Features of Menopause and Menopausal Age among Saudi Women

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ABSTRACT

Background: Menopause is the estimated end of reproductive life. Having a positive attitude towards it has been shown to outcome in a positive experience, whereas a negative attitude is connected with negative experiences and symptoms. Conventionally, women regularly abstain from sex after menopause.

Purpose: The study aimed to determine the level of awareness and perceptions about the menopause and sex in perimenopausal women attending a general outpatient clinic.

Methods: Women over 40 years were enlisted from the Family Medicine Department of King Abdulaziz Hospital, excluding those who were menopausal. Data analyses were done with chi-square test ($P<0.05$). The study was done according to the ethical board of Umm Al Qura university.

Results: Most (151; 85.8%) of the 176 surveyed participants were aware of the menopause. Only 36.1% anticipated associated symptoms. About half (55.68%) were indifferent to menopause onset, while 23.3% had a positive attitude and 21.11% had a negative attitude, respectively. Younger women were less likely to have a positive attitude to the menopause ($P=0.04$). There were negative cultural beliefs towards sex. Sexual activity was low and declined with age ($P<0.001$). Many women would like treatment to improve their sexual activity.

Conclusion: Most participants had a favourable disposition towards the menopause, though sexual relationships suffer. Counselling and treatment should be offered.

Keywords: Menopause, Sexual Relationships, Counselling, Treatment.

INTRODUCTION

Menopause marks the end of the natural reproductive capacity of a woman. The clinical diagnosis is made retrospectively after twelve months of amenorrhoea[1, 2]. Hormonal changes and clinical symptoms occur over a period leading up to and immediately following menopause; this period is frequently termed the climacteric or perimenopause but is increasingly referred to as the menopausal transition. For numerous women, it is a welcome relief from menses and removes the risk of pregnancy [3, 4], while for others, in whom pregnancy is still desired, menopause is not welcome. Many women are conscious that their menstrual periods will cease sooner or later, but anecdotal indication in our clinical settings displays that they are generally not aware of the other changes and symptoms that accompany menopause. This makes them stressed and confused when they start to agonize from these. Women might think that these symptoms are warning signs of sickness[5]. This is made worse as these symptoms regularly arise before the end of menses, so victims do not willingly associate them with the menopause. During the menopausal transition, physiologic changes in responsiveness to gonadotropins and their secretions occur, with wide variations in hormone levels. Women often experience a range of symptoms such as Hot flashes or flushes, Weight gain and bloating, Mood changes, Depression, Insomnia, Mastodynia, Headache, and Irregular menses[6].Previous workers have determined that having a positive attitude towards the menopause is often linked with having a positive experience with menopause, and having a negative attitude was linked with negative experiences and symptoms [7].

Evaluating perception of menopause allows us to assess knowledge gaps and can guide health talks and counselling. When women have better knowledge of what to expect, they are more probable to understand and be accepting of their symptoms. Moreover, if they are conscious that administration options are obtainable, they can similarly be more likely to pursue health care if needed. First-line healthcare providers such as family physicians are in a position to empower women through appropriate counselling and education that is geared towards improving

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women's attitude towards the menopause and dispelling unhelpful or untruthful traditional beliefs. The assurances given to a woman that her symptoms are not a feature of a disease help to alleviate her fears. There is also the opportunity to enlighten women on health-related issues like nutrition, osteoporosis, cardiovascular disease, and menopausal weight gain. The study aimed to determine the level of awareness and perceptions about the menopause and sex in perimenopausal women attending a general outpatient clinic.

MATERIALS AND METHODS

The study used a cross-sectional, descriptive design. The setting was the Family Medicine Department of King Abdulaziz Hospital , KSA. This clinic was chosen for the study, rather than the Gynaecology Department, as it is a primary care clinic and more likely to reflect the community. Furthermore, the researchers would be less likely to recruit women with concurrent gynaecological problems from the Family Medicine Clinic.

