

Impact of menopausal symptoms on quality of life among women's in Qena City

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Abstract:

Back ground: Menopause, the time when a woman stops having menstrual periods, is not a disease or an illness for most women, menopause is a normally occur between age range 48-55 years.. Quality of life it encompasses several constructs including physical functional emotional social and cognitive variables.

Aim of the study: To assess the Impact of menopausal symptoms on quality of life among women's in Qena City. **Subjects and methods:** A descriptive cross section study design was carried out on (250 menopausal women).Data was collected through a questionnaire to collect necessary data.

Setting: The study was conducted at out patient's clinics of Qena University and general hospitals.

Results: the study results revealed that mean age of women was (53.6 ± 6.5) , more than half (67.2%) was illiterate , majority of women (80.8%) as a house wife more than three-fourth of women (77.8%) had poor quality of life with sever menopausal rating syndrome,. found that the majority of women (84.4%&78.8%) had physical effect & social effect on Quality of life respectively . there are a a positive strong correlation between Menopausal symptoms and QoL $R=0.878$ so there was statistical significance difference,.

Conclusion: Menopause causes decrease in quality of life and a positive correlation between menopausal symptoms & quality of live.

Keywords: QOL (quality of life),MRS (menopausal rating scale).

I. Introduction

Menopause is defined as the permanent cessation of menses . The age at which natural menopause occurs is between the ages of 45 and 55 years for women worldwide.(1) Menopause is a physiological event in the women's life. Natural menopause is recognized after 12 months of amenorrhea that is not associated with a pathologic cause. (2),(3). It is caused by aging of ovaries which leads to decline in the production of ovarian Gonadotrophins Estrogen and Progesterone. that occurs naturally or is induced by surgery chemotherapy, or radiation. The deficiency of these hormones elicits various somatic, vasomotor, sexual and psychological symptoms that impair the overall quality of life of women. (4). Menopausal age consider the end of the fertile phase of a woman's life.(5)

The menopausal symptoms effects on a woman's behavior and psychological status , resulting in extremely unpleasant symptoms. (1) The mean age of the menopause in Egypt is 46.7 years, which is low compared to many countries, but this age has been rising in the past few years in the west, probably because of the different socio cultural attitudes' towards the menopause in different communities.(6)

Effects that are due to low estrogen levels (for example vaginal atrophy and skin drying) will continue after the menopause transition years are over; however, many effects that are caused by the extreme fluctuations in hormone levels (for example hot flashes and mood changes) usually disappear or improve significantly once the per menopause transition is completely over. All the various possible per menopause effects are caused by an overall drop, as well as dramatic but erratic fluctuations, in the absolute levels and relative levels of estrogens and progesterone. Effects such as fornication (crawling, itching, or tingling skin sensations), may be associated directly with hormone withdrawal. (7). Both users and non-users of hormone replacement therapy (HRT) identify lack of energy as the most frequent and distressing effect. Other effects can include vasomotor symptoms such as hot flashes and palpitations, psychological effects such as depression, anxiety, irritability, mood swings, memory problems and lack of concentration, and atrophic effects such as vaginal dryness and urgency of urination. Other common

effects encountered during the per menopausal period include mood changes, insomnia, fatigue, and memory problems. (8) (9)

Menopause can be officially declared (in an adult woman who is not pregnant, is not lactating, and who has an intact uterus) when there has been amenorrhea (absence of any menstruation) for one complete year. However, there are many signs and effects that lead up to this point, many of which may extend well beyond it too. These include: irregular menses, vasomotor instability (hot flashes and night sweats), atrophy of

genitourinary tissue, increased stress, breast tenderness, vaginal dryness, forgetfulness, mood changes, and in certain cases osteoporosis and/or heart disease.(10). The World Health Organization (WHO) (1994) (11) defines quality of life (QOL) as an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. Quality of life (QoL) is a very important public health issue. By definition quality of life is a subjective parameter and direct questioning is therefore a simple and appropriate way of obtaining information about how patients feels and function. In the transitional age of Menopauses, women often experience a variety of symptoms affecting their quality of life. These may involve different areas such as: physical (including most frequently vasomotor symptoms); functional, social, psychosocial, mood, sleep; and the sexual sphere.,

The quality of life of per menopausal and menopausal women are strongly influenced by social, cultural and economical settings in which they live. They face various challenges from coping with hot flushes and night sweats to dealing with the discomfort of vaginal dryness. Every woman's experience of menopause is unique; she may experience all of the symptoms or none of them. Some women find the transition barely noticeable while others find it life altering. (12).

