

Short Communication

Severity of menopausal symptoms, and knowledge attitude and practices towards menopause among Saudi women

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Few researches dealt with the mean age and the correlation between menopause and osteoporosis in the Kingdom of Saudi Arabia (KSA). For this reason the authors have the idea to study severity of menopausal symptoms and knowledge, attitude and practice towards menopause among Saudi women. In this cross - sectional study, a sample of 233 Saudi women from 45 to 55 years old was collected randomly in Primary Care Clinic, King Khalid University Hospital, Riyadh. The data collection was in a form of questionnaire. The sample was categorized into 3 groups: premenopausal, perimenopausal and postmenopausal women. The severities of menopausal symptoms using menopause quality of life (MENQOL) questionnaire were as follows: Menopausal symptoms experienced by women in sample recorded that 68.51% suffered from hot flashes and excessive sweating, 37.7% dryness of vagina and 30.7% sexual problems. In assessing knowledge attitude and practices (KAP) towards menopause, 57.5% recognized that menopause was concerned with stop of menstruation and 47.9% denying the physical and psychological effects of menopause. Concerning the severity of symptoms, the hot flashes and excessive sweating was the most sever and frequent symptoms among three groups. And the authors needed more awareness towards menopause in Saudi community.

Key words: Menopause, menopausal symptoms, KAP towards menopause in Saudi.

INTRODUCTION

Menopause is defined as the time of life when menstrual cycles cease, and is caused by reduced secretion of the ovarian hormones estrogen and progesterone. Natural menopause is diagnosed after 12 months of amenorrhea not associated with a pathological cause (Nelson, 2008). Menopause can be induced by surgery, chemotherapy or radiation. Many symptoms have been attributed to menopause, but only vasomotor dysfunction and vaginal dryness are consistently associated with this time of life in epidemiological studies. Other common symptoms, such as mood, changes sleep disturbances, urinary

incontinence, cognitive changes, somatic complaints, sexual dysfunction, and reduced quality of life may be secondary to other symptoms, or related to other cause (Dudley et al., 1998; Taffe and Dennerstein, 2002).

MATERIALS AND METHODS

In this cross - sectional study, a sample of 233 Saudi women aged from 45 to 55 years old was collected randomly in Primary Care Clinic in King Khalid University Hospital, Riyadh from 22 September, 2007 to 9 May, 2008. The data collection was in a form of questionnaire. With inclusion criteria; Saudi women between ages of 45 to 55 years attending primary care center (PCC) in KKUH and exclusion criteria: Non Saudi women, severely ill patients, women who take anti-depressive drugs and who did total ovariectomy.

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In the questionnaire, a question was asked about socio-demographic characters, past medical history, drug history, knowledge, attitude and practice towards menopause and Menopausal symptoms with its severity. The latter was assessed according to menopause rating scale (MRS) as mild (1 - 3), moderate (4 - 6), severe (7 - 8), very severe (9 - 10). Questionnaire was pretested and validated. Vague information was verified from medical file and follicle stimulating hormones (FSH) level was requested for perimenopausal women. Data was entered by Statistical Package for Social Science Software (SPSS) version 12.

The collected data was checked, verified, coded and entered for analysis. Patients were categorized into premenopause, perimenopause and postmenopause. Premenopause was defined as regular menstrual period, perimenopause as occurrence of irregular menstrual period in the previous year or amenorrhea for at least 3 months, but less than 12 months, and postmenopause as amenorrhea for at least 12 months.

RESULTS

The authors categorize the sample (N = 233) into 3 subgroups: premenopausal women (N = 88), perimenopausal women (N = 29) and postmenopausal women (N = 116). Menopausal symptoms experienced by women in sample recorded that, 68.51% suffered from hot flashes and excessive sweating, 75.32% palpitation and shortness of breath, 70.63% sleeping disorder, 74% tension and anger, 62.97% worrying symptoms, 76.59% weakness in body or mind, 51.06% urinary symptoms, 37.7% dryness of vagina, 30.7% sexual problems and 82.8% joint problems.

Hot flashes and excessive sweating

There were 72.7% of premenopausal women that suffered from these symptoms, 83% of perimenopausal women and 76.7% of postmenopausal women.

Palpitation and shortness of breathing

There were 53.4% of premenopausal women that suffered from these symptoms, 80% of perimenopausal women and 75% of postmenopausal women.

Change in mood

There were 73.86% of premenopausal women that suffered from this symptom, 80% of perimenopausal women and 72.42% of postmenopausal women.

Urinary symptoms

There were 42% of premenopausal women that suffered from these symptoms, 65.5% of perimenopausal women and 54.3% of postmenopausal women.

Dryness of vagina

There were 28.4% of premenopausal women that suffered from these symptoms, 45% of perimenopausal women and 43% of postmenopausal women.

Sexual problems

There were 28.4% of premenopausal women that suffered from these symptoms, 10.7% of perimenopausal women and 34.48% of postmenopausal women.

