

Climacteric Complaints of Paramedical Personnel

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Abstract

This study was conducted from October 1995 to January 1996, to assess the prevalence of climacteric complaints of paramedical personnel in Chulalongkorn Hospital. Data collection was performed using a standardized questionnaire, comprised of population characteristics, items and severity of climacteric complaints. All the participants filled up the questionnaire by themselves after receiving a clear explanation of the meaning of each symptom. Two hundred and ninety women aged 40-59 years participated in the study. Their mean age was 47.72 ± 4.77 years. Forty six per cent of the study population were classified as premenopausal, i.e. having regular vaginal bleeding during the last 12 months, 18 per cent were perimenopausal, i.e. having irregular vaginal bleeding during the last 12 months and 35 per cent were postmenopausal, i.e. having no vaginal bleeding during the last 12 months. The mean time since menopause of the last group was 4.71 ± 3.75 years. The results revealed that the prevalence of vasomotor symptoms, urogenital symptoms and other symptoms i.e. numbness, forgetfulness, etc, were reported at a significantly higher rate in the postmenopause than in the perimenopause and premenopause women respectively ($P < 0.05$). However, there was no significant difference in the prevalence of psychological symptoms among the three groups ($P > 0.05$). In conclusion, except for psychological symptoms, the reported prevalence of climacteric complaints in paramedical personnel was associated with menopausal status.

The fact that women stop menstruating at around the age of 50 was reported as long ago as 322 BC by Aristotle in *Historia Animalium*⁽¹⁾. According to United Nations' projection, the proportion of aging population will increase due to longer life expectancy⁽²⁾. Hence, at present and in the

future women will have to spend a longer period of their life in this estrogen deficient state. In the climacteric period, there are changes in many organ systems which varies from one woman to another⁽³⁾. Climacteric symptoms have been reported to increase in this time-interval. However, there is dif-

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ference in prevalence and severity of the symptoms in different cultures and socioeconomic classes⁽¹⁾.

In Bangkok, Chompootweep *et al*⁽⁴⁾ reported the prevalence of climacteric symptoms in middle-class women, randomly selected in 19 Bangkok Metropolis Administration health centers and found that it was much lower than those reported from some western countries⁽⁵⁾.

Nevertheless, to the best of our knowledge, there has been no study, reporting the prevalence of climacteric symptoms in paramedical personnel who always deal with health problems and might perceive these climacteric changes differently from the general population. Hence, the objective of this study was to assess the prevalence of climacteric complaints of paramedical personnel in Chulalongkorn Hospital.

MATERIAL AND METHOD

The study was conducted at Chulalongkorn Hospital from October 1995 to January 1996. Two hundred and ninety women, aged between 40-59 years, participated in this study. All of them were paramedics. The term "premenopause" is defined as having regular vaginal bleeding during the last 12 months; "perimenopause" is defined as having irregular vaginal bleeding during the last 12 months

and "postmenopause" is defined as having no vaginal bleeding during the last 12 months.

The standardized questionnaire consisted of a series of questions concerning demographic characteristics, years since menopause and climacteric symptoms. Its contents and language were adopted for optimal understanding after a first pilot pretest done during October 1994 by social workers. All the participants filled up the questionnaire by themselves after receiving a clear explanation of the meaning of each item of climacteric symptoms.

Statistical analysis was performed using chi-square, unpaired *t*-test and ANOVA on data where it was appropriate.

RESULTS

Of the 290 women who participated in this study, 45.9 per cent (133/290) were premenopausal, 18.6 per cent (54/290) were perimenopausal and 35.5 per cent (103/290) were postmenopausal. In the latter group, the mean time since menopause was 4.71 ± 3.75 years, of which 67 per cent had been menopausal for less than 5 years.

Regarding the prevalence of climacteric complaints, they were classified as follows: vasomotor symptoms, urological symptoms, genital symptoms, psychological symptoms and other symptoms. The population characteristics and prevalence of these symptoms is shown in Table 1-6.

Table 1. Characteristics of the studied population (N=290).

Characters	$\bar{X} \pm SD$
Age (years)	47.72 ± 4.77
No. of living childrens	1.32 ± 1.18
Postmenopausal	35.5%
natural	71.0%
surgical	29.0%
Perimenopausal	18.6%
Premenopausal	45.9%
Time since menopause (years)	4.71 ± 3.75

DISCUSSION

Studies from around the world have found the prevalence of hot flushes, for example to range from 0 per cent in Mayan women⁽⁶⁾, to 80 per cent in Dutch women⁽⁷⁾. In this study, the prevalence of vasomotor symptoms in paramedics was found to be slightly higher than those reported by Chompootweep *et al*⁽⁴⁾, surveyed in Bangkok and Chirawatkul⁽⁸⁾, surveyed in rural areas. Nevertheless, it is not yet as high as in some western countries^(9,10).