Quality of life is an important outcome measure of health care, and understanding the impact of menopause on quality of life is a critically important part of the care of symptomatic postmenopausal women, (13&14).The impact of menopause on QoL is attributed to its symptoms particularly the classic vasomotor disorders& some physical symptoms such as palpitations or dyspareunia.(13)

The women consider that physical disorders are one of the main effects of menopause, this menopausal symptoms have a severely impaired QoL. Menopause causes a decrease in quality of life which is independent from age & other socio demographic variables.(12)

Quality of life may be severely compromised in women with menopausal symptoms & perceived improvements in quality of life in users of hormone replacement therapy seems to be substantial .(14)

Aim of the study:

To assess the Impact of menopausal symptoms on quality of life among women's in Qena City.

Significance of the study:

The mean age of the menopause in Egypt is 46.7 years, which is low compared to many countries, but this age has been rising recently. The incidence of menopause-associated symptoms in Egyptian women is higher than in the West, probably because of the different 'socio cultural attitudes' towards the menopause in different communities. Their attitude towards the menopause is generally positive and about one-third of them regard the menopause as 'a normal physiological change'. Nevertheless, there exists a need for an awareness campaign in order to educate them about this important stage of their lives.

• With increasing life expectancy, many women will spend up to 40% of their lives in the postmenopausal stage. Half of all women who reach age 50 will live to be at least age 80. (3)&(15).

Menopausal symptoms can really have an important impact in the daily ,social & sexual life of post menopausal women .

In our health system, women of the reproductive age group are given more importance. The post-menopausal women in both the urban and the rural areas are neglected. Therefore, in this study, the most common post-menopausal symptoms, namely the vasomotor, psychological and the urinary symptoms which occur in the post-menopausal women, have been stressed on. Menopause, an important stage within the continuum of the health in a woman's life, has gained a lot of attention since the last century.

II. Subjects and methods:

I- Research design:

A descriptive cross-sectional design will be used in carrying out this study.

II- Study Settings:

The study was conducted at out patient's clinics of Qena University hospital and general hospitals (obstetrics , gynecological clinic and orthopedic clinic.

Population Sample :

The sample consisted of 250 women at menopause age, their ages ranged between 45 and 60 years, who were seeking medical advice. . This sample calculated by using Epi- info[™] statistical package, version 3.3 with power 80%, a value of 2.5 is chosen as the acceptable limit of precision (D) at 95% level of confidence (CI), sample size was estimated to be 250 women. The collected data started from 5\2013 to 8\2013 which are collected through two-three days per week.

The Sample of the study was chosen according to the following criteria:-

Inclusion criteria:-

1. All the women who had attained natural menopause Women at menopause stage
2. whose age ranged between 45& 60 years
3. who have symptoms of menopause
4. Women who have menstruation stopped at least from 6-12 months.

Exclusion criteria: -

1. Women who are use hormonal replacement therapy(HRT)
2. Women who had surgical or chemotherapy And those who had undergone overectomy, hysterectomy
3. Women who have menstruation stopped before 3 months.

Tools of data collection:-

A structured interview sheet was developed, by the researcher to collect the necessary data including 3 sections:

Section I: Section(I) was concerned with personal data (such as age, education, employment, marital status and residence) and reproductive parameters (menstrual, gravidity ,parity).history Knowledge about menopause such as meaning of menopause, sources of knowledge about menopause.

Section II: included data related to menopausal symptoms for which Menopause Rating scale (MRS). (16)

Menopause Rating Scale: composed of 11 items assessing menopausal symptoms, divided into three subscales. A) Somatic: Hot flushes, heart discomfort, sleep problem and muscles and joint problems.

B) Psychological: depression, irritability, anxiety and physical and mental exhaustion. C) Urogenital: 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).

