Review of literature related to menopause

A literature for review is a carefully designed, logically developed discussion that provides the rationale for the problem statement, significance of the problem, theoretical perspective, research design and methodology reviewing the literature provides a better understanding and insight which is necessary to develop a broad conceptual framework in which the problem can be examined the researcher attempts to find out how the proposed study fits into a large universe of the related knowledge. Keeping this aspect in the mind the researcher probed into the available resources.

This chapter deals with the review of literature, the studies reviewed have been arranged under the following sections

Review related to menopause

Review related to studies on quality of life of postmenopausal women

REVIEW RELATED TO MENOPAUSE

Most women can expect to live into their ninth decade with changes that accompany aging. Especially those associated with the menopause can be a source of anxiety. Menopause is a natural event in the course of every woman’s life it is a time of last period but symptoms can begin several years before that these symptoms can last for months or years. Sometimes around 40 years, the women notice that her menstruation is different in its duration, frequency and amount of bleeding. Changing levels of estrogen and progesterone which are the two female hormone produced in the ovaries, might lead to these symptoms (National Institute of Aging, 2006).

According to North American Menopause Society (2000), the average age for the onset of perimenopause is 47. 5 years and natural menopause occurs at the age of 51. 4 years in western women. In rural North India, Singh and Arora (2005) found that the average age at menopause is 44. 1 years. There were many studies reported the mean age of menopause between 45 to 55 years. Quazi (2006) reported it as 50 years. Dhillon Singh, Hamid and Mahmood (2001) document it as 49. 4 + 3. 4 years. Chim, Tan, Ang, Chew, Chowg and saw (2002), in their study mentioned as average range of 40 to 59 years with the mean of 49 years.

Young kin & Davis, 2004, in normal menstrual cycle, rising levels of follicular stimulating hormone stimulates the developing dominant follicle to secrete increased amount of estradiol. The increased level of estradiol as well as inhibition from the granulose cells exerts a negative feedback on hypothalamus and the result is decreased in follicular stimulating hormone. After menopause, there is an increased FSH because of reduction in pituitary gonadotropin inhibition of estrogen and progesterone. This change in ovarian steroid production is often gradual, resulting in anovulatory bleeding patterns. Eventually, the ovaries are unable to respond to FSH and LH and the level of gonadotropin hyperactivity stabilizes, gonadotropin levels never return to pre menopausal levels.

Immediate changes of menopause are hot flushes, causing flushes in the chest, face, neck and back, insomnia, mild to moderate depression, bone, joint, muscle aches, swelling, heart beat fluctuations, headache, vagina dryness and increased swelling (Smith, 2002).

Avoidance of caffeine, smoking, wearing cotton clothes is the measures for hot flushes. Exercising regularly in the morning or early evening, doing quiet activity just before the bedtime, sleeping in a comfortable environment, avoidance of sleeping medications, limited food intake prior to sleep are the measures for sleep problems and night sweats. Consuming calcium contained food items to minimize the joint and back discomforts. Stress reduction techniques are helpful for the psychological problems. Seeking medical help are for the sexual and urinary problems. These are all some of the non-pharmacological measures for the menopausal symptoms (Young kin & Davis, 2004).

REVIEW RELATED TO STUDIES ON QUALITY OF LIFE OF POSTMENOPAUSAL WOMEN

Rita Luoto (2009) menopausal health is important since this stage of life is not to be avoided. A recent article in BMC Women’s Health from the Estonian Postmenopausal Hormone Therapy trial has concluded that quality of life is not related to hormonal therapy use. The commentary article discusses this finding and considers other factors related to symptoms and quality of life during menopause. Important factors known to affect hot flushes and quality of life are smoking and high body weight. Since both these factors are modifiable, menopause is a suitable area for health promotion. However, evidence concerning lifestyle changes in symptom relief or increase of quality of life is weak. More trials in this area are needed before women may consider non-pharmacological treatment of symptoms as a reliable option for menopausal symptom cure