Table 2. Prevalence of vasomotor symptoms in the studied population (N=290).

Symptoms (%)	Premenopausal (N=133)	Perimenopausal (N=54)	Postmenopausal (N=103)	P-value
Hot flushes	25.6	40.7	55.3	<0.05
Sweating	27.1	42.6	58.3	<0.05

Table 3. Prevalence of urological symptoms in the studied population (N=290).

Symptoms (%)	Premenopausal (N=133)	Perimenopausal (N=54)	Postmenopausal (N=103)	P-value
Incontinence	18.0	22.2	32.0	<0.05
Stress incontinence	33.8	48.1	46.6	NS
Frequency	29.3	51.9	54.4	<0.05
Dysuria	6.8	14.8	10.7	NS

Table 4. Prevalence of genital symptoms in the studied population (N=290).

Symptoms (%)	Premenopausal (N=133)	Perimenopausal (N=54)	Postmenopausal (N=103)	P-value
Vaginal dryness	16.5	29.6	39.8	<0.05
LOSD* (N=199) #	40.0	40.0	66.2	<0.05
Pruritus	17.3	22.2	19.4	NS
Discharge	36.8	38.9	12.6	<0.05
Dyspareunia (N=185) #	34.6	29.7	50.7	NS

*LOSD = Loss of sexual drive

#Not all the subjects responding to these questions

Table 5. Prevalence of psychological symptoms in the studied population (N=290).

Symptoms (%)	Premenopausal (N=133)	Perimenopausal (N=54)	Postmenopausal (N=103)	P-value
Moody	57.9	59.3	64.1	NS
Depression	23.3	20.4	23.3	NS
Fear	13.5	16.7	11.7	NS
LOSC*	32.3	29.6	26.2	NS
Tense	54.9	55.6	55.3	NS
LOE#	36.8	38.9	34.0	NS
Disruption	29.3	14.8	22.3	NS
Dizziness	48.9	64.8	61.2	NS
Chest pressure	18.8	24.1	24.3	NS
Breathlessness	21.8	27.8	26.2	NS
Palpitation	33.1	38.9	40.8	NS
Headache	60.9	72.2	68.9	NS
Insomnia	35.3	44.4	53.4	<0.05

*LOSC = Loss of self confidence

#LOE = Loss of energy

Table 6. Prevalence of other symptoms in the studied population (N=290).

Symptoms (%)	Premenopausal (N=133)	Perimenopausal (N=54)	Postmenopausal (N=103)	P-value
Numbness	27.8	42.6	48.5	<0.05
Pins and needles	10.5	18.5	24.3	<0.05
Weakness	56.4	64.8	64.1	NS
Muscle/joint pain	57.1	75.9	77.7	<0.05
Forgetfulness	63.2	72.2	85.4	<0.05
Skin dryness	51.9	77.8	78.6	<0.05

Culture in its broad sense can alter a woman's physiology i.e. life style, in way that appear to influence age at menopause and the symptoms experienced. Culture will also influence her individual response to that physiology⁽⁹⁾. Socioeconomic classes and health perception of the population studied, may be another factor to determine the difference in prevalence of these symptoms in various studies.

Concerning the urogenital symptoms in this study, the prevalence of vaginal dryness, for instance was comparable to those reported by Dusitsin *et al*⁽¹¹⁾ surveyed in college educated women in Bangkok and those reported by Bachman in New Jersey⁽¹²⁾. However, there was some dissimilarity in other items of urogenital symptoms. This is probably due to the difference in some aspects of population characteristics and culture, for example, the difference in mean time since menopause, sexual activity, perception of health problems or society's attitude toward expression of sexual problems.

Regarding other symptoms i.e. numbness, pins and needles, weakness, muscle and joint pain, forgetfulness and skin dryness, the last three items were reported to be the commonest complaints in this study. This is rather similar to a survey in Nigeria which found that the commonest symptom was joint pain⁽¹³⁾.

