

# Clinical Pattern and Awareness in Women Regarding Menopause and HRT

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## Abstract

**Objective:** The assessment of clinical presentation and awareness in women about menopause and Hormone Replacement therapy.

**Methodology:** This cross-sectional study was conducted at the Department of Gynecology at Isra University Hospital in Hyderabad from July - Dec 2020. The study included women aged between 40 to 70 years with a documented history of menopause. Comprehensive medical histories were obtained, covering presenting complaints, past surgical and medical events, personal and family history, and gynecological history. Physical examinations and ultrasound scans were performed. A pre-designed questionnaire was utilized to collect information regarding sociodemographic characteristic and knowledge regarding menopause and HRT. The gathered data was then entered into the SPSS 16.0 version and subjected to analysis using the same software.

**Results:** In this study, a total of 173 women were included, with mean age of  $56.58 \pm 7.73$  years. 19 (11%) women were educated, while the majority, 154 (89%), were uneducated. Clinical presentations indicated that 78% women had backache as the most common symptom, and body ache (67.1%) followed by irritation and loss of libido. Additional symptoms included insomnia (52.6%), hot flushes (56.1%), night sweats (43.9%), frequent urination (32.4%), and depression (35.3%). knowledge between rural and urban women was not statistically significant ( $P=0.88$ ). Conversely, educated women having significantly more knowledge compared to uneducated women ( $P=0.001$ ).

**Conclusion:** The study revealed inadequate knowledge about menopause and lack of knowledge regarding HRT. Educated women having significant knowledge regarding menopause and HRT, and most common presentation was backache.

**Keywords:** Awareness, Menopause, HRT

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## Introduction

Menopause is a common event in a woman's life, marking the cessation of menstruation, typically occurring around the average age of 51.4 years,<sup>1</sup> and it is diagnosed generally when the woman having no menstrual periods for 12 months, without any disease or biological defect.<sup>2</sup> Because symptoms vary among women, and there is variability in treatment response, it is believed that cultural and lifestyle differences contribute to the occurrence of these symptoms.<sup>3,4</sup> During this phase, symptoms such as hot flashes, difficulty sleeping, nocturnal sweating, nausea, headaches, dizziness, and heart palpitations can be

observed.<sup>3</sup> The prevalent symptoms include hot flashes, night sweats, and insomnia. Hot flashes, occurring with a frequency of 60%-85% during the menopausal period, stand out as the characteristic symptoms of this phase.<sup>3</sup>

Menopause is a significant and natural transition in the lives of women. It is crucial for women to possess sufficient knowledge and awareness about menopause from a young age, as this can greatly contribute to their ability to cope effectively with the associated consequences and enhance overall well-being.<sup>5,6</sup> While menopause can lead to challenging physical symptoms, there is documented evidence suggesting a relatively

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low incidence of reported menopausal symptoms among women in Asian cultures.<sup>6</sup> An integrative review of global literature underscores the significant variation in women's understanding of perimenopause and menopause, both internationally and within individual countries. The diverse experiences of women during perimenopause and menopause are shaped by intricate sociocultural patterns deeply embedded in their respective societies.<sup>7</sup> Although the ways in which menopause impacts women's daily lives and well-being, including their experiences, perspectives, and reactions, can differ across various societies and cultures. Recently in 2023 it has been observed that the majority of women exhibited restricted understanding and unfavorable attitudes towards menopause, resulting in an unpreparedness to manage the physical and psychological changes linked to this life stage,<sup>8</sup> so there is a need for enhanced menopause education to elevate the quality of life during the menopausal transition and to promote a more positive perspective on life after menopause.<sup>8</sup> However, there was also a notable controversy in national literature as approximately 44 individuals (91.6%) possessed knowledge about menopause, whereas only 4 individuals (8.3%) were aware of its health implications.<sup>8</sup> Another recent national study observed that most women had knowledge about menopause and its symptoms due to their education, but they did not adopt a healthy lifestyle that incorporated dietary habits and physical activities like yoga and exercise.<sup>9</sup> Although the women of these studies were almost educated. Nevertheless, few national and international studies have indicated that the participants in the study population exhibited a lack of knowledge and a negative attitude towards menopause and Hormone Replacement Therapy (HRT).<sup>10,11</sup> Considering the conflicting information from different areas, this study aims to contribute recent information on the clinical presentation and awareness of women about menopause and Hormone Replacement Therapy in our region, where women are mostly either uneducated or formally educated, which may have implications for management strategies.

