

Quality of Life Among Perimenopausal Women Attending Selected Hospitals in UAE

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Abstract

Background of the Diseases: Menopause is a natural biological process leading to a transition from a reproductive to a non-reproductive state experienced universally by all women due to ovarian failure. The age at which menopause occurs is generally between 45 and 55 years, with an average onset of 51 years.

Methodology: A descriptive observational study was carried out among 50 perimenopausal women with an aim to assess Quality of life among women attending selected hospitals in the UAE. Objectives were to investigate the quality of life (QOL) of menopausal Emirati women aged 40–64 years and determine its relationship with their sociodemographic characteristics. Sampling technique adopted was a convenient sampling technique. Data was collected from the samples who fulfilled the inclusion criteria, and the participants were interviewed face-to-face using a structured questionnaire comprising sociodemographic variables, reproductive characteristics, and the Menopause-Specific Quality of Life (MENQOL) questionnaire.

Major Findings of the Study: Study results revealed that that (28%) of the participants were affected with hot flashes. In addition, (32%) of the participants were affected with the night sweats. 22% of the participants were affected by sweating. 58% of the participants were dissatisfied with their personal life. 36% of participants were feeling anxious or nervous. 54% of the respondents experienced poor memory comparison and 44% of the respondents said that they accomplished less. 50% of the respondents were impatient with other people, 46% wanted to be alone, and only 18% experienced flatulence or gas pains. Only 10% of the respondents had aching muscles and joints. 26% confirmed that they had aches in the back of their neck or head. 30% had a decreased in physical strength and 32% felt a decrease in their stamina. 26% experienced a lack of energy and 48% experienced skin dryness. 36% also experience weight gain and 60% experiences more facial hair. 28% of the respondents experienced a change in their appearance, texture or tone of their skin compared to 72% who did not. 28% felt bloated, 12% had lower back pain and 44% experienced frequent urination. 52% had involuntary urination when laughing or coughing, 34% experienced a change in their sexual desire, 14% experienced vaginal dryness during sexual intercourse, and 26% avoided intimacy. In addition, out of 50 samples most of them experienced physical problems more than vasomotor, sexual, and psychosocial problems. And, results reports, 44% of the samples reported problems moderately affected their quality of life, and 6% of the samples reported that the problems very severely affected their quality of life. There was a significant association between educational status and MENQOL among perimenopausal women.

Conclusion: Perimenopausal symptoms widely vary in women populations, accurate recording and understanding of which is essential to plan effective interventions to improve the QOL. While the sample size is relatively small and cannot not be considered fully representative of all menopausal women, the results provide insights and a better understanding of the QOL of women and related factors. This study showed that women experienced moderate menopausal symptoms and that the most reported symptoms were physical in nature.

Key words: Menopause; Quality of Life; Perimenopausal Women; MENQOL

Introduction

Menopause is solely an experience for every woman; it is the phenomenal stage of their lives [1]. Today, global health systems draw their plans based on family and women's health. The aging period of women is associated with a natural occurrence called menopause; its principal characteristic is a disability to fertility and reproduction [2]. However, most of the middle-aged woman regardless of the cultural background and health conditions experienced changes on physical, psychological, and emotional disturbances before starting the onset of menopause. Menopause globally affects women's physiological condition that annually affects more than 500 million women aged 42 to 55 years with an average age of onset of 51 years [3,4]. On these changes, after decrease ovaries activities and changes in hormones levels, undesirable signs and symptoms appear, such as headache, sleep disruptions, mood changes and vasomotor symptoms such as hot flushes, night sweating and increase levels of anxiety. Many had reported mainly hot flashes, nervousness, depression, insomnia, and general weakness [5]. Menopause is a transitional process experienced by over 500 million women between the ages of 45 and 55 years each year worldwide. This number is expected to increase to 1200 million women by the year 2030. Many physiological and psychological changes happen to women during the time of menopause. The symptoms differ according to the individual, culture, and ethnicity. As the women pass through various stages of menopause, the prevalence of symptoms also varies [6]. Based on the 2010 United Arab Emirates (UAE) census, the estimated life expectancy for Emirati women living in Dubai is 39.4 years for those currently aged 45–49 years, and 34.4 years for those aged 50–54 years. Based on these life expectancies, women are expected to live at least one-third of their lives beyond menopause, which will have tremendous implications on the healthcare system and its policies in the future [7-15].

