Estrogen help in triggering preovulation whereas progesterone is released from corpus luteum and released until this phase is stopped. [7] Estrogen use in postmenopausal women may delay the onset and decrease the risk of Alzheimer's disease because estrogen promotes the growth and survival of cholinergic neurons and decrease cerebral amyloid deposition. [8]

The commonly experienced vasomotor symptoms by women around their menopause are hot flushes and night sweats, [9-10] that may also be associated with sleep (insomnia) and mood disturbances, as well as decreased cognitive function. All of these symptoms may lead to social impairment and work-related difficulties. Hot flushes persist for several months and they may last for more than 10 years due to decline in circulating gonadal hormone, night sweats mostly start in perimenopausal phase. Hot flushes occur due to altered homeostatic thermoregulatory mechanisms which involves estrogen and neurotransmitters epinephrine and serotonin. Other vasomotor symptoms that might occur are urogenital atrophy, urinary tract infections and incontinence, increased cardiovascular risk, somatic symptoms, sexual dysfunction, decreased libido, loss of skin elasticity and vaginal atrophy[11]. Majority of patients become depressed or anxious[12]. Joint pains and headaches are also symptoms of menopause. Some women also experience palpitations, fatigue, and numbness[13-14]. Some women also show a high blood lead level because of the mobilization of skeletal lead stores associated with bone demineralization that can lead to osteoporosis after menopause.

[11] Hormone therapy (HT) is widely used for controlling menopausal symptoms and has also been used for the management and prevention of cardiovascular disease, osteoporosis and dementia in older women.[15-16] Estrogen replacement therapy is useful in menopausal women. It relieves hot flushes and night sweats which improves sleep patterns and contributes to the patient's general feeling of well-being. [14] Estrogen replacement also protects against postmenopausal loss of calcium from the skeleton. [17] Long-term estrogen therapy is also associated with a reduction in the incidence of classical osteoporotic fractures of the forearm and hip.[18-19] However long-term use of HRT not recommended can increase risk of VTB (venous thrombo-embolism), fatal or nonfatal heart attack (after one year's use), stroke (after three years' use), breast cancer and gallbladder disease in women over 65 years. Among postmenopausal women with cardiovascular disease instead of HRT there are many other drugs also used to resolve the symptoms of menopause[20] Selective Serotonin Reuptake Inhibitors (SSRI), Selective Norepinephrine Reuptake Inhibitors (SNRI) and there is a new better treatment known as CAM treatment (complementary alternative medication) containing individual and compounded formulas of herbs, isoflavones, and dietary supplements that promise to alleviate menopause-related symptoms as hot flushes and night sweats, irritability, sleeplessness and mood swings.[10]

The purpose of the study was to evaluate awareness regarding menopause symptoms and treatment in female population of Karachi and counsel them to lead a healthy and fit lifestyle.

METHODOLOGY

It is a cross-sectional survey-based study comprising of N=200 (Consisting of 100 literate and 100 illiterate female population) from different private and public hospitals and different

locations in Karachi. The study was carried out from July 2015- September 2 015. The answers were recorded as open ended. No individual was forced to participate in the survey.