## Methodology

This cross-sectional study was conducted at department of the gynaecology at Isra University Hospital Hyderabad. Women between age 40 to 70 years, with history of menopause and with the ability to comprehend and respond to survey questions or interview queries were included. Patients who did not agree to participate in the study were excluded. All the women

who were unwilling or unable to participate in the study, women with medical conditions that could significantly impact their perception or experience of menopause, women who have undergone surgical menopause (i.e., hysterectomy with bilateral oophorectomy) and women with a history of significant mental health disorders were excluded. A stratified random sampling method was utilized to ensure representation across different age groups, socio-economic statuses, and ethnic backgrounds. The sample size was determined based on statistical considerations to ensure adequate representation and significance of the findings. The study adhered to ethical standards, ensuring participant confidentiality, voluntary participation, and the acquisition of informed consent. Ethical approval was obtained from the relevant institutional review board. The participants for this study were recruited from the Gynecology Outpatient Department (OPD) of Isra University Hospital. Prior to their involvement, all participants willingly provided informed consent. Structured questionnaires were administered to the participants through interviews, covering demographic information, clinical patterns, and awareness levels concerning menopause and Hormone Replacement Therapy (HRT). From this participant pool, a subset was chosen for semi-structured interviews based on their responses in the questionnaires. These interviews aimed to delve into individual experiences and perspectives more deeply. Clinical patterns were further scrutinized through medical assessments, taking into account the symptoms reported by participants. Throughout the process, all data was systematically recorded, prioritizing confidentiality and privacy of the participants. All the data was entered into SPSS 26 version and was analyzed by using the same software. Stratification chi-square test was applied to see the effects of educational and socioeconomic status on menopause and HRT awareness.  $P$ -value  $\leq 0.05$  was considered as significant

## Results

The mean age of the participants was 56.58 years, with a standard deviation of 7.73 years. In terms of residential status, the majority resided in rural areas (60.1%), while 39.9% lived in urban areas. Regarding educational status, a small proportion of women were educated (11.0%), while the majority were uneducated (89%). Furthermore, parity and marital status presented in table I.

In terms of clinical presentation, the most common symptom reported was backache, observed in (78%), followed by body ache in (67.1%) participants, irritation in (48%) individuals, and loss of libido in (30.1%) individuals. Additionally, (52.6%) participants presented insomnia, 56.1% with hot flushes, (43.9%) with night sweats, (32.4%) with frequent urination, and (35.3%) presented with symptoms of depression. Figure 1.

**Table I: Demographic characteristics of the women. (n=173)**

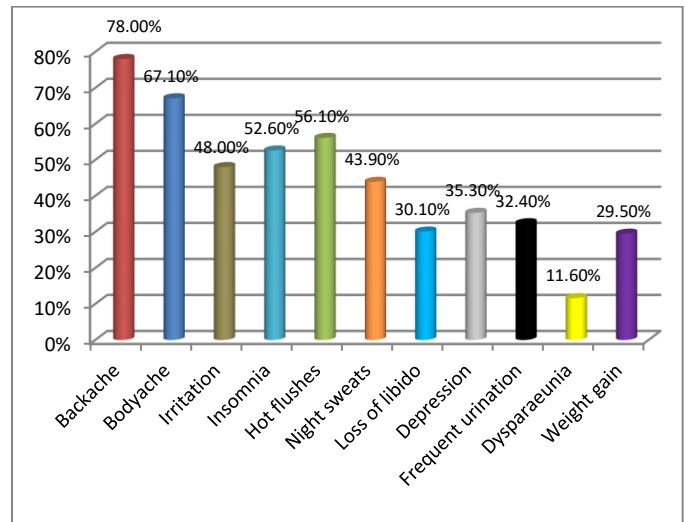
Age (Mean+SD)		56.58+7.73 years
Residential status	Rural	104(60.1%)
	Urban	69(39.9%)
Educational status	Educated	19(11.0%)
	Uneducated	154(89.0%)
Parity	Nulliparous	18(10.40%)
	1 - 3	34(19.70%)
	4 - 6	68(39.30%)
	More than 6	53(30.60%)
Marital status	Married	119(68.8%)
	Widow	48(27.7%)
	Divorced	6(03.5%)