Methods

In this study a Quantitative approach with descriptive cross sectional survey design was used to determine the MENQOL among perimenopausal women. By convenience sampling technique data were collected from fifty perimenopausal women. Those who fulfilled the inclusion criteria were included in the study.

Inclusion criteria: Woman

- a) In perimenopausal period.
- b) Undergoing natural menopause transition.
- c) Between the age group of 40-55 years.
- d) Willing to participate in the study.

4.2. Exclusion criteria: Woman

- a) Attained premature menopause.
- b) Attained artificial menopause following hysterectomy or radiation.
- c) With major medical disorders that incapacitate her

to participate in the study including renal, cardiac, hepatic, orthopedic and cerebral/neuro pathology.

- d) Who performs regular exercise for at least four days per week?
- e) Who are currently on regular treatment for menopause related problems?

The tool used were Section A: Demographic Characteristics and Section B : The MENQOL is self-administered and consists of a total of 29 items in a Likert-scale format. Each item assesses the impact of one of four domains of menopausal symptoms, as experienced over the last month: vasomotor (items 1–3), psychosocial (items 4–10), physical (items 11–26), and sexual (items 27–29). Items pertaining to a specific symptom are rated as present or not present, and if present, how bothersome on a zero (not bothersome) to six (extremely bothersome) scale. Means are computed for each subscale by dividing the sum of the domain's items by the number of items within that domain [15-20]. Scoring and categorization was as follows Poorly affected:0-30, Moderately Affected :31-60, Severely Affected :61-100 Very Severely Affected:101-174.

Ethical Consideration

Obtained IRB clearance from Gulf Medical University.

Data Collection Procedure

Data collection started after approval by the GMU IRB and relevant hospital authorities. After receiving administrative approval from the hospital director, informed consents were obtained from the participants. The data were collected by researchers using a self-reporting (MENQOL) tool for perimenopausal women who attended hospital. The collected data were summarized in a table, entered an Excel spreadsheet, and further analyzed in the R software.

Results

The study findings are organized and presented under the following sections:

SECTION A: Demographic characteristics of perimenopausal women,

SECTION B: Assessment of the menopause related problems among the perimenopausal women,

SECTION C: Association of menopause related problems with selected demographic variables.

Section-A: Demographic characteristics of perimenopausal women (Table 1):

Most of the responses received were from those in the age groups 40-45 and 51-55, both at 28% each. The lowest number of respondents belongs to the oldest age range, those aged 56 and above making up 18% of the responses. In terms of educational status of respondents, the highest number of responses received were from those who held a diploma, at 36% and the lowest

number of responses received were from those who held primary school level qualifications at 8%. Majority (32%) of perimenopausal women were homemakers, (28%) were working in a private company, (20%) were unemployed, (14%) working under ministry and only (6%) were self-employed. Most of perimenopausal women (84%) were married, (6%) were divorced and (6%) separated and only (4%) were unmarried. Most perimenopausal women (74%) did not have a history of chronic illness. Few (26%) had a history

of chronic illness of the respondents, the majority at 28% said they had two children and 8% said they had no children. The majority of the perimenopausal women (58%) confirmed that they practiced a relaxation technique compared to (48%) who did not. Most of perimenopausal women (88%) had information about menopause compared to (12%) who did not. Majority of (20%) received information from family members, (12%) from media, (11%) from friends, and (7%) from health professional [20-25].

Table 1: Frequency and Percentage distribution of socio demographic characteristics of perimenopausal women n=50.

