

## Menopausal Symptoms and Women's Quality of Life Outcomes: Literature Review

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### Abstract

**Objective:** Review of the literature related to the identification of the menopausal symptoms and women' quality of life outcomes in order to provide various coping strategies to improve their midlife transition.

**Methodology:** The Systematic electronic search for articles published without a time limit included online libraries of Ovid PubMed, Google Scholar, Medline with Full Text, UK Essays and Medscape articles discussing the study aim on menopausal symptoms. A total of 8 studies were identified which met the inclusion criteria. The categorization was done for the first author and year of article publishing, method and main results.

**Results:** The results of these 8 studies reveal that there are significant ethnic differences in the total number and total severity of the physical, psychological, and psychosomatic symptoms. The presence of menopausal symptoms significantly reduces the quality of life, and with more severity, worsens the quality of life.

**Conclusion:** The current review can help provide a clearer understanding of women's experiences at menopause. It is challenging healthcare professionals to appreciate the symptoms experienced by women during menopause in order to provide competent care.

**Keywords:** Menopause; Menopausal Symptoms; Midlife Transition; Quality of Life Outcomes; Literature Review

### Introduction

Menopause can be seen as a natural transition encompassing not only the biological changes but also the social changes associated with the natural aging process, including how a woman views herself and how she is viewed by society [1]. In other society and for other women, menopause is prescribed as a taboo topic that represents such as loss-loss of youth, loss of attractiveness, loss of possibilities. These women may be inadequately prepared to handle the physiological and psychological changes of menopause [2].

Although menopause is associated with changes in the hypothalamic and pituitary hormones that regulate the menstrual cycle, menopause is not a central event, but rather a primary ovarian failure. At the level of the ovary, there is a depletion of ovarian follicles. The ovary, therefore, is no longer able to respond to the pituitary hormones, that is, follicle-stimulating hormone (FSH) and luteinizing hormone (LH), and ovarian estrogen and progesterone production cease, so ovulation becomes somewhat erratic [3,4].

Menopause is linked to a variety of uncomfortable symptoms which are varied in intensity from mild to severe symptoms. These symptoms have marked impact on menopausal women's quality of life [5-7]. During menopause the term quality of life (QoL) is often related to menopausal symptoms such as hot flushes, night sweats and vaginal dryness or pain. However, it is important also to recognize other perspectives of QoL-related issues such as health status, life satisfaction, coping and psychological functioning [8].

Prevalence of menopausal complaints is a culturally differing phenomenon. Regional patterns in prevalence of vasomotor symptoms and hot flushes are different in western countries and East Asian countries [9,10]. In East Asia postmenopausal women reported 22 - 63% prevalence of hot flushes whereas women from Latin America had a prevalence of 45 - 69% and from European countries women reported 55 - 74% prevalence of hot flushes [9,10].

As more research is conducted about menopause, more information becomes available to address the issues associated with it. Many surveys that have already been conducted about menopause are cross-sectional surveys whose participants included middle-aged women [11,12]. The researchers want to assess women's knowledge about menopause, identify symptoms and the severity of those symptoms, and identify women's feelings about menopause [12]. As all around the world, in Albania women report various symptoms that can influence the quality of life, but it is important the fact women don't see menopause as a disease and 51.7% see it as a positive event [13].

Menopausal health demands priority in the world scenario due to the increasing life expectancy and growing population of menopausal women [14]. The health care of women during this stage requires special attention to the identification of their health needs in order to provide competent care [15]. However, the achievements made in terms of longevity stand diminished owing to the lack of specialized health care that addresses the health needs of the aged [14]. These facts illustrate the need to assess the menopausal symptoms of midlife women accurately and to develop successful culturally focused preventive and control strategies for menopausal problems to have an easy and smooth midlife transition and to improve their quality of life.

### The Purpose

Review of the literature related to the identification of the menopausal symptoms and women' quality of life outcomes in order to provide various coping strategies to improve their midlife transition.

