

Menopausal Symptoms and Knowledge Towards Daily Life and Hormone Replacement Therapy among Menopausal Women in Bangkok

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Objective: To evaluate prevalence and intensity of menopausal symptoms, knowledge towards daily life and hormone replacement therapy (HRT) among natural menopause women in Bangkok.

Design: Cross-sectional, descriptive study.

Material and Method: One hundred and sixty two natural menopause women who attended the health seminars or exhibitions except topics about menopause and HRT in Siriraj Hospital from March - June 2005.

Targeting women were asked to fill out the structured questionnaires. Data concerning personal history, menopausal symptoms, knowledge of menopause, HRT and daily life in menopause were collected.

Results: A total of 148 questionnaires (91.4%) were completed for the analyses. Of 148 women, 141 (95.3%) had menopausal symptoms. The most common and most severe menopausal symptom was muscle and joint pains (84.5% and 23.0%, respectively). The majority of the women understood correctly regarding knowledge about menopause issue and daily life during menopause (80.6% and 89.2%, respectively). Although 51.1% of the women showed their knowledge about HRT correctly, only 8.1% were currently using HRT. The main reasons for this low percentage of HRT use were ability to tolerate the menopausal symptoms (49.0%) and lack of correct knowledge about HRT (48.9%).

Conclusion: The most common and also the most severe menopausal symptom in natural menopause women was muscle and joint pains. Most of them demonstrated their correct understandings about menopause issue and daily life in menopause and half of them demonstrated their correct understandings about HRT.

Keywords: Menopausal symptoms, Daily life, Hormone replacement therapy

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In recent years, modern medicine has significantly increased the human life span and Thai women will have life span to 75.4 years in the next 5 years (2005-2010)⁽¹⁾. Most Thai women live one-third of their lives after menopause and may suffer short-term and long-term complications from lack of estrogen at the end of reproductive life, including climacteric symptoms, vaginal dryness, loss of bladder control and osteoporosis or mood instability such as depression and anxiety which could affect daily life and quality of life of these women^(1,2).

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It is well established that hormone replacement therapy (HRT) is an effective means of treating menopausal symptoms and preventing long-term complications, such as osteoporosis⁽²⁻⁵⁾. In Thailand, there are only a few reports of the menopausal symptoms and knowledge about menopause and HRT in natural menopause women^(6,7). Burasanont M et al studied only a small numbers of HRT users, and reported that knowledge about menopause and HRT is the important factor in making the decision to use HRT in Thai women⁽⁶⁾.

The aims of the present study were to evaluate prevalence and intensity of various menopausal symptoms and the knowledge towards daily life and

HRT in natural menopause women. The results and data obtained from the present study should provide further understanding such important issues in this group of woman.

Material and Method

A cross-sectional study was conducted. Structured questionnaires which were partly adapted from previous studies were used^(8,10). The subjects were recruited from the natural menopausal women who attended health seminars or exhibitions in any topic except those about menopause and HRT in Siriraj Hospital from March 30, 2005 to June 30, 2005. The study was approved by the Ethics Committee, Faculty of Medicine Siriraj Hospital, Mahidol University.

The structured questionnaires consisted of five sections. 1) Sociodemographic data, 2) Identification of menopausal symptoms and intensity of symptoms using visual analog scores, 3) Knowledge about menopause and HRT, 4) The use of HRT, and 5) Knowledge about daily life in menopause.

For the evaluation of knowledge about menopause, HRT and daily life, the present study used opinions which required no validation. Participants' opinions (agreement, disagreement, or lack of knowledge) of 17 statements about the menopause and HRT and 11 statements about daily life in menopause were included in the questionnaire.

Menopausal symptoms were adapted from previous studies^(8,10) which were classified into 17 items and grouped into 6 subgroups namely anxiety, depression, somatic, vasomotor, sexual and urogenital problems. The 3 anxiety symptoms included feeling tense or nervous, difficulty in sleeping and difficulty in concentrating. The 3 depressive symptoms included feeling unhappy or depressed, feeling tired or lack of energy and anorexia. The 6 somatic symptoms included muscle and joint pains, parts of the body feeling numb or tingling, headaches, feeling dizzy or faint, decreased breast size and skin dryness or wrinkles. The 2 major vasomotor symptoms were hot flushes and night sweating. The 2 major urogenital symptoms were urinary frequency or incontinence and vaginal dryness.