Sociodemographic characteristics	Frequency(f)	Percentage (%)
Age in years		
A. 40-45	14	28
B. 46-50	13	26
C. 51-55	14	28
D. 56 and above	9	18
Educational Status		
A. Primary School	4	8
B. High school	10	20
C. Diploma	18	36
D. Undergraduate	11	22
E. Postgraduate and above	7	14
Occupation		
A. Private company	14	28
B. Ministry Job	7	14
C. Self employed	3	6
D. Home maker	16	32
E. Unemployed	10	20
Marital Status		
A. Married	42	84
B. Divorced	3	6
C. Separated	3	6
D. Unmarried	2	4
H/O Chronic Illness		
A. Yes	13	26
B. No	37	74
Number of Pregnancies		
A. None	4	8
B. One	5	10
C. Two	14	28
D. Three	9	18
E. Four	10	20
F. Five & above	8	16
Habit of Performing Relaxation Technique		
A. Yes	29	58
B. No	21	42
Previous Information on Menopause		

A. Yes	44	88
B. No	6	12
Source of Information About Menopause		
A. Media	12	24
B. Family member	20	40
C. Friend	11	22
D. Health professional	7	14

Section-B: Assessment of Menopause related problems & QOL (Table 2):

From the Table, it is identified that (72%) of the participants were not affected with hot flashes, and (28%) were affected. In addition, (68%) of the participants were not affected with the night sweats, whereas (32%) were affected. 78% of the participants were not affected by sweating but 22% were. 58% of the participants were dissatisfied with their personal life but 42% were not. 64% of participants were not feeling anxious or nervous compared to 36% who were. 54% of the respondents experienced poor memory compared to 46% who did not. 44% of the respondents said that they accomplished less than they used to compared to 56%. 50% of the respondents were impatient with other people, 46% wanted to be alone, and only 18% experienced flatulence or gas pains. Only

10% of the respondents had aching muscles and joints compared to 90% who confirmed that they did not. 68% said that they did not have any difficulty sleeping but 26% confirmed that they had aches in the back of their neck or head. 30% had a decreased in physical strength and 32% felt a decrease in their stamina [25-30]. 26% experienced a lack of energy and 48% experienced skin dryness. 36% also experience weight gain and 60% experiences more facial hair. 28% of the respondents experienced a change in their appearance, texture or tone of their skin compared to 72% who did not. 28% felt bloated, 12% had lower back pain and 44% experienced frequent urination. 52% had involuntary urination when laughing or coughing, 34% experienced a change in their sexual desire, 14% experienced vaginal dryness during sexual intercourse, and 26% avoided intimacy (Table 3) (Figure 1).

Table 2: Frequency and Percentage distribution of menopause related problems of perimenopausal women n=50.

Menopause Related Problems	Frequency(f)		Percentage (%)	
	YES	NO	YES	NO
Vasomotor				
Hot Flushes or Flashes	14	36	28	72
Night Sweats	16	34	32	68
Sweating	11	39	22	78
Psychosocial				
Being Dissatisfied with My Personal Life	29	21	58	42
Feeling Anxious or Nervous	18	32	36	64
Experiencing Poor Memory	27	23	54	46
Accomplishing Less Than I Used To	22	28	44	56
Feeling Depressed or Sad	25	25	50	50
Being Impatient with Other People	25	25	50	50
Feeling Of Wanting to Be Alone	23	27	46	54
Physical				
Flatulence (Wind) Or Gas Pains	9	41	18	82
Aching In Muscles and Joints	5	45	10	90
Feeling Tired or Worn Out	9	41	18	82
Difficulty Sleeping	16	34	32	68
Aches In Back of Neck or Head	13	37	26	78
Decrease In Physical Strength	15	35	30	70
Decrease In Stamina	16	34	32	68
Feeling A Lack of Energy	13	37	26	74

Drying Skin	24	26	48	52
Increased Weight Gain	18	32	36	64
Increased Facial Hair	30	20	60	40
Changes In Appearance, Texture or Tone of Your Skin	14	36	28	72
Feeling Bloating	14	36	28	72
Low Backache	6	44	12	88
Frequent Urination	22	28	44	56
Involuntary Urination When Laughing or Coughing	26	24	52	48
Sexual				
Changing In Your Sexual Desire	17	33	34	66
Vaginal Dryness During Intercourse	7	43	14	86
Q29 Avoiding Intimacy	13	37	26	74

Table 3: Mean, Median and Interquartile range of menopause related problems among perimenopausal women n=50.