RESULT AND DISCUSSION

The results have been represented as graphical form

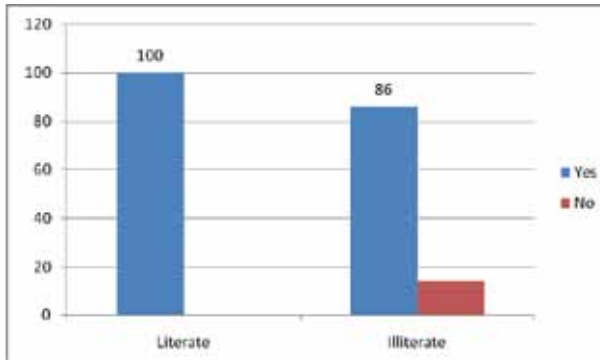


Fig. 1. Awareness regarding Menopause

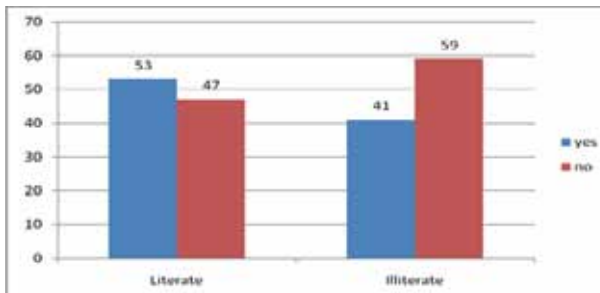


Fig. 2. Awareness regarding symptoms of Menopause

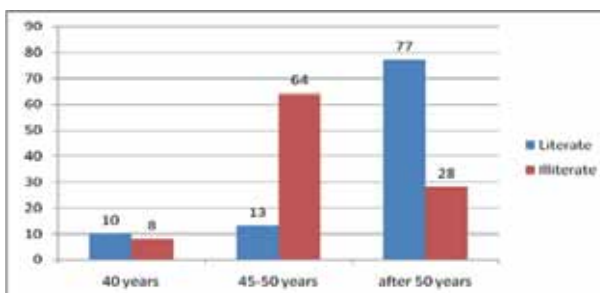


Fig. 3. Age group in which menopause is prevalent

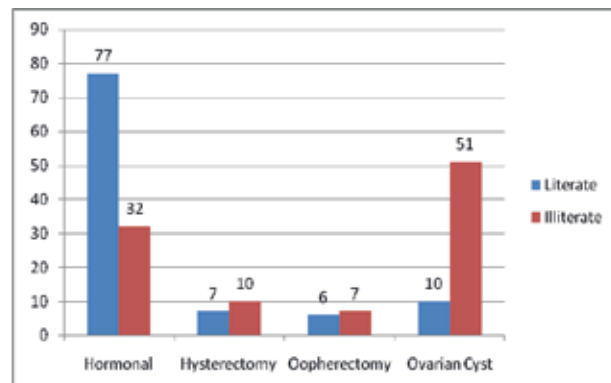


Fig 4. Causes of Menopause

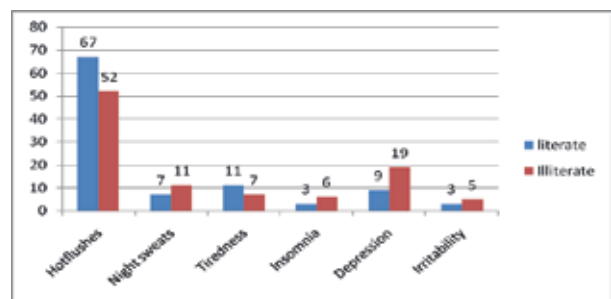


Fig. 5. Symptoms of Menopause

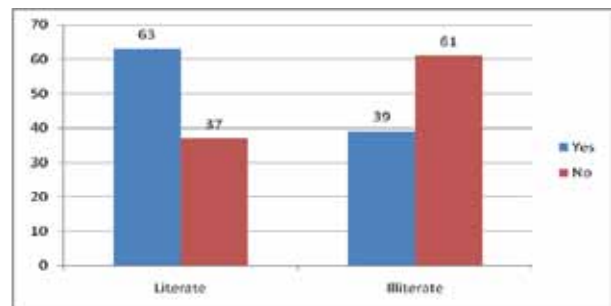


Fig. 6. Menopause can cause Osteoporosis

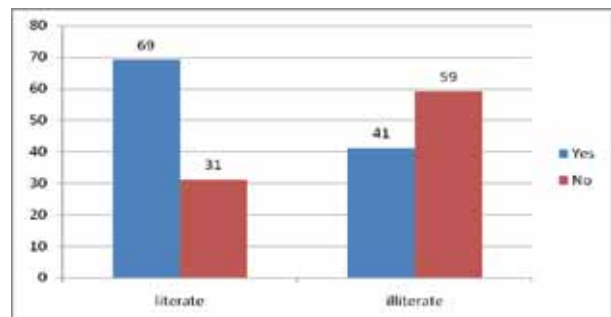


Fig. 7. Vitamin+ Calcium+ Vit D intake after Menopause

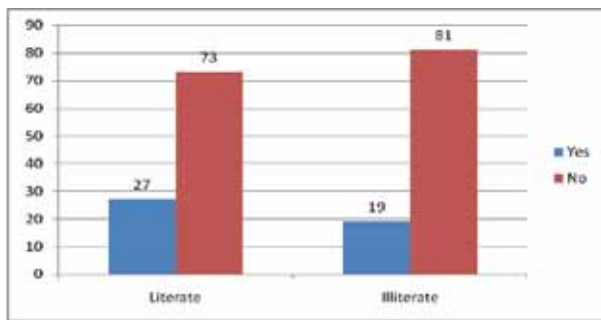


Fig. 8. Awareness regarding preventive measures to reduce menopause

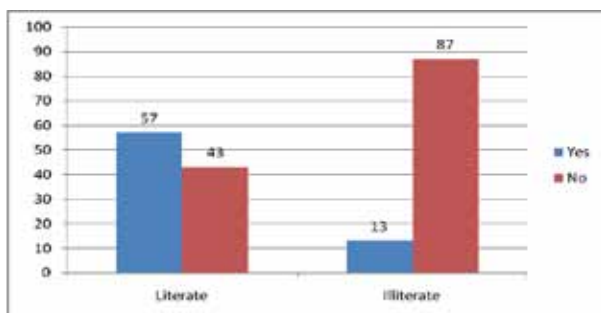


Fig. 9. Awareness regarding Hormone Replacement Therapy

Menopause is a normal biologic event marked for most women by the end of menstrual periods, and it signifies the depletion of functional ovarian follicles that are responsible for estradiol production. Several menopausal staging definitions are currently being used in ongoing studies designed to identify changes occurring during menopause. Women were classified as premenopausal, early transition, late transition, and postmenopausal by 2 different menopausal staging systems defined by bleeding patterns. [21] Fig. 1 shows that both literate and illiterate females knew about the term menopause and considered it a natural phenomenon. Fig. 2 shows that 53% literate where as 41% Illiterate females were aware about the common symptoms associated with menopause. Literate studies show that most of Asian women regard menopause as a natural transition and they consider that related symptoms are anticipated component of this

transition [22].

The fig. 3 shows that 77% literate females thought that menopause usually occurs after 50 years where as 64% Illiterate females considered it common in age group 45-50 years. Fig. 4 shows that 77% literate women think that menopause occurs due to hormonal changes where as 51% Illiterate women think the common cause is ovarian cyst. Hysterectomy is associated with an earlier onset of menopause. Hysterectomy with unilateral oophorectomy is associated with an even earlier onset of the menopause[23]. In premenopausal women ovarian cysts can lead to disturbed or irregular cycles which if left untreated can progress to menopause. However postmenopausal women are also at risk of developing ovarian cysts due to collection of fluid in ovary. [24] Fig. 5 shows common symptoms of menopause 67% Literate whereas 52% Illiterate females considered Hot flushes as most common symptom associated with menopause. Literature studies show that the intensity and type of sensations perceived as menopausal symptoms vary from individual to individual The early menopausal symptoms related to the progressive reductions in hormonal secretion and ovarian estrogen deficiency include hot flushes, sweating, sleep disorders, mental changes and menstrual disorders.