Each symptom was scored by visual analog scores using the rating scale ranging from 0 (not bothering) to 10 (extremely bothering) and grouped into 4 degrees by severity of symptoms; 0 for no symptoms, more than 0 to 3 for mild symptoms, more than 3 to 7 for moderate symptoms and more than 7 to 10 for severe symptoms. The use of HRT was recorded, together with its indication, route of administration,

and duration of usage.

The statistical analysis was performed using the Statistical Package for the Social Sciences version 11.5 (SPSS software) for frequency distribution with number and percentage. Quantitative parameters were represented by mean and standard deviation.

Results

Of 162 participants recruited, 148 completed the questionnaire and were available for analyses (response rate 91.4%)

Table 1. Sociodemographic data (N = 148)

Characteristics	N (%)
Age at screening (years)	
41-50	27 (18.2)
51-60	106 (71.7)
61-70	14 (9.4)
>70	1 (0.7)
Mean \pm SD	55.3 \pm 5.2
Age at menopause (years)	
42-46	17 (11.5)
47-51	104 (70.3)
52-57	27 (18.2)
Mean \pm SD	49.6 \pm 2.7
Religion	
Buddhist	142 (95.9)
Christian and Catholics	4 (2.7)
Islam	2 (1.4)
Marital status	
Single	46 (31.1)
Married	78 (52.7)
Divorced	7 (4.7)
Widowed	17 (11.5)
BMI (kg/ m ²)	
<25	97 (65.5)
25-29	44 (29.8)
\geq 30	7 (4.7)
Mean \pm SD	24.0 \pm 3.5
Parity	
0	52 (35.1)
\geq 1	96 (64.9)
Education Level	
\leq Primary	19 (12.8)
Secondary	23 (15.6)
Post-secondary	106 (71.6)
Occupation	
Full-time job	132 (89.2)
Unemployed	16 (10.8)
Monthly income (Baht)	
<10,000	27 (18.2)
10,000-30,000	79 (53.4)
>30,000	42 (28.4)

Sociodemographic data

Completed data from 148 natural menopausal women were obtained. Mean age at interview was 55.3 \pm 5.2 years while their mean age at menopause was 49.6 \pm 2.7 years. The majority of the women were Buddhist (95.9%), married (52.7%) and had post-secondary education level (71.6%). Other sociodemographic data are shown in Table 1.

Menopausal symptoms

Menopausal symptoms were divided into 6 subgroups and the severities were divided into 4 degrees. The most common menopausal symptom was muscle and joint pains (125/148, 84.5%) and the most severe menopausal symptom was also muscle and joint pains (23.0%). Details of other symptoms and severities are shown in Table 2.

HRT usage

With regard to HRT usage, 12 (8.1%) were current users, 24 (16.2%) were past users, and 112 never used HRT. Of the 12 current users, 9 (75.0%) used HRT because of menopausal symptoms and doctor's recommendation while the others took this

medication because of friends' or family's recommendation. The reasons for stopping HRT among the 24 women were fear of cancer (33.3%), doctor's recommendation (29.2%), absence of menopausal symptoms (25.0%), and other minor reasons (12.5%) respectively.

Reasons for not using HRT among the 112 women included absence of menopausal symptoms or tolerance to the symptoms (49.0%), fear of developing cancer (20.5%), lack of information about HRT (13.4%), doctor's recommendation (13.4%) and other minor reasons (3.6%).

Concerning the route of administration among the 12 current users, 9 (75.0%) used oral form, 2 (16.7%) used local application of gel or cream and only 1 (8.3%) used the combination of both forms. In addition, 6 (50.0%) of these 12 women had used HRT for less than 1 year, 2 (16.7%) for 1 to 3 years, 1 (8.3%) for 3 to 5 years and 3 (25.0%) for more than 5 years.