Menopause related Problems	Mean \pm SD	Median	Interquartile Range
Vasomotor (1-3)	7.64 \pm 4.89	9	11-Mar
Psychosocial (4-10)	11.10 \pm 9.10	9	15-May
Physical (11-26)	36.54 \pm 17.38	33	25-50
Sexual (27-29)	8.06 \pm 4.59	7	11-May

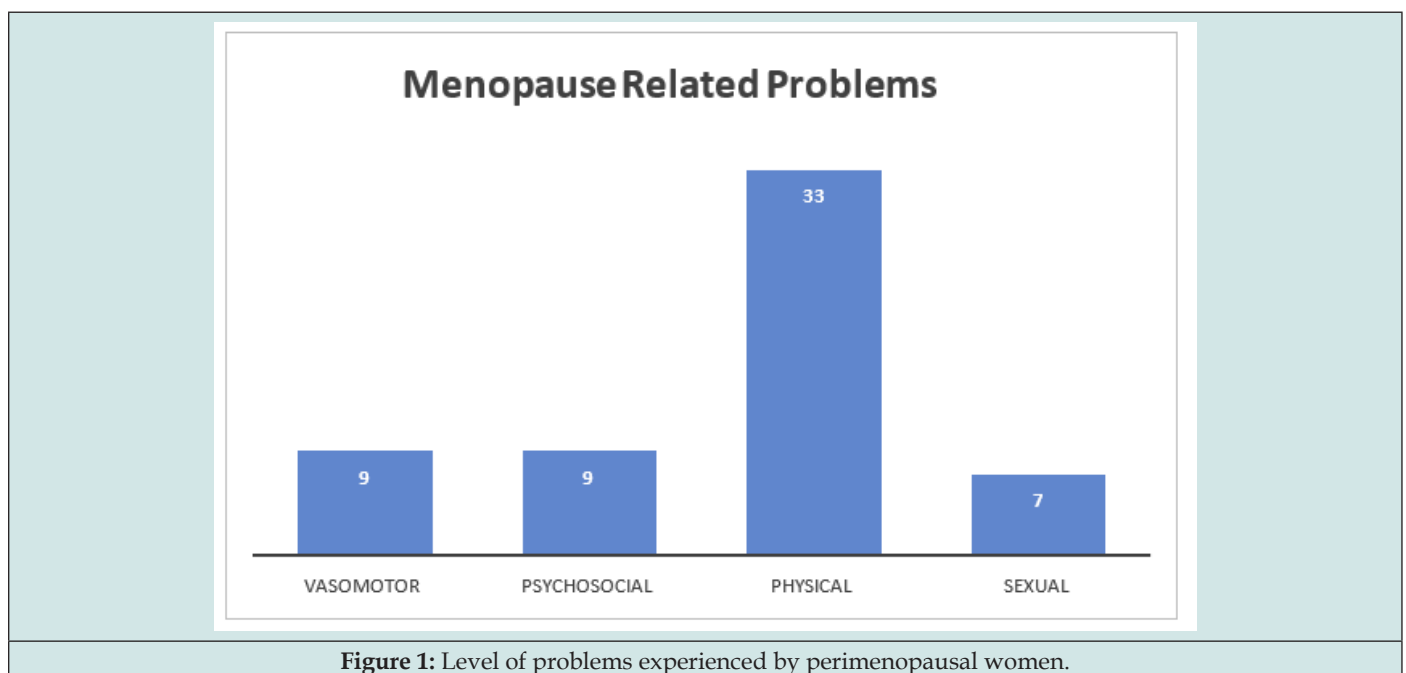


Figure 1: Level of problems experienced by perimenopausal women.