In terms of patient awareness regarding menopause and Hormone Replacement Therapy (HRT), only 3 individuals (1.7%) reported hearing about menopause from sources other than themselves. The majority, 165 patients (95.4%), considered menopause to be a natural process, while a small percentage, 5 individuals (2.9%), perceived menopause as a disease. On the other hand, awareness about HRT was limited, with only 6.93% of women having knowledge about it, while the majority, 93.07%, did not have any information about HRT and did not provide any comments on the matter. Figure 2

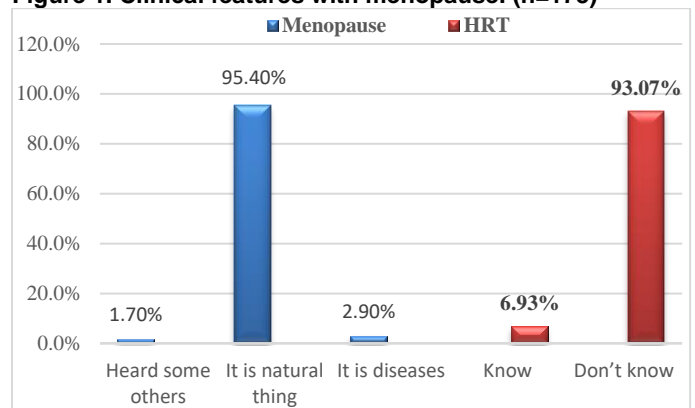
In terms of education, it was observed that educated women had significantly more knowledge regarding menopause compared to uneducated women (P=0.001). However, the difference in knowledge between rural and urban women was not statistically significant (P=0.88). Conversely, educated women having significantly more knowledge compared to uneducated women (P=0.001). Table II

**Table II: Knowledge regarding menopause and HRT according to residential and educational status. (n=173)**

Variables	Menopause			Chi square	P-Value	
	Heard some others	It is natural thing	It is disease			
Residence	Rural	0	99	7.84	0.02	
	Urban	3	66			
Educational status	Educated	3	16	25.21	0.001	
	Uneducated	0	149			
Hormone replacement therapy						
Residence	Know		Don't know		Chi square	P-Value
	Rural	05	99	0.02		
Educational status	Educated	5	14	22.77	0.001*	
	Uneducated	03	151			



**Figure 1. Clinical features with menopause. (n=173)**



**Figure 2. Knowledge of the women regarding menopause and HRT. (n=173)**

## Discussion

Menopause contain hormonal and social characteristics alteration for female.<sup>12</sup> As life expectations rising, majority female represents to possible frequent outcome of the menopause. HRT have significant advantages in post-menopausal female, till now but number of women caring is very low. Menopause knowledge is key of the analyst of HRT utilization. Approach of the female regarding menopause can powerfully be influences by sociocultural events in that's they live dissimilarity in perception symptom and available management

option.<sup>13</sup> It is onset of secondary amenorrhea which signifies end of reproductive age. Menopause signifies the end of reproductive age and menstruations, but it also signifies the key of transition where female experience several disruptive effects of hormonal alteration associated with menopause.<sup>14</sup> In this study mean age of the women was  $56.58 \pm 7.73$  years. Total 173 women were selected out of them 104 women were from rural areas while 69 women were from urban area. Shaheen S et al. reported a mean age of  $52.6 \pm 8.5$  years. Nusrat N, et al., discovered that the age of menopause in women varied between 42 to 80 years, with a mean age of  $55.05 \pm 6.12$ . Inconsistently Alshogran OY et al found lower mean age of the women  $29.1 \pm 6.3$  years and this may be because their study population was premenopausal women. Yaseen MY et al.<sup>18</sup> reported that the average age of women experiencing menopause was  $54.81 \pm 5.5$  years, while the average age for those in the perimenopausal stage was  $46.99 \pm 5.6$  years.