Knowledge about menopause and HRT

The majority of the women (80.6%) showed correct overall knowledge about menopause. However, 41.9% thought that menopause is a pathologic event

Table 2. Menopausal symptoms (N = 148)

Symptoms	Degree of severity N (%)			
	None	Mild	Moderate	Severe
Anxiety group				
Feeling tense or nervous	33 (22.3)	50 (33.8)	40 (27.0)	25 (16.9)
Difficulty in sleeping	44 (29.7)	54 (36.5)	34 (23.0)	16 (10.8)
Difficulty in concentration	44 (29.7)	65 (43.9)	29 (19.6)	10 (6.8)
Depression group				
Feeling unhappy or depressed	52 (35.1)	66 (44.6)	19 (12.9)	11 (7.4)
Feeling tired or lacking of energy	47 (31.8)	47 (31.8)	37 (25.0)	17 (11.4)
Anorexia	68 (45.9)	50 (33.8)	25 (16.9)	5 (3.4)
Somatic group				
Muscle and joint pains	23 (15.5)	49 (33.1)	42 (28.4)	34 (23.0)
Parts of body feel numb or tingling	31 (20.9)	62 (41.9)	37 (25.0)	18 (12.2)
Headache	38 (25.7)	63 (42.5)	37 (25.0)	10 (6.8)
Feeling dizzy or faint	31 (20.9)	75 (50.7)	33 (22.3)	9 (6.1)
Decreased breast size	61 (41.2)	59 (39.9)	21 (14.2)	7 (4.7)
Skin dryness or wrinkles	28 (18.9)	56 (37.9)	43 (29.0)	21 (14.2)
Urogenital group				
Urinary frequency or incontinence	46 (31.1)	47 (31.7)	29 (19.6)	26 (17.6)
Vaginal dryness	56 (37.8)	50 (33.8)	22 (14.9)	20 (13.5)
Vasomotor group				
Hot flushes	56 (37.8)	43 (29.1)	32 (21.6)	17 (11.5)
Night sweating	61 (41.2)	52 (35.2)	22 (14.8)	13 (8.8)
Sexual group				
Loss of interest in sex	53 (35.8)	40 (27.0)	31 (21.0)	24 (16.2)

that needs treatment, and 55.4% thought that menopausal women need a supplementary diet. About HRT, 51.1% of the women showed correct overall knowledge on this issue. Some knowledge that was lacking among these women included that HRT relieves menopausal symptoms (36.5%), HRT has other side effects (45.3%), HRT may be linked to cancer (52.0%), and HRT protects the bone (43.2%). In addition, they thought that every menopausal woman needs HRT in 18.2% and 31.1% thought that HRT may link to cancer. Detailed results are shown in Table 3.

Knowledge about daily life in menopause

Knowledge towards daily life was evaluated and 87.2% of the women demonstrated their understandings about this issue correctly. However, 49.3% and 15.5% of these women misunderstood the need for supplement diet and sexual relation issue. Detailed results are shown in Table 4.

Discussion

Thai women have an increasing life expectancy to 75.4 years in the next 5 years as in most developed

Table 3. Opinions of the participants on statements about menopause and HRT (N = 148)

Statements	Opinion N (%)		
	Agree	Disagree	Lack of knowledge
1. Menopause has many presenting symptoms.	141 (95.2)	1 (0.7)	6 (4.1)
2. Menopausal women are incompetent.	5 (3.4)	140 (94.6)	3 (2.0)
3. Menopause is a pathologic event and needs treatment.	62 (41.9)	74 (50.0)	12 (8.1)
4. Osteoporosis occurs in the menopause.	131 (88.5)	3 (2.0)	14 (9.5)
5. Mammogram and BMD are routine tests in menopause.	135 (91.2)	5 (3.4)	8 (5.4)
6. Pelvic examination is unnecessary in menopause.	11 (7.4)	132 (89.2)	5 (3.4)
7. Menopausal women need a supplementary diet.	82 (55.4)	52 (35.1)	14 (9.5)
8. Every menopausal woman needs HRT.	27 (18.2)	92 (62.2)	29 (19.6)
9. HRT comes in different routes of administration.	89 (60.1)	8 (5.4)	51 (34.5)
10. HRT relieves menopausal symptoms.	78 (52.7)	16 (10.8)	54 (36.5)
11. HRT has other side effects.	65 (43.9)	16 (10.8)	67 (45.3)
12. HRT may be linked to cancer.	46 (31.1)	25 (16.9)	77 (52.0)
13. No contraindication for HRT usage.	9 (6.1)	83 (56.1)	56 (37.8)
14. HRT protects the bone.	60 (40.6)	24 (16.2)	64 (43.2)
15. HRT makes menopausal women look younger.	48 (32.4)	31 (20.9)	69 (46.7)
16. HRT can be taken in long term (> 5 years).	11 (7.4)	65 (43.9)	72 (48.7)
17. HRT is discouraged by your religion.	2 (1.4)	99 (66.9)	47 (31.8)