### Methodology

#### Search Procedures

Systematic electronic search for articles published without a time limit included online libraries of Ovid PubMed, Google Scholar, Medline with Full Text, UK Essays and Medscape articles. A literature review of abstracts and articles discussing the study aim on menopausal symptoms, written in English, included the key words as "menopause", "menopausal symptoms", "midlife transition" and "quality of life outcomes". The control for final inclusion of articles was conducted independently by the authors in order to reduce the errors. The search was conducted in accordance with the systematic review guidelines of the literature [16].

#### Inclusion and exclusion criteria, categorization and synthesis of data

Inclusion criteria were original research studies about menopausal symptoms with full text, studies including menopausal women as participants and systematic literature reviews on this issue.

Exclusion criteria were unpublished manuscripts or doctoral dissertations and book chapters.

The research process resulted in the identification of more than twenty potential items, but the analysis included the original results of eight studies related to the topic of interest, but the rest of the articles were utilized for writing background information of the article. The quality assessment was carried out using the quality evaluation criteria [17].

The categorization was done for the first author and year of article publishing, method and main results. The application of meta-analysis was not possible because of heterogeneity of the method. However, the analysis focused on identifying important results related to menopausal symptoms and their impact on women's quality of life. The order of the articles was conducted by the year of publication.

## Results

Majority of the studies conducted in different countries namely USA, England, Scotland, Wales, Saudi Arabia, India, Egypt, Poland, Belorussia, Greece, Belgium and Albania have used the Menopause Rating Scale (MRS) that is a health-related quality of life scale (HRQoL), MENQOL (Menopausal quality of life), National Health and Wellness Survey (NHWS), and Self-reported menopausal symptom questionnaire has also been used. Details of all 8 quantitative studies are shown in table 1.

| Author and Year                                 | Methods  | Main findings   |
|---|--|---|
| Krajewska., <i>et al.</i> (2010) [18]           | The study was conducted among women over 40 years of age, from Poland (241), Belorussia (119), Greece (100), and Belgium (79). For the purpose of this research, the Polish, Russian, Belgian and Greek versions of the MRS were used.   | Belgian women exhibited a more impaired quality of life due to a higher rate and severity of urogenital and sexual symptoms (P = 0.0381).   |
| Mishra., <i>et al.</i> (2012) [19]              | 695 women from age 47 to 54 years Nationally representative cohort study. England, Scotland, and Wales Checklist of health symptoms developed by researcher.   | Findings revealed that five symptoms such as trouble sleeping, aches and pains in joints, hot flushes, vaginal dryness and difficulties with sexual intercourse showed increased prevalence   |
| Jennifer Whiteley., <i>et al.</i> (2012) [20]   | A cross-sectional study that included 8,811 women 40–64 years from USA. Data from the 2005 United States National Health and Wellness Survey were used.  | Women experiencing menopausal symptoms reported significantly lower levels of HRQOL and significantly higher work impairment, and healthcare utilization than women without menopausal symptoms. Depression, anxiety, and joint stiffness were symptoms with the strongest associations with health outcomes.   |
| Omaima M Esmat., <i>et al.</i> (2013) [4]       | A descriptive research design that included 200 married women randomly selected from Faculties of Ain Shams University in Egypt. An interviewing questionnaire was used to collect data based on literature review.  | 81% and 79% of perimenopausal women had physical and social health complaints, while 74% and 71% of them had sexual and psychological complaints respectively.  |
| Jansirani Natarajan., <i>et al.</i> (2013) [14] | A literature review that included 15 studies published between 2007 and 2013 conducted in 13 different countries. MRS (Modified Menopausal Symptom), MENQOL (Menopausal quality of life), WHOQOL (World health organization quality of life), and Self-reported menopausal symptom questionnaire has also been used. | It is evident that there is great diversity in symptom frequencies across the cultures and ways of coping adopted by these women. Based on these values, the healthcare professionals can use different approaches to educate and treat women with menopausal symptoms and concerns that are culturally relevant.   |
| Al Dughaiter., <i>et al.</i> (2015) [21]        | A cross-sectional study was conducted from October to November 2010. In total, 119 women aged 45–60 years were randomly interviewed using a questionnaire. The Menopause Rating Scale (MRS) assessed the prevalence and severity of eleven menopausal symptoms   | The symptoms reported to be most prevalent were joint and muscle pain (80.7%), physical and mental exhaustion (64.7%), and hot flushes and sweating (47.1%). The mean overall quality-of-life score was higher in perimenopausal women compared to other groups.  |
| Nabarun Karmakar., <i>et al.</i> (2017) [22]    | Descriptive cross-sectional study 100 peri and post-menopausal women (40–60 years) in Dearth village of West Bengal, India during February–March 2014. The Menopause-Specific Quality of Life Questionnaire MENQOL azi   | Occurrence of vasomotor symptoms was average with 60% of them reporting hot flushes and 47% sweating. Most prevalent psychosocial symptoms reported were feeling of anxiety and nervousness (94%) and overall depression (88%). Physical symptoms were quite varying in occurrence with some symptoms such as feeling tired 49% reported of avoiding intimacy with a partner and 26% complained of vaginal dryness. |
| Miranda Hajdini., <i>et al.</i> (2017) [13]     | The study was conducted in Tirana and some rural areas around in 2016. Sample included 1207 women aged 45–64 years old and for data collection we used a self-administered questionnaire   | As all around the world, in Albania women report various symptoms that can influence the quality of life, but with a lower prevalence. The most frequently reported symptoms include forgetfulness (26.3%), hot flushes (25.9%), frequent headaches (23.3%), aching joints (21.6%) and stomach bloating (21.0%).  |