Study subjects were women over 40 years who were up till now to reach menopause, as being menopausal will impact their perceptions. Women who last had a menstrual period one year or more previously were excluded, in addition to women who had debilitating sickness. A structured closed- and open-ended questionnaire was used to obtain data. Social and demographic features were explanatory variables, while outcome variables were positive or negative attitude to menopause. Chi-square tests were done ($P<0.05$). Data were analysed with IBM SPSS Statistics 20 software.

RESULTS

The mean age of the respondents was 45.9 ± 4.3years. They were all premenopausal and had attained menarche at averagely 13.9 ± 1.8 years. Their social and demographic characteristics were well distributed (Table 1). Most of them (128; 73%) had already started experiencing irregular periods.

Table 1: Characteristics of study respondents

Characteristic	N= 176	%
Age group		
40–45	90	51.14%
46–50	57	32.39%
51–55	29	16.48%
Marital status		
Unmarried	32	18.18%
Married	144	81.82%
Children		
Have children	173	98.30%
No currently living children	3	1.70%
Occupation		
House wife	70	39.77%
Employed	106	60.23%

Of the 176 women who were surveyed, 151 (85.8%) were aware of menopause (i.e., that menses would naturally cease at some point). They expected the menopause to arise between ages 40 and 65 years; most respondents expected this to happen at 50 years.

Only 63 (35.7%) anticipated that symptoms or health changes would accompany the menopause; the rest anticipated no other changes. Forty-two (23.9%) expected body weakness and pains and 10 (5.7%) expected internal heat and sweating, while 11 (6.2%) expected an improvement in their health status. The respondents' sources of information about the menopause comprised their health care providers (19.8%), books and other print media (10.8%), friends and peers (50%), aunts or older sisters (9.6%), TV or radio (5.9%), and others (3.9%). Only 28 (15.9%) report that their doctors had ever discussed the health risks associated with the menopause with them.

Table 2: Attitude to the menopause

Attitude		%
Positive attitude		
Welcome relief from menses	41	23.30%
Negative attitude		
Will make them feel incomplete as women	26	14.77%
They expect it to herald the onset of persistent ill health	5	2.84%
Felt they were too young for this	3	1.70%
Desire more children	3	1.70%
Indifferent attitude	98	55.68%

Respondents that reported less frequent intercourse gave many reasons for this. The most recurring ones were fear of disease, loss of libido, dyspareunia, cultural beliefs, and presence of younger co-wives whom the husband could have coitus with. Only two women considered their husband as understanding of their diminished sexual interest or activity. When analysed against age group, women between 51 and 55 years of age were likely to have had their last sexual episode more than six months previously (P< 0.001).

If there is available treatment which can improve sexual relationships, 62 (35.2%) women would be interested in it. Only 9 (5.1%) have been offered treatment options by their health care providers. Only 26 (14.7%) had heard of hormone replacement therapy.

Table 3: Possible associations of positive and negative attitude to the menopause

Characteristic	Positive attitude	Negative attitude	p
Age group			
41–45	19	25	
46–50	13	8	0.03
51–55	9	4	
Marital status			
Unmarried	7	6	0.57
Married	33	32	
Has children			
Yes	40	36	0.1
No	0	2	
Anticipation of unhealthy changes with the menopause			
Yes	17	17	0.59
No	24	20	
Menses has become irregular			
Yes	30	27	0.96
No	11	10	
Frequency of sex in the past year			
Increased activity	4	2	0.88
Decreased activity	21	18	
The same as usual	9	9	
None at all	8	7	

Table 3 explores the association of attitude towards menopause with selected social and demographic characteristics. Only age group showed a significant association, with younger women being less likely to have a positive attitude towards it (P = 0.03).