[25] In many cases, the occurrence of depression among women in the climacteric period is preceded by earlier episodes of mood disorders [26]. It can also be assumed that estrogen deficiency in the climacteric period causes different ailments having a close link with symptoms of depressive disorders [27-28].

The Fig. 6 and 7 show that 63% literate where as 39% Illiterate females think that menopause can cause osteoporosis where as 69% literate and 41% Illiterate females start taking calcium and vit D supplements after menopause. Literature search shows that although bone loss accelerates after menses cease, it accelerates substantially

in the late perimenopause and continues at a similar pace in the first postmenopausal years it is not clear either when bone loss begins or what the rates of bone loss are at various stages of the menopause transition. It is important to determine when bone loss accelerates so that women and their health care providers can make informed decisions regarding the appropriate time to screen for osteoporosis and to consider therapy to prevent bone loss. There is considerable variation in rates of bone loss among women, with some women experiencing rapid bone loss during the menopause transition and others experiencing little or no bone loss. Women undergoing early menopause develop lower bone mineral density at an earlier age and do they have a higher incidence of osteoporotic fractures[29-30]Screening is important in older women and younger postmenopausal women with additional risk factors for osteoporosis.

The fig. 8 shows that 27% literate where as 19% Illiterate females were aware about the preventive measures that could be adopted to reduce menopausal symptoms. Preventive measures include avoid smoking, excessive alcohol/caffeine intake, exercising and maintaining adequate calcium/vitamin D intake along with vitamin supplements. [31] fig. 9 shows awareness regarding Hormone replacement therapy 57% literate whereas only 13% illiterate females were aware about it. Estrogen therapy (ET) and combined hormone therapy (HT; estrogen-progestin for women with intact uteri) are approved for osteoporosis prevention and relief of menopausal symptoms. Combined HT reduced the risk of clinical vertebral and hip fractures by 34% and other osteoporotic fractures by 23%. [32]

CONCLUSION

From above study we came to conclude that although females are aware about menopause and its symptoms there is unawareness regarding the preventive measures and treatment that can

be taken to overcome the symptoms that occur during menopause. Awareness sessions need to be conducted specially in illiterate females so that they can lead a healthy and fit life.

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