

THE MENOPAUSE RATING SCALE (MRS) IN INDIAN WOMEN

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ABSTRACT

INTRODUCTION

This study compares the quality of life in Indian women who have attained menopause to that of the women in other nations.

METHODS

The study participants taken were a random sample of 200 females aged 40-70 years who have attained menopause. Data was taken from women in different villages of Repalle Mandal, Guntur district, Andhra Pradesh. The Menopause Rating Scale (MRS) is the health related quality of life scale (HRQoL) to measure the severity of aging symptoms.

RESULTS

Somatic symptoms are more frequent and urogenital are least in Indian rural women as compared to other nations.

CONCLUSION

Due to the menopausal symptoms the quality of life of postmenopausal rural women has decreased in its scores. And the study signifies the need for female rural health staff to educate the rural post-menopausal women.

KEYWORDS

Menopause, Post-Menopausal Questionnaire, Health Related Quality of Life Scale (HRQoL).

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INTRODUCTION: Menopause represents the end of menstruation. Average age of menopause is 51 yrs. Menopause is a normal physiological event in the women's life. [1] The human ovaries become unresponsive to gonadotropins with advancing age, and their function declines, so that sexual cycles disappear. The ovaries no longer secrete Progesterone and 17-estradiol in appreciable quantities. The uterus and the vagina gradually become atrophic. As the negative feedback effect of reduced estrogens and progesterone, secretion of FSH, LH is increased.

The loss of ovarian function causes many symptoms such as sensations of warmth spreading from the trunk to the face (hot flushes) and night sweats. In addition, the onset of menopause increases the risk of many diseases such as osteoporosis, ischemic heart disease, and renal disease. Hot flushes are said to occur in 75% of menopausal women. They coincide with surges of LH secretion. LH is secreted in episodic bursts at intervals of 30 to 60 min or more (circorhal secretion), and in the absence of gonadal hormones these bursts are large. Each hot flush begins with the start of a burst.

Women experience an age related decline of physical and mental capacity. The Menopause Rating Scale (MRS) is the health related quality of life scale (HRQoL) to measure the severity of aging symptoms. The intensity of menopausal symptoms within a given population varies depending on several factors like age, socio demographic profile, educational level and working or non-working status.

This paper contains data collected from Indian post-menopausal women to get a first comprehensive picture of psychometric and other methodological characteristics of the Menopause Rating Scale (MRS). This scale was designed and standardized to assess symptoms/complaints of women who have attained menopause. The interest of clinical research on aging women has increased in recent years and thereby the interest to measure their health related quality of life has also increased.

AIM: My aim is to compare the quality of life in Indian women who have attained menopause to that of the women in other nations.

MATERIALS AND METHODS:

Research Design: A cross-sectional comparative study design was used in this study.

The study participants taken were a random sample of 400 females aged 40-70 years. Data was taken from women in different villages of Repalle mandal, Guntur district, Andhra Pradesh. After taking consent the women were asked to answer the questionnaire about menopausal symptoms.

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ETHICS: Approval certificate was issued by Ethics Committee of Guntur Medical College & Govt. General Hospital, Guntur-522004.
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STATISTICS: Menopause Rating Scale:

MRS measures health and quality of life.

It contains 11 symptoms in its questionnaire.

1. Hot flushes, sweating.
2. Heart discomfort.
3. Sleep problems.
4. Depressive mood.
5. Irritability.
6. Anxiety.
7. Physical and mental exhaustion.
8. Sexual problems.
9. Bladder problems.
10. Dryness of Vagina.
11. Joint and muscular discomfort.

The 11 menopausal symptoms are divided into three subscales.

- A) Somatic Complaints:** Hot flushes, heart discomfort, sleep problem and muscles and joint problems.
- B) Psychological Complaints:** depression, irritability, anxiety and physical and mental exhaustion.
- C) Urogenital Complaints:** Sexual problems, bladder problems and dryness of vagina.

Each item can be graded from 0-4, (0= not present), (1=mild), (2=moderate), (3=severe), (4=very severe) (Heinemenn et al., 2003). For the present study the MRS English version was translated into local language in order to facilitate analysis and interpretation of the result. Maximum total score is 44.

For somatic complaints those who obtained scores 0 to 2 were considered to have none or few symptoms, 3 to 4 were mild and 5 to 8 have moderate symptoms. [1]

For psychological complaints those who obtained scores 0 to 1 were considered to have none or few symptoms, 2 to 3 were mild and 4 to 6 have moderate symptoms and more than 6 were considered to have severe symptoms. [1]

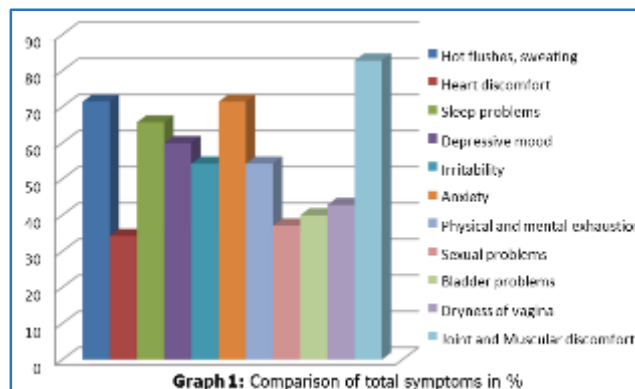
For urogenital complaints those who obtained scores 0 were considered to have none or few symptoms, 1 were mild and 2 to 3 have moderate symptoms and more than 3 were considered to have severe symptoms. [1]