Of the above three categories of climacteric complaints i.e. vasomotor, urogenital and other symptoms, in this study we found that the prevalence was significantly higher in postmenopausal women than those in perimenopausal and premenopausal women respectively. This is different from other studies^(4,9) which found that the prevalence of vasomotor symptoms was higher in the perimenopausal period. Much of the controversy regarding menopausal symptoms stems from methodological problems i.e. sample size, sampling method, criteria for menopausal status⁽¹⁴⁾. Besides these, other factors that may influence the research results, are background of the population studied, time since menopause, and definition or meaning of each item of climacteric complaints.

Considering the psychological symptoms in this study, we found no difference in the prevalence of each symptom among the three groups, except insomnia. This might be the consequence of hot flushes that frequently occur at night and wake a woman from sleep⁽¹⁵⁾. This finding is similar to the study of McKinly *et al*⁽¹⁶⁾ who found no association between menopausal status and increased psychological symptoms. However, Chompootweep *et al*⁽⁴⁾ reported a higher prevalence of these symptoms in perimenopausal women.

The transition to menopause is frequently associated with an increase of physical as well as psychological symptoms⁽¹⁴⁾. Vasomotor and atrophic symptoms are widely recognized as being associated with estrogen deficiency,^(17,18) as in our study. Nevertheless, there is much more debate about the etiology of psychological complaints and whether they can be attributed to hormonal changes or whether they are mainly affected by other factors such as expectations, stressful life events or cultural and socioeconomic factors⁽¹⁹⁻²¹⁾. A further larger scale, and long term study is needed to confirm these results.

SUMMARY

This study was conducted to assess the prevalence of climacteric complaints of 290 paramedical personnel in Chulalongkorn Hospital, Bangkok, Thailand. The results revealed that the prevalence of vasomotor symptoms, urogenital symptoms and other symptoms i.e. numbness, forgetfulness, etc, were reported at a significant higher rate in the postmenopause than in the perimenopause and premenopause women. However, there was no significant difference in the prevalence of psychological symptoms among the three groups. Difference in life style, socioeconomic classes, attitude toward health and menopause and research methodology in each study might influence the difference in research results.

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อาการในวัยเปลี่ยนของบุคลากรทางการแพทย์

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การศึกษาหาความซุกของอาการในวัยเปลี่ยนในบุคลากรทางการแพทย์ที่เป็นสตรีในโรงพยาบาลจุฬาลงกรณ์ โดยใช้แบบสอบถามที่ได้รับการทดสอบแล้วเกี่ยวกับคุณลักษณะทั่วไปของผู้หญิงลักษณะภายนอก และสอบถามถึงอาการ และระดับความรุนแรงของอาการในวัยเปลี่ยนทั้งนี้ผู้หญิงลักษณะทุกคนได้ลงทะเบียนและเข้าร่วมในแบบสอบถามด้วยตนเอง จำนวน 2538 ถึง มกราคม 2539 ทั้งสิ้น 290 ราย อายุเฉลี่ย 47.72 ± 4.77 ปี เป็นสตรีที่ยังมีระดุมมาส์เมลอมร้อยละ 46 มีระดูแต่ไม่สม่ำเสมอ ร้อยละ 18 และหมดระดูเกินกว่า 1 ปี และร้อยละ 35 ซึ่งในกลุ่มหลังนี้ร้อยละของอาการหมดระดู 4.71 ± 3.75 ปี สำหรับอาการของวัยหมดระดู เมื่อเปรียบเทียบระหว่างกลุ่มสตรีที่ยังมีระดุมมาส์เมลอม, ไม่สม่ำเสมอ และหมดระดูแล้ว พบว่า ความซุกของอาการระบบประสาทอัตโนมัติ (Vasomotor symptoms), กลุ่มอาการระบบทางเดินปัสสาวะและอวัยวะสืบพันธุ์ (Urogenital symptoms) และกลุ่มอาการอื่นๆ (Other symptoms) เช่น ชา, หลงลืมง่าย ฯลฯ ในสตรีที่หมดระดูแล้ว สูงกว่าในกลุ่มที่มีระดุมมาส์เมลอม และกลุ่มที่ยังมีระดุมมาส์เมลอม ตามลำดับ อย่างมีนัยสำคัญทางสถิติ ($P < 0.05$) อย่างไรก็ตาม ไม่พบความแตกต่างกันในความซุกของอาการทางจิตประสาทระหว่างกลุ่มทั้งสาม ($P > 0.05$) กล่าวโดยสรุปจากการสำรวจความซุกของอาการในวัยเปลี่ยนในบุคลากรทางการแพทย์ที่เป็นสตรี พนับว่าอาการดังกล่าวมีความสัมพันธ์กับภาวะการหมดระดู ยกเว้นอาการทางจิตประสาท

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