Joint or muscle problems

There were 80.7% of premenopausal women that suffered from these symptoms, 82.8% of perimenopausal women and 82.8% of postmenopausal women. On measuring knowledge and attitude towards menopause, it was acknowledged that 57.5% recognized that menopause was concerned with stop of menstruation, 10.5% agreed that the one whose age was 50 became menopause, 6.1% was concerned with no reproduction, 9.2% declared that menopause dealt with the end of youth, 1.3% recognized that menopause was at the early stage of maturity and 14.5% was concerned with other concepts and meaning about menopause. 52.1% was recorded that menopause produced physical and psychological effects and 47.9% denied several effect. About the source of information of menopause, 41.3% got their information from their relatives, 21.4% from TV, 17.8% from newspaper and 9.4% from radio transmission. According to the practice and treatment of menopause, it was recognized that 8.7% got their treatment by medical treatment, while 1.9% used herbal medication; 88% used nothing for their treatment, while 6% used medical Rx and Herbal Rx, and 4.6% of them got treatment by hormonal replacement therapy.

DISCUSSION

The authors recognize that only vasomotor dysfunction and vaginal dryness are consistently associated with this time of life. Other common symptoms such as mood changes, sleep disturbances, urinary incontinence and sexual dysfunction may be related to other cause. The frequencies of these symptoms are the most common and the most severe among perimenopausal ladies, which is due to changes in hormonal levels. While the majority of premenopausal and postmenopausal women denying these symptoms.

In one recent study done on Indian women living in Sydney aged 45 to 65, prevalence of menopausal symptoms among 203 ladies were as follows (using MENQOL questionnaire): Hot flushes being impatient

with other people experiencing poor memory and change in appearance, texture and tone of skin was 34%, Night sweet 30.8%, change in sexual desire 38.8%, vaginal dryness during intercourse, avoiding intimacy and feeling nervous 32.7%, accomplish less than what the person does 31.4%, feeling blue 37%, involuntary urination when coughing 36.7%, frequent urination 35.27%, difficulty in sleeping 33.7% and aching muscle and joint 46% (Hafz et al., 2007).

Another Negeri study among teachers was, the prevalence of menopause among respondent was 21.9%, there was a high prevalence of skin dryness 44.2%, hot flushes 43.2%, fatigue 41%, irritability 35.8%, excessive sweating 34.7% among menopausal respondents (ZalkefLi and Sidik, 2003). Data on 2,602 women aged 45 years or older, the menopausal symptoms assessed, the highest prevalence estimates were reported for hot flashes (62.9%), night sweats (48.3%) and trouble sleeping (41.1%) (Keenan et al., 2003). By comparing the previous studies, the authors found that the prevalence of hot flushes and excessive sweating was the highest in Saudi females, but the prevalence of vaginal dryness was less than one in Negeri study and higher than the first one. According to prevalence of mood changes, nervousness is also the highest among Saudi women, but almost equal in prevalence of urinary symptoms.

In the most recent study done on Latin American women living in Ecuador aged 40 or more, women more frequently perceived the menopause as a positive event rather than a negative one. An 80.5% agreed that the menopause was the definitive cease of female fertility. While only 60.2% correctly defined the menopause as "the definitive cease of menses" and less than 50% of surveyed women considered having enough information regarding the menopause, a high rate of them indicated wanting to receive more information about the menopause through education sessions. The three main sources of information regarding the menopause were: friends, television and physicians. Only 50.4% of women received information through education sessions (Leon et al., 2007). In the most recent study done on menopausal women aged 50 - < 60 years living in Alexandria, almost 40% of the women in the study had prior knowledge of menopausal symptoms. The great majority (90.7%) had never heard about hormone replacement therapy (HRT). When asked about beneficial practices after menopause (60.7%) of the women mentioned taking vitamins and 55.3% reported exposure to sunlight. Regarding practices related to menopause, 88.9% had not consulted a physician (Loutfy et al., 2006).

In assessing KAP, most of the women in the sample define the menopause as a stop of menses with similar percentage to that one in Latin American and very lower percentage for who defines menopause as stop of fertility. For learning about menopause from confidant sources, Saudi females have very low percentage in

contrast to Latin American study. Most of Saudis learn from relatives, while the other from educational sessions. Regarding the practices toward menopause, a similar percentage to that one in Alexandria does nothing. This means, there is little awareness towards menopause among these ladies especially postmenopausal women. And the authors recommend having more scientific and reliable sources that can rely on to get the information from.

Conclusion

In conclusion, the hot flashes and excessive sweating is the most sever symptom among three groups. While sleeping disorder and worrying symptoms are the most sever in premenopausal women, change in mood is the most sever in perimenopausal women and weakness in body is the most sever in postmenopausal women. There is a little degree of awareness about menopause among Saudi ladies, so they need more awareness and education from confidant sources in Saudi community.

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