In this study according to the educational status of participants, 19 (11%) patients were educated while 154(89%) patients were uneducated. Nusrat N, et al,<sup>15</sup> reported that (77.8%) women were illiterate and 94(10.8%) had primary education, while 39(4.5%) attended higher school and 65 (7.5%) did graduation. However, a study from United State Arab Emirates found inconsistent results and reported that almost half of the participants (46%) were illiterate and 54% were educated.

In this study regarding knowledge about menopause 3(1.7%) patients heard about menopause by some other, 165(95.4%) thought that it is natural process while 5(2.9%) thought that menopause is disease. Nusrat N, et al.<sup>15</sup>, stated that out of the total participants, 183 women, accounting for 78.79%, lacked awareness regarding menopause and its effects. Conversely, 15.8% of women were knowledgeable about the effects and symptoms of menopause. The majority (78.79%) considered menopause to be a natural process, while 21.2% perceived it as a disease. Comparison to previous studies in our study majority 165(95.4%) women thought that it is a natural process. Almost all women 93.1% had no knowledge regarding HRT, further more on the comparison according to educational status educated women had significant more knowledge as compare to uneducated women p-value 0.001. Likewise, according to Hamid S et al<sup>16</sup> there was a notable variation in knowledge about menopause based on the level of education, with a statistically significant

difference ( $p < 0.05$ ). The correlation between reported symptoms and the attitude towards menopause and Hormone Replacement Therapy (HRT) was also observed to be statistically significant. In a study reported from UAE majority of women were aware regarding HRT use and its side effects.<sup>17</sup> In our study regarding clinical presentation most common presentation was backache seen in 135(78%) followed by body ache 116(67.1%), hot flushes 97(56.1%), insomnia 91(52.6%), night sweat 76(43.9%), frequent urination 56(32.4%) and depression in 61(35.3%).

Nusrat N, et al<sup>15</sup> found supported findings as, commonest symptoms were Backache, Body ache and Insomnia 653 (75.66%) respectively. In another study inconsistent finding were reported as anxiety (92%) and depressive mood (80%) were most common. In the comparison of this study Zhu Y et al<sup>19</sup> reported that the prevalent symptoms experienced during perimenopause included tiredness in 73.2% of cases, nervousness in 69.3%, and joint and muscle pain in 59.9%. The most bothersome perimenopausal issues encompassed difficulties with memory (48.3%), sweating and hot flashes (31.0%), and menstrual irregularities (26.2%).<sup>19</sup>

The observed lack of awareness, especially regarding HRT, poses a potential barrier to informed decision-making about women's health during the menopausal transition. Women with lower educational levels may face additional challenges in accessing health information, making it imperative to design awareness sessions that are easily understandable and culturally sensitive. Furthermore, focusing on rural areas is essential due to the majority presence of rural women in the study, acknowledging the unique challenges and disparities in healthcare access that rural populations often encounter. Implementing awareness campaigns in rural communities can bridge the information gap, empowering women with the knowledge to navigate their menopausal health more effectively.

## Conclusion

In conclusion, the most prevalent clinical symptoms reported by women experiencing menopause were backache, body ache, and hot flushes. The study highlighted a notable deficiency in knowledge among the participants regarding both menopause and Hormone Replacement Therapy (HRT). It is evident that there is a substantial need for comprehensive education initiatives to raise awareness among women about menopause and the potential benefits and risks associated with HRT. Such educational efforts should address the long-term

implications related to menopause and HRT, aiming to empower women with the necessary information to make informed decisions about their health and well-being.

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