Jones G L, Sutton A (2009) had done a study to assess the quality of life in obese postmenopausal women. The aim of this review was to identify the ways in which obesity affects the health-related quality of life of postmenopausal women. This was considered important because a growing body of literature has identified obesity as a significant predictor for a poor psychological wellbeing and negative HRQoL, particularly in women, and because during the transition through the menopause women tend to accumulate more body weight. After searching eight electronic databases, only nine papers appeared meaningful. Although a meta-analysis was not possible, we found that a body mass index > 30 kg/m2 was associated with a poor HRQoL in postmenopausal women; particularly in the areas associated with physical functioning, energy and vitality, and health perceptions. Thus, clinical management of obese postmenopausal women should focus on weight reduction and exercise in an attempt to improve wellbeing in these areas.

Kevan Richard (2009) conducted a study to assess the quality of sexual life and menopause. The importance of female sexual fulfillment is increasingly recognized in today’s society. Women’s sexual lives continue well into the menopausal years and beyond; however, the impact of menopause on the quality of that sexual life has not been comprehensively studied in the medical literature. This review attempts to clarify the impact of the physiological, psychological and psychosocial changes occurring at midlife that may affect women’s quality of sexual life. Pharmaceutical and psychological interventions that may assist in improving the quality of sexual life of menopausal women are discussed. Contrary to popular expectation,

there is a substantial prevalence of sexual activity among middle-aged women, and the majority of middle-aged women express satisfaction with the quality of their sexual lives.

Avis N E, Colvin (2009) did a study to assess the changes in health related quality of life during the time of menopausal transition. The study was done with the sample of 3302 who were between the age group of 42 to 52 years. The findings of the study revealed the little impact of menopausal transition on health related quality of life.

Suzanne (2009) published a study on postmenopausal women’s loss of sexual desire effects health, quality of life. The study was done through telephone interview with 1189 postmenopausal women by using quality of life surveys. The study result shown between 9% and 26% of women suffer with the loss of sexual desire and it is mainly depends on the age and the menopausal stage.

Amanda J Welton (2008) conducted a study among postmenopausal women aged 50 to 69 to assess the effect of combined hormone replacement therapy (HRT) on health related quality of life. Health related quality of life and psychological wellbeing as measured by the women’s health questionnaire. After one year small but significant improvements were observed in three of nine components of the women’s health questionnaire for those taking combined HRT compared with those taking placebo. Hot flushes were experienced in the combined HRT and placebo groups by 30% and 29% at trial entry and 9% and 25% at one year, respectively. No significant differences in other menopausal symptoms, depression, or overall

quality of life were observed at one year. Combined HRT started many years after the menopause can improve health related quality of life.

Mary C, Mark D (2008) has conducted a cross sectional study to assess the quality of life and related factors to impairment of quality of life among postmenopausal women. Cluster sampling technique was used and the data was collected from 480 postmenopausal women by using MENQOL scale. The study revealed that the menopause causes poor quality of life which is dependent to the work of the women and socio demographic variables.

Mahadeen A. I. (2008) did a study to describe the perceptions of Jordanian midlife women about making the menopausal transition. Audio taped interviews were conducted with 25 peri-menopausal Jordanian women. Interviews were analyzed as appropriate for descriptive qualitative inquiry. The major theme generated was ‘ A Life Transition’, which included: a time of no more reproductive obligations, changing from the burdens and obligations of reproductive roles and responsibilities to freedom, relief and rest; a time for managing peri-menopausal symptoms; and a time for growing into a wise woman and accepting aging as a part of life.

Syamala & sivakami (2007) told about the study carried out in 1998 and 1999 with the sample of more than 90, 000 married women with the age between 15 and 49, where the average age of menopause is 44. 3 years.

Young, Rabago, (2007) objectively measured the sleep quality among 589 premenopausal, perimenopausal, postmenopausal women. Sleep quality was measured by polysomnography and self reported sleep problems. Results

revealed that the quality of sleep was not worse in perimenopausal compared with premenopausal women.