**Table 1:** Summary of the reviewed Articles.

## Discussion

The time of menopause can be considered as a change in life and as an opportunity to reappraise health and health-related behavior patterns and make changes in them [23,24]. Due to the rather long duration of the perimenopause, the impact of menopause on women's quality of life is noteworthy. The presence of menopausal symptoms significantly reduces the quality of life, and with more severity, worsens the quality of life [21]. In addition, they may lead to social impairment and work-related difficulties [25].

The results of these 8 studies reveal that there are significant ethnic differences in the total number and total severity of the physical, psychological, and psychosomatic symptoms.

The above findings showed that European women exhibited a more impaired quality of life due to a higher rate and severity of hot flashes, night sweats, urogenital and sexual symptoms [18,19]. In most women, hot flashes related to menopause will resolve over time without any intervention [14,26]. They include the use of herbal drugs, diet/nourishment, and lifestyle modification programs [27]. Interestingly, the intensity of menopausal symptoms was found to be lower among Albanian women with predominance of somatic symptoms [13].

Most prevalent psychosocial symptoms reported were feeling of anxiety and nervousness and overall depression among Indian and American women with the strongest associations with health outcomes. This is similar to Study of Women's Health Across The Nation (SWAN-2013) analyses [28] where the increase in risk of anxiety associated with the menopausal transition.

The studies done among menopausal women from Arabia reported as the most prevalent joint and muscle pain symptoms and the quality-of-life score was higher in perimenopausal women. This result were congruent with the result found by other studies among United Arab Emirates (UAE) and Saudi Arabian women [15]. Due to the complexity of menopausal symptoms, many different alternatives to hormone replacement therapy have been developed to control menopausal symptoms. Physical activity (PA) has been shown to enhance health-related quality of life among menopausal women [23,29-31]. Higher PA activity levels have been associated with better or higher scores on various quality of life dimensions [29].

The current review can help provide a clearer understanding of women's experiences at menopause. It is challenging healthcare professionals to appreciate the symptoms experienced by women during menopause and the ways to manage the same.

## Conclusion

It is evident that there is great diversity in symptom frequencies across the cultures and ways of coping adopted by these women. Health care provider's need to consider individual women's differences, needs and believes, when developing the treatment plans for menopausal women.

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