ISSN: 2581 – 3633
PubMed - National Library of Medicine - ID: 101745081

International Journal of Medical Science and Advanced Clinical Research (IJMACR)
Available Online at: www.ijmacr.com
Volume – 5, Issue – 5, September – October - 2022, Page No. : 06 - 11

Evaluation of Postmenopausal Women's Risk for Psychological Disorders

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How to citation this article: Prof. (Dr.) Seeba Hussain, "Evaluation of Postmenopausal Women's Risk for Psychological Disorders", IJMACR- September – October - 2022, Vol – 5, Issue - 5, P. No. 06 – 11.

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Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Background: One of the most important times in a woman's life is the menopause. The fact that this is a difficult time of life due to the high frequency of medical and psychological diseases that afflict the majority of women has long been neglected or disguised, but it is now well established. The goal of the current study was to evaluate postmenopausal women who were visiting the gynaecological outdoor patient department for psychological disorders.

Methods: This prospective and observational study was carried out in the Department of Obstetrics and Gynaecology, Katihar Medical College in Katihar. 100 postmenopausal women from a variety of backgrounds who were patients at menopausal clinics and gynaecology OPD were included.

Results: 32% of postmenopausal women experienced psychological issues, while nearly 34% reported sleep problems and memory loss. The three most common complaints among women were irritability, anxiety, and depression, accounting for 31.5%, 28.5%, and 23.5% of all cases. 41.5% of women had mild depression, while just 3% had clinical (moderate to severe) depression. Vasomotor symptoms (p=0.000), previous depression (p=0.048), and psychosocial stresses (p=0.000) were all substantially linked with depression.

Conclusion: Since women in the postmenopausal years are more likely to experience psychological illnesses, a thorough evaluation of these women should include a thorough assessment of their mental health and address any relevant difficulties.

Keywords: Depression, Post- menopausal, Women, Psychological disorders

Introduction

One of the most important times in a woman's life is the menopause. The fact that this is a difficult time of life due to the high frequency of medical and psychological diseases that afflict the majority of women has long been neglected or disguised, but it is now well established. This sense of a rift between life before and after menopause is further reinforced by the symbolic nature of menopause, which causes the "bereavement" of

reproductive life [1-3]. Women who have taken considerable pride in their ability to procreate may view the menopause as the end of their reproductive careers because it kills their self-esteem and causes them to engage in adulterous affairs, withdraw, and pay excessive attention to their appearance [4].

Among the numerous possible reparative behaviours are hypochondria, impatience, sadness, intensive searches for new interests or occupations, building or renovating homes. However, the menopause may be a relief for other women [4,5]. In terms of endocrinology, the menopause is a general term for gradual ovarian functional failure [6]. This corresponds to what is typically thought of as middle age for the majority of women. Therefore, during a stage of the linked with psychological stress, endocrinologic changes take place [7]. Menopausal patients frequently experience psychological difficulties. One of the most divisive topics in menopausal research has been the connection between these problems and the menopause [8].

According to a study of data from 1970 to 2008, menopausal women should regularly be screened for depressive disorders, followed by a thorough assessment [10]. Poor quality of life results from the lack of attention given to psychological symptoms in India, where they are just accepted as a normal part of menopause. Menopausal women should be evaluated for mental health problems in order to ensure their mental health. [9,10] The goal of the current study was to determine the level of psychological disorders among postmenopausal women visiting the outside patient department for gynaecology.

Methods

The Department of Obstetrics and Gynecology at Katihar Medical College conducted this prospective observational study. Over the course of six months, it involved a cross-section of postmenopausal female patients at the Gynecology OPD and Menopause Clinic. Women with pre-existing conditions such as coronary heart disease, osteoporosis, psychological problems, breast and genital cancers, surgical or early menopause (age <40 years), and noncompliant patients unable to follow the study protocol were excluded from the study.

Age, parity, obstetric history, menstrual history, menopausal length, vasomotor symptoms, urogynecological issues, and social stressors were all assessed for all the recruited women. In order to determine the likelihood of developing psychiatric illnesses, a thorough review of one's personal, previous, and present medical history was conducted. A comprehensive systemic, pelvic, and general physical examination was performed.

Student t-test, chi-square, and corelation coefficient analysis were used to analyse the data. The impact of the known contributing factors to the prevalence of psychological depression was evaluated using a logistic regression. A p-value of 0.05 or less was regarded as significant.

Results

100 postmenopausal patients (> 40 years) who agreed to follow the study procedure were enrolled in the study. The study's female participants had mean ages of 57.9±9.4 years at presentation and 46.8±2.9 years at menopause.

[Table1] shows how gynaecological symptoms are distributed. Vaginal dryness was the most typical gynaecological presenting symptom, while hot flushes was the most typical vasomotor symptom. The psychological symptom that was most frequently observed was feasibility or lack of energy.