RESULTS:

Sl. No	Menopausal Symptoms	%
1	Hot flushes, sweating	71.4
2	Heart discomfort	34.3
3	Sleep problems	65.7
4	Depressive mood	60
5	Irritability	54.3
6	Anxiety	71.4
7	Physical and mental exertion	54.3
8	Sexual problems	37.1
9	Bladder problems	40

10	Dryness of vagina	42.8
11	Joint and muscular discomfort	82.8

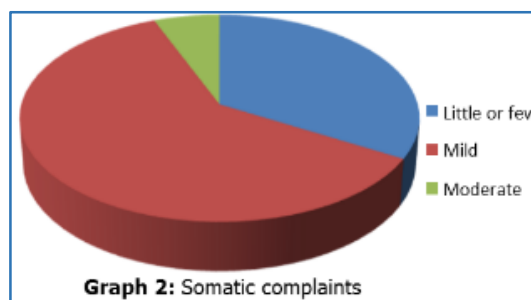
Table 1



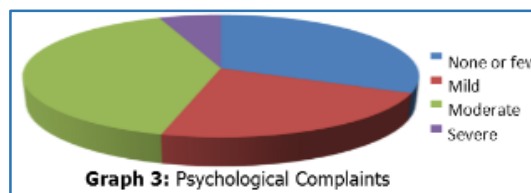
Graph 1: Comparison of total symptoms in %

Sl. No	Complaints	%
1	Somatic complaints	
	• None or few (0-2)	31.4
	• Mild (3-4)	57.1
	• Moderate (5-8)	5.7
2	Psychological complaints	
	• None or few (0-1)	31.4
	• Mild (2-3)	22.8
	• Moderate (4-6)	40
	• Severe (>6)	5.7
3	Urogenital Complaints	
	• None or few (0)	37.1
	• Mild (1)	17.1
	• Moderate (2-3)	34.2
	• Severe (>3)	11.4

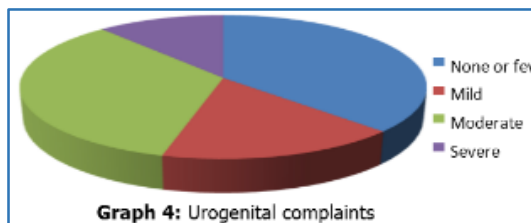
Table 2



Graph 2: Somatic complaints



Graph 3: Psychological Complaints



Graph 4: Urogenital complaints

Table 1 describes the characteristics of samples based on severity of occurrence. Most frequently complained symptoms by postmenopausal women are joint and muscle discomfort (82.8%), hot flushes, sweating (71.4%) and anxiety (71.4%). 65.7% of post-menopausal women complained sleep problems and 60% about depressive mood. Next most frequent complaints are irritability (54.3%) and physical and mental exertion (54.3%). Out of all dryness of vagina (42.8%), bladder problems (40%) and sexual problems (37.1%) are least frequent complaints.

Results of Table 2 shows that among the post-menopausal women who suffered somatic symptoms with moderate frequency are 5.7% and that of mild are 57.1%. 31.4% of the total women surveyed have none or few symptoms.

Only 5.7% women suffered from severe psychological symptoms. 22.8% have mild and 40% have moderate symptoms. 31.4% of women have none or few symptoms.

Out of the total women surveyed 11.4% women suffered from severe urogenital symptoms, 17.1% with mild, 34.2% with moderate and 37.1% have none or few symptoms.

DISCUSSION: According to Manal F.Moustafa who conducted survey in Egypt a positive correlation exists between menopausal symptoms & quality of life He observed that menopause causes a decrease in quality of life.^[2] In my study post-menopausal women most frequently complained about joint and muscle discomfort (82.8%). This result confirms findings by Rahman A et al^[3] and a study by Chedraui P^[4] in which joint and muscular discomfort was most frequently experienced (around 80%).

Dr. Eman Elsayed Mohaommed from Zagazig University, Egypt in his survey found that the prevalence of post-menopausal symptoms are high among women from rural area. His analysis which says that mild bladder problems are of 38.5% coincides with my study.^[5] My study which shows that hot flushes and sweating are about 71.4% of total menopausal symptoms coincides with the cross-sectional survey by Neena Chuni among Nepalese women having 69.7% of hot flushes and sweating.^[6] S. Metintas observed that MRS score is higher in rural Turkey.^[7] The analysis done by Syeda Fakhra Batool from Lahore, Pakistan which shows the severity of symptoms like sleeping problems (77%), hot flushes (69%), joint and muscular pain (66%) and irritability (58%) in postmenopausal women coincides with my study in rural India.^[8]

CONCLUSION: To conclude the somatic symptoms are more frequently observed in my study and severity of urogenital symptoms is more in Indian rural women compared to that of other nations. The quality of life of postmenopausal rural Indian women has decreased in its scores due to the illiteracy and unawareness of the women about the menopausal symptoms.

India is a developing country. My study recommends the rural women health staff to educate the innocent rural women of India about the severity of menopausal

symptoms and how these symptoms will decrease their quality of life. The health staff has more interaction with the rural women who are usually reluctant to discuss their problems. The Government may also use the social network and media to educate the women to pass the menopausal period safely.

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