Section III: was related to the assessment of health related quality of life (HRQOL). The World Health Organization quality of life (WHOQOL) Brief questionnaire in Urdu Version was used for it. (17)

The WHOQOL Brief contained 26 items, categorized under 4 main domains Physical, Psychological, Social and Environmental. A separate 5 point scale ranging from never (0point=not at all) to (4 point=extremely or severe) always was used for the measurement of each items. The higher score indicating a good QOL, a lower score indicating a poor QOL and high effect of menopausal symptoms on quality of life. Those who obtained scores from 0 to 33.3 % were considered (poor QOL), from 33.3 % to 66.7% were considered (average QOL) and more than 66.7% were considered to have (good QOL).

WHOQOL Brief: WHOQOL questionnaire has been developed in order to make a **reliable, valid** and responsive assessment of generic QOL that is applicable to the people living in different conditions and cultures. Two versions are available the WHOQOL with 100 items and 26 items short form version of WHOQOL 100. We have used WHOQOL Brief (Urdu Version) for its brevity. The Urdu version is has been available with excellent reliability and validity. The WHOQOL Brief consists of four domains Physical, Psychological, Social and Environmental. The scores were calculated according to the standard methods that the raw scores were converted to transformation scores.

Procedure:-

- An official permission was obtained from the head of department of obstetrics & gynecology in Qena university hospital.
- The researcher interviewed the women face to face and introduced herself to the eligible women and briefly explained the nature of the study, The consent was obtained from women orally before being involved in the study during this interview fill the questionnaire assess the severity of menopausal symptoms and it effect on quality of life of women.
- The researcher told the women that participation is voluntary base , confidentiality of each subject will be assumed.
- The filling of questionnaire took 30-45 minutes by participants.
- The researcher spend two to three days every week, and each day interviewed about 5 women maximally.
- After filling the questionnaire .the researcher explains symptoms to women for awareness and answers the questions of participant related to this subject and the researcher provided health education about menopausal problems or effects and how deals with it and give women brochure about menopausal symptoms and its management.

Pilot study:-

It was conducted in (10% equal 25 women) from sample size .The pilot was done to identify the clarity of the questions and test validity and reliability of the questionnaire and accordingly necessary modifications was be carried.

Statistical analysis:-

Data collected were coded and analyzed. Results were tabulated and statistically compared by computer program (SPSS) SD, number, percentage ,Chi-square was unused to determine significance between numerical variable. N.S $P>0.05$ (No significance), $P<0.05$ (Significance).

Limitations of the study:-

- Some of the women refused to participate in this study because they were busy .

Result:

The result of this study are presented in the following parts :

Part(1) (socio demographic characteristics, menstrual history ,knowledge about menopause)**Part (2)** (menopausal rating scale), **Part (3)** quality of life after menopause and relation ship between menopausal symptoms on quality of life

figure(1): showed that mean age of women ranged from 45-50years with mean \pm SD of (53.6 \pm 6.5) .

more than three- fourth of women (75.6 %) were from rural area. concerning education more than two-third of women (67.2%) were illiterate and less than one- seventh of women (2.4%) having university education , concerning the marital status more than half (65.2%) were married ,and majority of women (80.8%) were house wife .

As shown in Table (1):, more than half of women (56.8%) had menarche at age group 9-12 years.

more than one-sixth of women (18.0%) hade menstruation stopped at 6-12 month, and more than half of women (53.6%) had menstruation stopped from 5 years and more .

Concerning the character of stopped menstruation, more than two-thirds of women (68.8%) gradually stopping menstruation,.

Regarding to age of last period , two-third of women (67.2%) had their last period at age group 45-50 years old, and more than one fifth of women (21.6%) had last period at age more than 50 years old.

Table (2): Illustrated the knowledge about menopause, regarding to definition of menopause, less than three-fourth of women (74.0%) answered as (stopping of menstruation) ,and more than one-fourth (26.0%) had answered end of reproductive age , more than three- fourth of women (77.2%) had knowledge from friends .and less than one-fifth (17.2% & 18.0% respectively) had knowledge from books and radio &TV. there was statistical significant difference between the source of knowledge.

As feeling towards this age ,two – third of women (66.8%) had answered free from periods problems,

Table (3): showed, that more than one- third of women (37.2%) hade severe hot flushes and night ,as a somatic symptoms , less than half of women (46.8%) had severe heart problems and more than half of women (53.2%) had severe sleep problem. About psychological symptoms less than -half (41.2%) was severe, , depression& anxiety as mood change.