Table 4. Opinions of the participants on daily life during menopause (N = 148)

Statements	Opinion N (%)		
	Agree	Disagree	Lack of knowledge
1. Menopausal women should attend programs for health check up regularly.	144 (97.3)	2 (1.4)	2 (1.4)
2. Menopausal women should have pelvic examination yearly.	136 (91.9)	10 (6.8)	2 (1.4)
3. Menopausal women may have osteoporosis, so BMD check up is needed.	142 (95.9)	3 (2.1)	3 (2.1)
4. Regular breast self examination is needed.	145 (97.9)	2 (1.4)	1 (0.7)
5. Smoking and alcoholic drinking are prohibited in menopause.	147 (99.3)	0 (0)	1 (0.7)
6. Sexual relation is prohibited in menopause.	23 (15.5)	97 (65.5)	28 (18.9)
7. Menopausal women should exercise regularly.	147 (99.3)	0 (0)	1 (0.7)
8. Menopausal women need all types of nutrients.	146 (98.6)	2 (1.4)	0 (0)
9. Menopausal women need a supplementary diet.	73 (49.3)	55 (37.2)	20 (13.5)
10. When abnormal events occur in menopause, such as vaginal bleeding, they should see a doctor.	147 (99.3)	0 (0)	1 (0.7)
11. Menopausal women may have good quality of life without using HRT.	129 (87.2)	7 (4.7)	12 (8.1)

countries in Asia such as Japan, Taiwan, and Hong Kong and they are exposed to the potential long-term consequences of the menopause^(1,4,5,8,10). The present study was conducted to explore the prevalence and intensity of various menopausal symptoms as well as knowledge towards menopause, HRT, and daily life in Thai menopausal women.

The most common and also the most severe symptom reported in menopausal women in the present study was muscle and joint pains. However, this might be overestimated since this symptom can be easily felt and is the common symptom in the general population that might not be directly related to menopausal status. Muscle and joint pains was also the commonest reported symptom reported in the Hong Kong and Taiwan population, similar to the result in the present study^(8,10,16).

Concerning the prevalence of vasomotor symptoms, the percentage of women experiencing hot flushes was 62.2% which was higher than that reported from women in Taiwan (38%)⁽¹⁰⁾ and Japan (10.8%)^(12,13). This finding might be the result of geographic location of Thailand that the climate was very hot and the women could easily misunderstand and over-reported the symptom. However, hot flushes have been reported to occur in at least 60% of Caucasian population^(14,15) even though they live in a country with a cold climate.

Previous studies showed that HRT usage in a Caucasian population was higher than Asian countries including Hong Kong, Taiwan, and Japan populations^(8-11,13) and also in a Thai population in the present study. The difference might be that Caucasians experienced more severe symptoms^(14,15) and might be the result of their better health education and concerns about the menopause. Past and current HRT users in the present study were only 16.2% and 8.1 % respectively. However, the rates were higher than other countries in Asia such as Hong Kong, Taiwan and Japan. These findings might be from differences in the characteristics of the study population^(8,10,12,13).

Although the majority of the women who graduated higher than secondary school and showed an interest in health care activities, some incorrect knowledge and misunderstandings have been observed. With regard to knowledge about menopause and HRT, a considerable number of women lacked or had incorrect understandings in some important issues, including both benefits and risks of HRT usage. Of daily life issue, most common misunderstandings were the need for supplementary diet and the sexual relations issue.

