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Comparison of Menopausal Symptoms and Quality of Life (QOL) in Women with Natural Menopause and Hysterectomized Women Visiting Ayothidoss Pandithar Hospital, National Institute of Siddha, Tambaram Sanatorium: A Cross Sectional Study

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Abstract: Menopause is the permanent cessation of menstruation resulting from reduced ovarian hormone secretion that occurs either naturally or by Hysterectomy, chemotherapy, or radiation. Natural menopause can be recognized after 12 months of amenorrhea that is not associated with a pathologic cause. Amenorrhoea due to hysterectomy is the cessation of menstruation resulting from surgical removal of the uterus, leaving one or both ovaries, or the removal of both ovaries. Hysterectomy has been the most common gynaecological surgery in the world after C- Section over the past 150 years. The objective of this study was to assess the menopause-related symptoms and its impact on Quality of Life (QOL) of women in natural menopause with that of women undergone Hysterectomy**.** It is a Hospital - based cross sectional study. Questions regarding the survey were based on WHO Quality of Life (QOL) questionnaire and Menopausal rating Scale (MRS). The Questionnaire was given in bilingual (Tamil and English) and easily understandable by common people. The Quality of Life is almost same in both the groups. There is no significant changes observed in both the groups. This study helps to know the health-related complications that arise from oestrogen deficiency and its impact on Quality of Life after menopause.

Keywords: Siddha, Menopause, Hysterectomy, Quality of Life

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Introduction

Menopause is the permanent cessation of menstruation resulting from reduced ovarian hormone secretion that occurs either naturally or is induced by surgery, chemotherapy, or radiation.

Natural menopause can be recognized after 12 months of amenorrhea that is not associated with a pathologic cause (Rahman *et al.*, 2010). Amenorrhoea due to hysterectomy is the cessation of menstruation resulting from surgical removal of the uterus, leaving one or both ovaries, or the removal of both ovaries (Christine, 1991). Hysterectomy has been the most common gynaecological surgery in the world after C-Section over the past 150 years (Takahashi and Johnson, 2015).

Menopause normally occurs between the ages of 45 and 50 years, the average being 47 years. It is not uncommon, however, to see a woman menstruate well beyond the age of 50. This delayed menopause may be related to good nutrition and better health. Late menopause is also common in women suffering from uterine fibroids and those at high risk of endometrial cancer. Menopause setting before the age of 40 is known as premature menopause.

Hysterectomy, the removal of uterus, is indicated in woman over 40 years of age, multiparous woman or when associated with malignancy. There are three types of hysterectomy- Abdominal, vaginal and laparoscopic hysterectomy. In India as a whole, 6% of women aged 30 – 49 years had undergone hysterectomy. The percentage of women who had undergone the procedure was found to vary considerably across the states and union territories (from a minimum of 2% in Lakshadweep to a maximum of 16% in Andhra Pradesh). The reasons reported frequently for hysterectomy were excessive menstrual bleeding/pain (56%), followed by fibroids/cysts (20%) (Prasad *et al.*, 2021). Physical and psychological problems caused by hysterectomy can act as deterrents of participating in social, family and personal activities for hysterectomy candidates. The fact of incapable to have a pregnancy sometimes affect one's sexual identity and can lead to the feeling of guilt, inadequacy, shame, and lack of anger control (Whelan *et al.*, 2005). Oestrogen deficiency, whether arising from surgical or natural menopause, can have both medical and psychological adverse consequences for a woman's health and well-being, that is, her health-related quality of Life (HRQOL) (Kakkar *et al.*, 2012). HRQOL evaluates the patient's satisfaction with a level of function. It represents the functional effects of illness and its treatment on a woman, as she perceived herself. Of late, the concept of "QOL" has gained much popularity, with increasing number of clinicians incorporating HRQOL scales into both routine practice and research (Kakkar *et al.*, 2012).

The QOL is defined by the World Health Organization (WHO, 1996) as-- individuals' perception of their position in life in the context of the culture and value systems in which they live, and about their goals, expectations, standards, and concerns. QOL is a broad concept which incorporates in a complex way the person's physical health, psychological state, the level of independence, social relationships, personal beliefs, and relationships to the physical environment (Kishor and Kailesh, 2012).

Various studies have indicated that menopause has been negatively related to QOL (Carlson, 1997; Naughton and Mcbee, 1997; Sculpher *et al.*, 2004; Chao *et al.*, 2005). This realization has led the researchers to consider incorporation of QOL in clinical practice, but most studies on QOL of postmenopausal women are from developed countries. Very scarce information exists about QOL of postmenopausal women in developing countries like India with hardly any study comparing the surgical menopause with the natural menopause.

Hence, this study was undertaken to determine the menopause-related symptoms and its impact on QOL in postmenopausal women with natural and surgical menopause.

Materials and Methods

A Cross sectional study was conducted in Ayothidoss Pandithar Hospital, Tambaram Sanatorium in Chennai, India. The study population were women who attained Natural

Table 1; Distribution of women with natural menopause and hysterectomized women according to age, marital status, parity, age at menopause and years since last menopausal period,educational status

Characteristics	Women With Natural Menopause	Hysterectomized Women
Age (years) mean ± SD	53.96±3.76	50.16±7.35
Marital Status		
Married	29	30
Widowed	01	00
Parity Status		
P1-P2	16	16
P3-P5	14	14
Education Status		
Junior High School/Lower	22	25
High School	08	01
College/Higher	00	04
Age of Menopause (years)	49± 3.29	44.23± 6.02
Years Since Last Menopausal Period (years) Mean ± SD	4.23±2.09	5.86± 2.63

menopause and women who undergone Hysterectomy within ten years of duration. The following women had been excluded from the study:

(1) Women taking estrogenic preparations in the preceding months

(2) Under psychotropic medications

(3) Radical surgeries for malignancy.