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Table 1: The prevalence of different symptoms

Symptoms	Participants (n=100)	Percentage (%)
Urinary		
Frequency	27	27
Incontinence	22	22.5
Burning micturition	24	23.5
Gynaecological		
Vaginal dryness	23	23
Discharge	15	15.5
Post-menopausal bleeding	9	8.5
Pain/ Burning sensation in vulva	13	13
Prolapse	10	10
Psychological		
Decrease Memory	14	14
Decrease concentration	35	35
Fatigue/ lack of energy	54	54
Sleep disturbance	33	33.5
Crying spells	2	2
Depression	23	22.5
Irritability	30	30.5
Feeling tense/nervous	27	27
Loss of interest	15	15.5
Psychosomatic		
Sexual	54	53.5
Joint Pain	35	35.5
Backache	44	44.2
Many patients had many symptoms, thus the total may not be accurate		

Excessive vasomotor symptoms and psychosocial stressors were shown to be risk factors for psychological disorders in 27% and 14.0% of women, respectively [Table 2]. Vasomotor symptoms were significantly associated with depression (p=0.000). Both a historical history of depression and depression (p=0.048) and psychosocial stresses and depression (p=0.000) were shown to be significantly correlated [Table 2]. 13% of women had poor overall health.

Table 2: The distribution of several psychological illness risk variables

Risk Factors	No. (n=100)	Women with depression	Women without depression	p-Value
Past History of Depression	2 (2%)	2	0	0.048
Past history of vasomotor symptoms	27 (27%)	10	17	0.000
Poor Physical Health	13 (13%)	8	5	0.058
Psychological stressors/ Major Life Event/ Daily hassles/	14 (14%)	9	5	0.000
includes: *Previous history of depression; postpartum psychosis; premenstrual syndrome; etc.				

According to the CES-D Score for depression, more than 50% of women had no or little depression. Women who had mild depression made up 41.5% of the population, while 3% had clinical (moderate to severe) depression. Women's mean ages with and without depression were 50.61±7.3 years and 56.6±5.9 years, respectively. The statistical difference was not significant (p=0.373).

Discussion

According to reports, the prevalence of psychiatric disorders rises with age and the average time after menopause among North Indian postmenopausal women (MDSM). In postmenopausal women, Sharma et al found that forgetfulness and anxiety were present in 50% and 10% of cases, respectively, while depression and sleep problems were reported in 45% of cases [11].

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Sueblingvong made a similar observation and reported a range of 32.2 to 38.7% for the prevalence of psychological symptoms [12]. The overall prevalence of psychological symptoms was 32% in the current study as well. 34% of women reported having trouble sleeping and having trouble concentrating. There were 31.5%, 28.5%, and 23.5% of women who reported experiencing irritability, anxiety, and depression, respectively.

There are various scales that can be used to screen for depression and determine how severe it is. The Beck Depression Scale [13], Zung Depression Scale [14], Centre for Epidemiologic Studies Depression Scale CES-D scale [15], and Primary Care Evaluation of Mental Disorders [16] are among the tools that can be used to evaluate depression. The Geriatrics Depression Scale (GDS) is a reliable and valid instrument designed for those 65 years of age and older [17], however the Centre for Epidemiologic Studies Depression Scale is more frequently utilised.

According to the CES-D scale used in this study, mild and moderate depression was identified in 41.5% and 3% of participants, respectively. Hunter has also noted a marginal but significant rise in postmenopausal women's depression [18]. In three community-based studies, women starting or finishing the menopausal transition were more likely to be depressed than premenopausal women, according to Vesco et al. comprehensive analysis of nine cohort studies on the impact of menopause on mood [19].

According to the American Geriatric Society, 15% of older women experience significant and subclinical depression [20]. In contrast, no lady in the current study had a diagnosis of serious depression; instead, 44.5% of the women had mild to moderate depression. A bigger study group and a distinct social pattern are likely to blame for the discrepancy in observation.

Women who have a negative attitude toward menopausal changes are more likely to experience depression, according to Dennerstein [21]. Women with hot flashes are more likely to suffer depressed symptoms than women who are asymptomatic, which is one of the variables that predisposes them to psychological issues and depression [22]. Vasomotor symptoms have been shown to influence quality of life and have psychosocial repercussions. In the current study, excessive vasomotor symptoms, which were present in 27% of the women, were a significant risk factor for depression. Because of sleep disruption and its impact on bed companions, nocturnal hot flashes are frequently more upsetting for women [23].

Additionally indicated as significant predictors of sadness during the menopausal transition are psychosocial stressors and a past history of depression are [22, 24]. Studies of prospective cohorts have often found psychosocial predictors of depression or low mood. These social stresses include everyday problems, unfavourable expectations about the menopause, and significant life tragedies like the death of a partner [8]. Women in their mid-life who have experienced major psychosocial stressors or who have a history of depression are more susceptible to depression. According to Mc Cormick [25], psychosocial factors including the death of a spouse or child and a family history of depression are linked to depression. 15.5% of the women in the current study had psychosocial stressors linked with depression, and in line with earlier studies, a substantial correlation was observed with a history of depression [26].

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Depression may have low physical activity as a cause or result. High levels of physical activity have been linked to lower stress levels after menopause. Additionally, when compared to inactive women in the same menopausal cohort, levels of anxiety, stress, and depression were lowest among postmenopausal women who were physically active [26]. 25% of the women in the current study who were depressed reported having low levels of exercise.

Conclusion

An effective method for predicting depression in postmenopausal women is risk factor evaluation for psychiatric illnesses. In order to improve the mental health of postmenopausal women, it is crucial to have a complete understanding of these mental health concerns, the risk factors connected to them, and the necessary screening procedures.

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