The results of the present study might not be generalized to all Thai menopausal women since the sample was not representative. Women participating in the present study seemed to be of middle-class who graduated beyond secondary school and have a rather high monthly income. In addition, these women were recruited from those who attended health seminars and exhibitions that they might be more health-conscious than others. Moreover, there was no information whether they had previously attended any seminars or exhibitions on menopause and HRT which might influence their responses. However, the results should at least provide further understanding of such important issues in this group of woman.

Both premenopausal and menopausal women should be encouraged to engage in more healthcare activities about menopause and HRT for better knowledge and proper self-care during the menopause period. Further studies should be conducted to determine the prevalence and knowledge about menopause, menopausal symptoms, and HRT in the future to understand the issue and the existing problems in this group of women.

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อาการในวัยหมดระดู ความรู้เกี่ยวกับการปฏิบัติตัวและฮอร์โมนทดแทน ของสตรีวัยหมดระดู ในกรุงเทพมหานคร

ปัทมา เชาวโพธิ์ทอง, วิทยา ถิฐาพันธ์, ดิฐกานต์ บริบูรณ์หิรัญสาร

วัตถุประสงค์: เพื่อศึกษาถึงอาการในวัยหมดระดูของสตรีที่หมดระดูตามธรรมชาติ ความรู้เกี่ยวกับการปฏิบัติตัว และฮอร์โมนทดแทนของสตรีวัยหมดระดูในกรุงเทพมหานคร

ชนิดการวิจัย: การวิจัยเชิงพรรณนา

วัสดุและวิธีการ: สตรีที่หมดระดูตามธรรมชาติในกรุงเทพมหานคร ที่มีโอกาสได้มาเข้าร่วมกิจกรรมและการบรรยาย ทางสุขภาพต่าง ๆ ที่ไม่ใช่ความรู้เกี่ยวกับวัยหมดระดูและฮอร์โมนทดแทนซึ่งจัดขึ้นที่โรงพยาบาลศิริราช จำนวน 162 คน ตั้งแต่ มีนาคม ถึง มิถุนายน พ.ศ. 2548

ให้สตรีกลุ่มตัวอย่างตอบแบบสอบถามซึ่งผ่านการทดสอบแล้ว โดยแบบสอบถามประกอบด้วยคำถาม เกี่ยวกับข้อมูลทั่วไป อาการในวัยหมดระดู ความรู้เกี่ยวกับวัยหมดระดู, ฮอร์โมนทดแทนและการปฏิบัติตัวในวัยหมดระดู

ผลการศึกษา: สตรีกลุ่มตัวอย่างตอบแบบสอบถามได้ครบถ้วนจำนวน 148 คน จาก 162 คน (ร้อยละ 91.4) สตรีจำนวน 141 คนมีอาการของวัยหมดระดู คิดเป็นร้อยละ 95.3 อาการในวัยหมดระดูที่พบบ่อยและรุนแรงที่สุดคือ ปวดกล้ามเนื้อ และข้อ พบได้ร้อยละ 84.5 และ 23.0 ตามลำดับ สตรีในกลุ่มตัวอย่างมีความรู้ที่ถูกต้องเกี่ยวกับวัยหมดระดู และการปฏิบัติตัวในวัยหมดระดู ร้อยละ 80.6 และ 89.2 ตามลำดับ ถึงแม้สตรีในกลุ่มตัวอย่างจะมีความรู้ที่ถูกต้อง เกี่ยวกับฮอร์โมนทดแทน ร้อยละ 51.1 แต่มีการใช้ฮอร์โมนทดแทนเพียงร้อยละ 8.1 สาเหตุสำคัญที่ทำให้อัตราการ ใช้ฮอร์โมนทดแทนต่ำคือ สามารถทนกับอาการในวัยหมดระดูได้และขาดความรู้ที่ถูกต้องเกี่ยวกับฮอร์โมนทดแทน คิดเป็นร้อยละ 49.0 และ 48.9 ตามลำดับ

สรุป: อาการในวัยหมดระดูที่พบบ่อยและมีความรุนแรงมากที่สุด คืออาการปวดกล้ามเนื้อและข้อ สตรีส่วนใหญ่ มีความรู้และการปฏิบัติตัวในวัยหมดระดูอย่างถูกต้อง ประมาณครึ่งหนึ่งมีความรู้ที่ถูกต้องเกี่ยวกับฮอร์โมนทดแทน