Regarding to physical &mental stress, more than one – half (58.0%) had severe. Symptoms, more than one – third (38.4%) was moderate uro genital symptoms ,less than one- third (30.0%) was moderate dryness of vagina.

Table(4): showed assessment the quality of life after menopause , regarding to ,how you assess your health after appearance of menopausal symptoms, more than half of women (56.8%) was acceptable As to, how you assess your current healthy life with before menopause, less than two- third of women (61.2%) was answered " worse than before"

About vitality and activity level after occurrence of menopause, more than half (56.4%) answered "may be less than before"

Table (5): illustrated that Menopause rating scale there are more than half of women (54.0%) was sever-,

Table (6)& fig(2): showed the correlation between menopausal symptoms and QOL , more than three-fourth of women (77.8%) with poor quality of life and sever MRS , so there was statistical significance difference, and there was a positive strong correlation between MRS and QOL.

Table(7)&fig(3): showed that effect of menopausal symptoms on quality of life, it was found that the majority of women (84.4%&78.8%) had physical effect & social effect on Quality of life respectively .

Figure (1) Fig:(1):Distribution of women according to Socio - demographic characteristics among menopausal women:

(mean&SD=53.6 \pm 6.5)

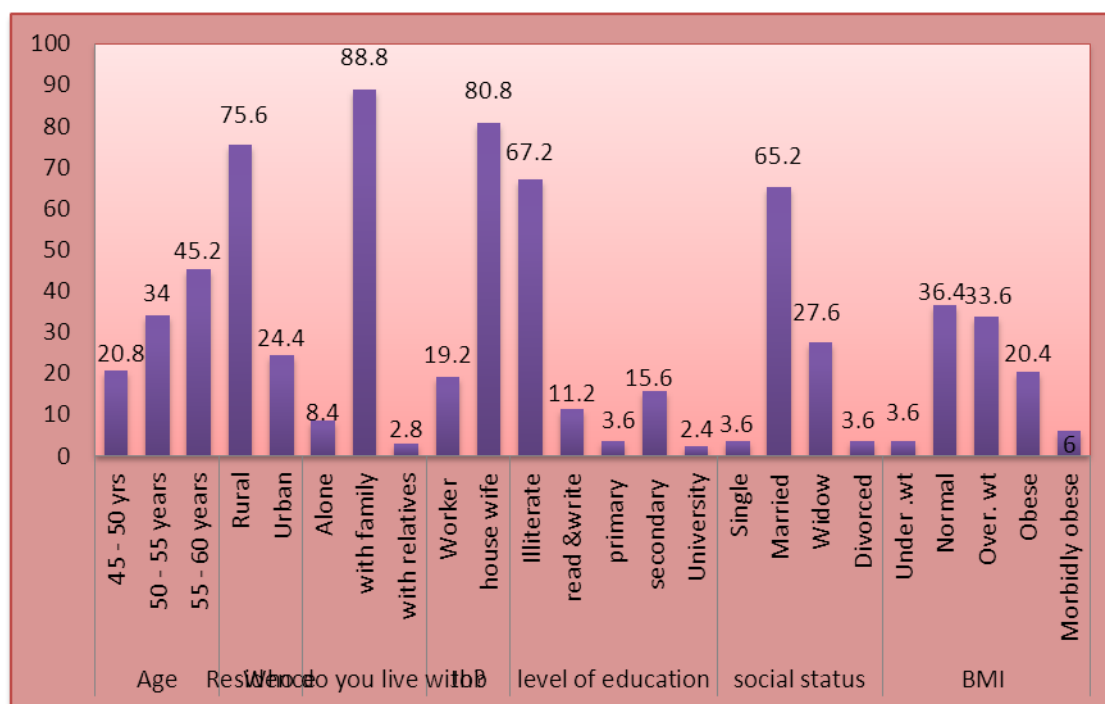


Table (1): Distribution of women according to history of menstruation before menopause:

History of menstruation	No.=250	%	P. value
First menstruation period			
♦ 9-12 years	142	56.8	0.001**
♦ 14-16 years	107	42.8	
♦ more than 16 years	1	0.4	
Regularity of period			
♦ Regular	217	86.8	0.001**
♦ Irregular	33	13.2	
When did stopped menstruation?			
♦ 6-12 month	45	18.0	0.001**
♦ 2-3 years	71	28.4	
♦ 5 years and more	134	53.6	
Character of stopped menstruation?			
♦ Suddenly	78	31.2	0.001**
♦ Gradually	172	68.8	
Age of last period			
♦ less than 45 years	28	11.2	0.001**
♦ 45-50 years	168	67.2	
♦ more than 50 years	54	21.6	

** There is a significant statistical difference at $p < 0.01$

Table (2): Distribution of women according to their knowledge about menopause:

Knowledge about menopause	No.=250	%	P. value
Definition of menopause #			
♦ Stopping of menstruation	185	74.0	0.001**
♦ End of reproductive age	65	26.0	
♦ Real evidence	42	16.8	
The Source of knowledge#			
♦ Books	43	17.2	0.001**
♦ Friends & neighbors	193	77.2	
♦ Journals & advertisements	24	9.6	
♦ Radio & TV	45	18.0	
What is your feelings towards this age?#			
♦ Age of experience	46	18.4	0.001**
♦ Free from period problems	167	66.8	
♦ Free from pregnancy and its problems	63	25.2	
♦ Health deterioration	149	59.6	
♦ Decreased sex	20	8.0	

** There is a significant statistical difference at $p < 0.01$ #more than one answer

Table (3) : Distribution of women according to menopausal rating scale (MRS).

Menopausal rating scale (MRS)	No.=250	%	P. value
1-Somatic symptoms(Hot flushes and night sweating)			
♦ None	2	0.8	0.001**
♦ Light	18	7.2	
♦ Moderate	81	32.4	
♦ Severe	93	37.2	
♦ very severe	56	22.4	
Heart problems			
♦ None	0	0	0.001**
♦ Light	34	13.6	
♦ Moderate	59	23.6	
♦ Severe	117	46.8	
♦ very severe	40	16	
Sleep problems			
♦ None	2	0.8	0.001**
♦ Light	27	10.8	
♦ Moderate	46	18.4	
♦ Severe	133	53.2	
♦ very severe	42	16.8	
Joints and muscles problem			
♦ None	6	2.4	0.001**
♦ Light	11	4.4	
♦ Moderate	63	25.2	
♦ Severe	128	51.2	
♦ very severe	42	16.8	
2-Psychological symptoms(Mood depression)			
♦ None	11	4.4	0.001**
♦ Light	26	10.4	
♦ Moderate	82	32.8	
♦ Severe	103	41.2	
♦ very severe	28	11.2	
Anxiety			
♦ None	6	2.4	0.001**
♦ Light	23	9.2	
♦ Moderate	89	35.6	
♦ Severe	103	41.2	
♦ very severe	29	11.6	
Worry			
♦ None	18	7.2	0.001**
♦ Light	6	2.4	
♦ Moderate	32	12.8	
♦ Severe	146	58.4	
♦ very severe	48	19.2	
Physical and mental stress			
♦ None	2	0.8	0.001**
♦ Light	16	6.4	
♦ Moderate	52	20.8	
♦ Severe	145	58.0	
♦ very severe	35	14.0	
3-Uro- genital symptoms (Sexual problems)			
♦ none	3	1.2	0.001**
♦ light	19	7.6	
♦ moderate	96	38.4	
♦ severe	73	29.2	
♦ very severe	59	23.6	
Urinary bladder problems			
♦ none	2	0.8	0.001**
♦ light	29	11.6	
♦ moderate	55	22.0	
♦ severe	90	36.0	
♦ very severe	74	29.6	
Dryness of vagina			
♦ none	35	14.0	0.001**
♦ light	60	24.0	

Menopausal rating scale (MRS)	No.=250	%	P. value
♦ moderate	75	30.0	0.001**
♦ severe	74	29.6	
♦ very severe	6	2.4	