DISCUSSION

Middle-aged women who had not reached menopause were the subjects of this study, so that their own experience would not impact their approach concerning this life stage. Since the vast majority of them had begun encountering menstrual abnormalities, it can be derived that they were at that point in the progress. A large proportion of subjects knew about of the menopause, suggesting that awareness has enhanced over time. Most women's concept of age of beginning of menopause was in consonance with documented average figures (49–51 years) [8, 9]. Though, many of them didn't know that there were symptoms and wellbeing changes that come with the menopause. At the point when women encounter these symptoms without notice, they observe them to be more alarming and incapacitating than when expected. The individuals who knew could distinguish body aches (which are typically from arthritis or osteoporosis) and hot flushes, which are the most mutual menopausal symptoms reported. Most of the data they had collected

were gained from nonmedical sources. Throughout the fifth decade of life, many women are lulled into a false sense of security, thinking that they are no longer fertile because they are so close to menopause. Although fertility declines, pregnancy can still occur, as demonstrated by a relatively high rate of unintended pregnancies in women aged 40-44 years. In fact, the number of unintended pregnancies in this age group has increased over the past decade [10], which underscores the need for continued contraceptive practice in heterosexual couples. A shorter menstrual cycle (< 25 days) is the most common change in menstrual cyclicity that occurs during the MT in women who have no pelvic pathology and who continue to be ovulatory [11]. Because functional follicles, which are stimulated by follicle-stimulating hormone (FSH) during the first part of the menstrual cycle, have declined in number, less recruitment of oocytes occurs, and the follicular phase shortens accordingly. Nevertheless, once ovulation occurs, the luteal phase remains fairly constant, at 14 days.

A genuinely even extent of respondents had positive or negative dispositions towards the menopause. A past review on a comparable populace demonstrated that ladies generally had an uplifting state of mind towards menopause [12]. In the record ponder, a portion of the negative demeanors were affected by social standards, yet others were true blue concerns, similar to the individuals who still wanted to tolerate youngsters. There were for the most part no highlights recognized to be fundamentally connected with states of mind to menopause. More youthful perimenopausal ladies were less tolerating, yet this appears to modify with age, so it is most likely a self-restricting element. The vast extent of respondents who demonstrated aloofness assert that this life stage was to a great extent satisfactory to them.

The idea that postmenopausal sex causes ill health seems to be well recognized. These cultures are deep-seated, as they have not changed in decades [13]. This might regrettably encourage infidelity on the part of husbands who have sexual desires but are averse to cause their wives suffer medical problems. Regardless of whether respondents shared the cultural belief about sex, they most had a negative attitude to it. Most of them articulated their lack of interest in sex and that their sexual frequency had reduced, which appeared directly proportional to the women's age. Only two women consider their husbands as understanding in accordance to this, supposing that this affects their partners (and likely their relationships) undesirably. A sizeable proportion of the study group are open to using treatment approaches directed at improving sex for them, demonstrating a readiness to adjust. Sexual dysfunction might be connected with the menopause, even in Western cultures where cessation of sex is not the norm, or expected. As no validated tool was used in this study to evaluate sexual dysfunction, the differentiation may be limited. A review of 42 global studies showed that ethnic and cultural factors had an appreciable impact on the determination of sexual dysfunction in the menopause [14].

The lack of well-woman services may limit the opportunities to counsel women about the menopause. It may be difficult to factor general health talks into medical consultations where woman are presenting with widely varied complaints. A primary care or family medicine clinic such as this study's setting may be a plausible platform for educational materials and talks, as most patients are less likely to be really sick. The family physician is in a position to empower women through suitable counselling and education. The assurances given to a woman that her symptoms are not a feature of a disease will aid to improve her doubts. There is similarly the chance to enlighten women on other menopausal health-related concerns like weight gain, cancer hazards and screening, osteoporosis, and cardiovascular disease. Anticipatory guidance and care that can ameliorate the severity of these diseases can correspondingly be offered.

The burden might be on health care providers to initiate counselling on menopause and its symptoms with patients, to assure them and to recognize those that might profit from available administration options. It is not unexpected that most respondents had not heard about hormone replacement therapy. The safety of HRT has been questioned based on signal from clinical trials [15, 16] and even in the Western world; its use includes weighing its benefits in contradiction ofthe dangers in each individual. Accessible alternative treatment, containing natural supplements, can similarly be tailored to patients' individual requirements.

CONCLUSION

In conclusion, most respondents were aware of the menopause and were commonly indifferent to it. Positive versus negative attitudes towards it were almost equal. Sexual relationships suffer in the perimenopause.

Counselling and treatment must be presented to these women to improve their sexual and family health and to dissolve mistaken beliefs that adversely affect them.

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