Jeremy (2007) done a study to determine the age of attaining menopause among Indian women and they found that 3. 1 percent about 17 million of Indian women are attaining menopause between the ages of 30 and 34, 8 percent are in the age of 39 and 19 percent have attained in the age of 41 years. Medical experts say that natural menopause occurs in between the ages of 45 and 55 and the mean age is 51.

Peter Chedrauiab (2006) to evaluate quality of life and determine factors related to its impairment among postmenopausal Ecuadorian women. Postmenopausal women that participated in a metabolic syndrome screening and educational program at the Institute of Biomedicine of the Universidad Católica of Guayaquil, Ecuador were interviewed using the Menopause-Specific Quality of Life Questionnaire. Mean domain scores as well as factors associated to higher scores within each of the domains of the questionnaire (vasomotor, psycho-social, physical and sexual) were determined. Three hundred twenty-five postmenopausal women were surveyed. More than 50% of women had scores above the median for each domain of the questionnaire. In this postmenopausal Ecuadorian population, impairment of quality of life was found to be associated to age and related conditions such as abdominal obesity, hypertension and hyperglycemia.

Gupta, Sturdee and Hunter (2006) examined the experience of menopause and quality of life in a migrated Asian population from the Indian sub continent living in Birmingham, United Kingdom (UK) and to compare their

experience with a matched sample of Caucasian women living in the same geographical area and also with a sample of Asian women with similar socioeconomic background living in Delhi, India. In this cross sectional study of 153 peri and postmenopausal women aged 45 to 55 years, 52 Asian women originating from the Indian subcontinent living Birmingham, 51 Caucasian women and 50 Asian women living in India were interviewed to collect the information about their life style, general health, menopause experiences and health seeking behavior.

Maria L Bianchi (2005) has done a study to assess the impact of osteoporosis on quality of life. Totally 100 postmenopausal women were selected as samples and the data collected from them by interview technique. Overall 41% of the women showed a reduced quality of life.

Addis, et al (2005) examined the prevalence and correlation of sexual activity and function among 2, 763 postmenopausal women with heart disease. They found that 39% of them were sexually active and 65% of them reported at least 1 or 5 sexual problems such as lack of interest, inability to relax, difficulty in arousal in orgasm and discomfort with sex.

Singh and Arora (2005) conducted a study to ascertain the profile of menopausal women in rural North India results revealed that out of 558 enlisted women aged 35 to 55 years the majority (85%) of the women admitted that menopause adversely affected their physical health. Many postmenopausal women continue to engage in sexual activity and 2/3rd of these report discomfort and other sexual function problems.

Martee L Hensley (2002) did a study to investigate the postmenopausal risk women undergoing screening for ovarian cancer, anxiety risk perception and quality of life. Totally 147 high risk women were selected as samples and among them 69 postmenopausal and 78 premenopausal women had transvaginal ultrasound screening, in which 37 % of premenopausal women and 26 % of post menopausal women had risk perception of ovarian cancer. Regarding the quality of life 38 % of premenopausal women and 27 % of postmenopausal women showed general quality of lfie.

Jennifer R. Clarkson (2002) did a study to investigate the health-related quality of life in African-American and white obese women. Participants were 145 obese women 87 premenopausal and 58 postmenopausal, who completed the Medical Outcomes Study short form, the Brief Symptom Inventory, the Life Distress Inventory, the Satisfaction with Life Scale, and the Rosenberg Self-Esteem Scale before entering a weight-loss study. The mean age of the subjects was 46. 3. Menopausal status had a significant effect on HR-QOL; with premenopausal women being more distressed having more limitations in social activity and having less vitality than the postmenopausal women. This was especially true in the AA women. These data show no difference in HR-QOL between AA and W obese women and suggest that menopausal status may have an impact on HR-QOL, especially in AA women.