Table 4 results reports ,44% of the samples had problems moderately affected their quality of life, and 6% of the samples reported that the problems very severely affected their quality of life.

Table 5 results shows that there was a significant association with educational level of the perimenopausal women at $p < 0.05$

Table 4: Quality of life among perimenopausal women

Quality of Life	Frequency(f)	Percentage (%)	Mean/SD
Poorly Affected Less than 30	3	6	Mean 63.74
Moderately Affected (31-60)	22	44	SD 30.49
Severely Affected (61-100)	19	38	
Very severely affected More than 100	6	12	

Table 5: Association of menopause related problems and quality of life among perimenopausal women n=50.

Sociodemographic characteristics	Below Median <59	Above Median >59	df	Chi square
Age in years				
A. 40-45	28	28	3	1.94963
B. 46-50	32	20		0.583
C. 51-55	20	36		
D. 56 & above	20	16		
Educational Status				
A. Primary School	8	8	4	3.361
B. High school	24	16		0.046 (S)
C. Diploma	24	48		
D. Undergraduate	28	16		
E. Postgraduate and above	16	12		
Occupation				
A. Private company	32	24	4	0.7619
B. Ministry Job	12	16		0.9435
C. Self employed	4	8		
D. Home maker	32	32		
E. Unemployed	20	20		
Marital Status				
A. Married	72	96	3	6.1905
B. Divorced	8	4		0.102
C. Separated	12	0		
D. Unmarried	8	0		
H/O Chronic Illness				
A. Yes	24	28	1	0
B. No	76	72		1
Number of Pregnancies				
A. None	16	0	5	9.0778
B. One	8	12		0.106
C. Two	28	28		
D. Three	8	28		
E. Four	28	12		
F. Five & above	12	20		
Habit of Relaxation Technique				
A. Yes	60	56	1	0
B. No	40	44		1
Previous Information on Menopause				

A. Yes	84	92	1	0.18939
B. No	16	8		0.6634
Source of Information About Menopause				
A. Media	28	20	3	0.7671
B. Family member	36	44		
C. Friend	24	20		
D. Health professional	12	16		

Discussion

Quality Of Life Among Perimenopausal Women

The results revealed that (72%) of the participants were not affected with hot flashes, and (28%) were affected. In addition, (68%) of the participants were not affected with the night sweats, whereas (32%) were affected. 78% of the participants were not affected by sweating but 22% were. 58% of the participants were dissatisfied with their personal life but 42% were not. 64% of participants were not feeling anxious or nervous compared to 36% who were. 54% of the respondents experienced poor memory compared to 46% who did not. 44% of the respondents said that they accomplished less than they used to compared to 56%. 50% of the respondents were impatient with other people, 46% wanted to be alone, and only 18% experienced flatulence or gas pains. Only 10% of the respondents had aching in muscles and joints compared to 90% who confirmed that they did not. 68% said that they did not have any difficulty sleeping but 26% confirmed that they had aches in the back of their neck or head. 30% had a decreased in physical strength and 32% felt a decrease in their stamina. 26% experienced a lack of energy and 48% experienced skin dryness. 36% also experience weight gain and 60% experiences more facial hair. 28% of the respondents experienced a change in their appearance, texture or tone of their skin compared to 72% who did not. 28% felt bloated, 12% had lower back pain and 44% experienced frequent urination. 52% had involuntary urination when laughing or coughing, 34% experienced a change in their sexual desire, 14% experienced vaginal dryness during sexual intercourse, and 26% avoided intimacy [30-35].