Both groups of women were enrolled from OPD and IPD of Ayothidoss Pandithar Hospital. All women were interviewed with the help of pretested semi structured standard questionnaire. Information regarding socio demographic profile and reproductive parameters (such as parity, age of menopause (Natural or Hysterectomy), years since last menopausal period were recorded (Table 1).

For assessment of menopausal symptoms Menopause Rating Scale (MRS), was used. MRS is a 11-item questionnaire comprising three independent dimensions: psychological, somatic and urogenital subscale. Each of 11 symptoms in MRS can get 0 (no complaints) to 4 (severe symptoms) scoring points depending on the severity of complaints perceived by the women while completing the scale.

WHOQOL- BREF questionnaire in English language translated to local language was used for the assessment of HRQOL. The WHOQOL-BREF contains 26 items which are categorized under four domains i.e. physical, psychological, social and environmental.

Results and Discussion

The results obtained by comparing the quality of life and menopausal symptoms in women who attained natural menopause and women who had undergone hysterectomy are not statistically significant. The quality of life in both the groups are almost similar. The mean raw scores of Physical health, Psychological, Social relationships and Environmental domains is more in both the groups.

The results were statistically tested for each domains using Mann Witney U test (Table 2). The obtained U values for each domain was less than the Table value. The table value for the study with

Table 2: Statistical analysis of various Domains of Women with Natural menopause and Hysterectomized women

Domains	Women With Natural Menopause	Hysterectomized Women	Table Value U = 316
Domain 1 Physical	21.46 ± 2.77	20.93 ± 3.89	U = 466, U>316 not significant
Domain 2 Psychological	20.1 ± 2.98	17.93 ± 3.95	U = 465, U>316 not significant
Domain 3 Social	9.43 ± 2.64	9.6 ± 2.77	U = 477, U>316 not significant
Domain 4 Environmental	25.03 ± 6.09	24.4 ± 5.68	U = 465, U>316 not significant

sample size (30, 30) was 316. The obtained U values for physical domain was 462, for psychological domain 466, for social domain 902 and for environmental domain 469 which were greater than the table value. Hence, there was no significant changes in the quality of life in both the groups. Average age in women with Natural menopause is 49±3.29 and Hysterectomized women is 44.23±6.02. The minimum age of attaining menopause was 47 years in Natural menopausal women and 32 years in Hysterectomized women. In natural menopausal women 73% of women completed Junior High school/lower, 27% completed High school. In Hysterectomized women 83% of them completed Junior High school/lower,14% completed college/Higher.

Physical pain experienced by natural menopausal women was 25% (Not at all-Moderate) whereas in Hysterectomized women it was 47%. Pertaining to sleep satisfaction 30% of women with Natural menopause had neither satisfaction or dissatisfaction, 27% had Dissatisfied sleep. 43% of Hysterectomized women had dissatisfied sleep. The results of Mahajan *et al.* (2016) study conducted at Government Medical College Srinagar revealed that women who undergone Hysterectomy experience more physical pain, sleep disturbances as compared to natural menopause. In natural menopausal women 30% of them experience seldom negative feelings, depression whereas in Hysterectomized women 27% experience the same. Krishnasamy and Vaidyanathan (2015) showed a marked improvement in the quality of patients, especially in mental health compared to their situation before surgery. In both the groups none of them experience sexual satisfaction (34% in Natural menopause, 40% of Hysterectomized women). This shows that there is decrease in sexual drive in both the group. Vidhiavati *et al*. (2018) reported high prevalence of decrease in sexual satisfaction in Hysterectomized women. In natural menopausal group of women memory was poor in 25% of women. In Hysterectomized women 34% of women experience poor memory. Hence, the memory impact is nearly same in both the groups. Most of studies revealed that the women who undergone hysterectomy experience worse quality of life physically and psychologically earlier in their life compared to women with Natural menopause. As there were mostly illiterate women participated in the study and most of the women were from rural areas they might hesitate to reveal their problems related to personal life. The questions pertaining to effect of sleep, memory, Negative feelings, anxiety, Sexual problems after menopause had no significant changes on comparing both the groups. Both the groups of women experience dissatisfied sleep, seldom negative feelings. None of the groups of women experience any sexual problem. Both the groups experience moderate amount of physical pain which prevents them from doing their work.

The amount of medical treatment required is moderate in women with Natural menopause and Hysterectomy.

As discussed earlier that the minimum age of attaining menopause in women with natural menopause was 47 and in hysterectomized women it was 32 years of age. The physical pain, decreased sleep, decreased sex drive and poor memory was experienced very earlier in case of hysterectomized women compared to women with natural menopause. Parameters like physical pain, sleep, depression, sex drive in both the groups were not statistically significant because of the sample size (Table 3). If the study had been conducted in a large sector there might be significant differences in which hysterectomized women suffer a lot earlier when compared to women with natural menopause.

Conclusion

The study concludes that both the groups of women had same quality of life There is no significant differences in Quality of Life in women with Natural menopause and women who undergone Hysterectomy. Both the groups suffer equally after menopause with Dissatisfied sleep, lack of sexual desire, moderate physical pain and seldom negative feelings. If this study had been conducted in a large sample size there will be a possibility of observing any significant changes in their quality of life.

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