The results show that out of 50 samples most of them experienced physical problems with a median 33. Physical problems were predominant than psychological, sexual, and vasomotor problems and also for 44% of the samples menopause related problems moderately affected their quality of life, and only 6% of the samples reported that the problems very severely affected their quality of life. Study findings were supported by a study conducted by Li Rong Wang et al. (2022) Severity and factors of menopausal symptoms in middle-aged women in Gansu Province of China³⁵: A cross-sectional study, out of 7319 participants (49.27%) had moderate or severe menopausal symptom. Compared with premenopausal women, perimenopausal and postmenopausal women have a higher mKMI score. We observed that older age, higher BMI, non-married status, longer duration of menstruation

(≥ 7 days), number of pregnancy (> 3 times), longer duration of breastfeeding (> 12 months), peri- or post-menopausal status, and menopause hormone therapy was positively associated with menopausal symptom score, while higher level of family income, educational and physical activity, and history of gynecological, breast or chronic disease were negatively associated with the score. Linda Smail, Ghufuran Jassim and Anam Shakil (2020) To investigate the quality of life (QOL) of menopausal Emirati women aged 40–64 years and determine its relationship with their sociodemographic characteristics. A community-based cross-sectional study was conducted on 70 Emirati women using multistage stratified clustered random sampling³⁶. The participants were interviewed face-to-face using a structured questionnaire comprising sociodemographic variables, reproductive characteristics, and the Menopause-Specific Quality of Life (MENQOL) questionnaire. The most common symptom among the study participants was 'aching in the muscles. The participants had a moderate level of bothersome symptoms; in addition, vasomotor symptoms were reported by 61%, while sexual symptoms were only reported by one-third of the participants. There were no significant differences between the menopausal status in any of the four domains of the MENQOL questionnaire. Additionally, there were no significant differences between the mean scores of the four MENQOL domains and all predictors. This study highlights the importance of educating women about menopause and its symptoms.

Association Between Functional Health Status and Selected Demographic Variables

Study results revealed that there was a significant association with level of education and quality of life at $p > 0.05$. Study results were supported by (Marta Makara- Studzińska, 1 Karolina Kryś-Noszczyka, 1 and Grzegorz Jakiel 2015) conducted a study on the influence of selected socio-demographic variables on symptoms occurring during the menopause. The most commonly occurring symptom in the group of studied women was a depressive mood, from the group of psychological symptoms, followed by physical and mental fatigue, and discomfort connected with muscle and joint pain. The greatest intensity of symptoms was observed in the group of women with the lowest level of education, reporting an average or bad material situation, and unemployed women. M Abedzadeh Kalarhoudi¹, M Taebi², Z Sadat¹, F Saberi¹-2017 reports that menopause is a physiological process in women's life⁴⁰. The aim of this study was to assess QOL and related factors among menopausal

women in Kashan city in Iran. Seven hundred women aged 40–60 years were assessed using cluster sampling. Women with mental and physical problems or systemic diseases were excluded. Data were collected by standard questionnaire of quality of life in the menopause. The mean menopausal age was 47.6 ± 4.1 years. 55.6% of women had been postmenopausal for less than 5 years. The overall mean scores obtained for each domain was 2.82 ± 1.64 for vasomotor, 2.71 ± 1.2 for psychosocial, 2.46 ± 0.99 for physical and 2.89 ± 1.73 for sexual domains. Age, working status, physical activity, educational level, duration of menopause, income satisfaction, marriage satisfaction and the number of children in those living with family had influence on quality of life in menopausal women.

Conclusion

Perimenopausal symptoms widely vary in women populations, accurate recording and understanding of which is essential to plan effective interventions to improve the QOL. While the sample size is relatively small and cannot not be considered fully representative of all menopausal women, the results provide insights and a better understanding of the QOL of women and related factors. This study showed that women experienced moderate menopausal symptoms and that the most reported symptoms were physical in nature.

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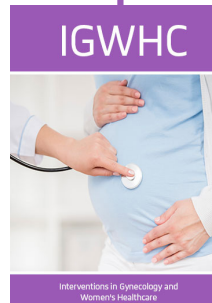
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