** There is a significant statistical difference at $p < 0.01$

Table (4): Distribution of women according to Quality of life after menopause:-

Quality of life(QOL)	No.=250	%	P. value
How you assess your health after appearance of menopausal symptoms?			
♦ Excellent	1	0.4	0.001**
♦ Very good	3	1.2	
♦ Good	16	6.4	
♦ Accepted	142	56.8	
♦ Bad	88	35.2	
How you assess your current healthy life before menopause?			
♦ May be better than before	4	1.6	0.001**
♦ As it was before	20	8	
♦ Worse than before	153	61.2	
♦ Little than before	73	29.2	
vitality and activity level you have after the occurrence of menopause			
♦ As it was	17	6.8	0.001**
♦ Maybe less than before	141	56.4	
♦ Is less than it was	92	36.8	
Do you feel tiredness and worry about appearing symptoms of menopause?			
♦ Always	118	47.2	0.001**
♦ Sometimes	46	18.4	
♦ Often	74	29.6	
♦ Rarely	12	4.8	
Are you satisfices about ability to perform work?			
♦ Not highly satisfied	106	42.4	0.001**
♦ Not satisfied	65	26	
♦ Somewhat satisfied	52	20.8	
♦ Satisfied	26	10.4	
♦ Very satisfied	1	0.4	
Are you admitted to hospital after appearance of these symptoms?			
♦ Yes	25	10.0	0.001**
♦ No	225	90.0	
If you enter the hospital: How many times did you admitted last year?			
♦ one time	17	68.0	0.001**
♦ 2 times	8	32.0	

Table (5): Menopause Rating Scale

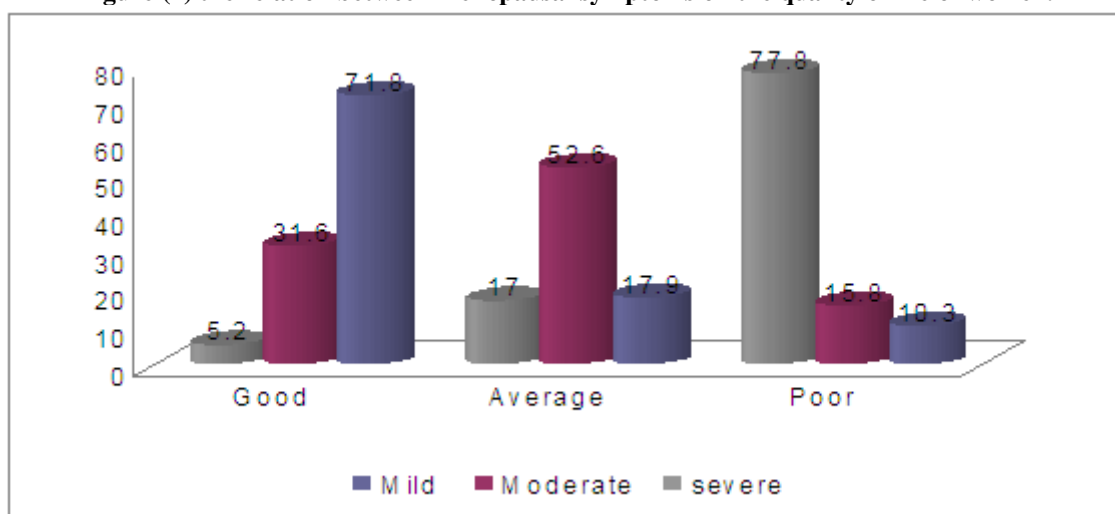
	No.=250	%	P. value
♦ Mild	39	15.6	0.001**
♦ Moderate	76	30.4	
♦ Severe	135	54.0	
♦ Mean + SD (in %)	42.3+14.4		

Table (6): Relation between menopausal symptoms and the quality of women's life..

Quality of life level	MRS						P. value	Correlation between MRS and QOL
	Mild		Moderate		severe			
	No.	%	No.	%	No.	%		
♦ Good	28	71.8	24	31.6	7	5.2	0.001**	#R=0.878 P<0.001
♦ Average	7	17.9	40	52.6	23	17		
♦ Poor	4	10.3	12	15.8	105	77.8		

** There is a significant difference at $p < 0.01$ R=correlation coefficient, R=1 or -1 means perfect correlation, $r > 0.7$ strong correlation, $r > 0.4 - < 0.7$ moderate correlation, $r > 0.2 - < 0.4$ weak correlation

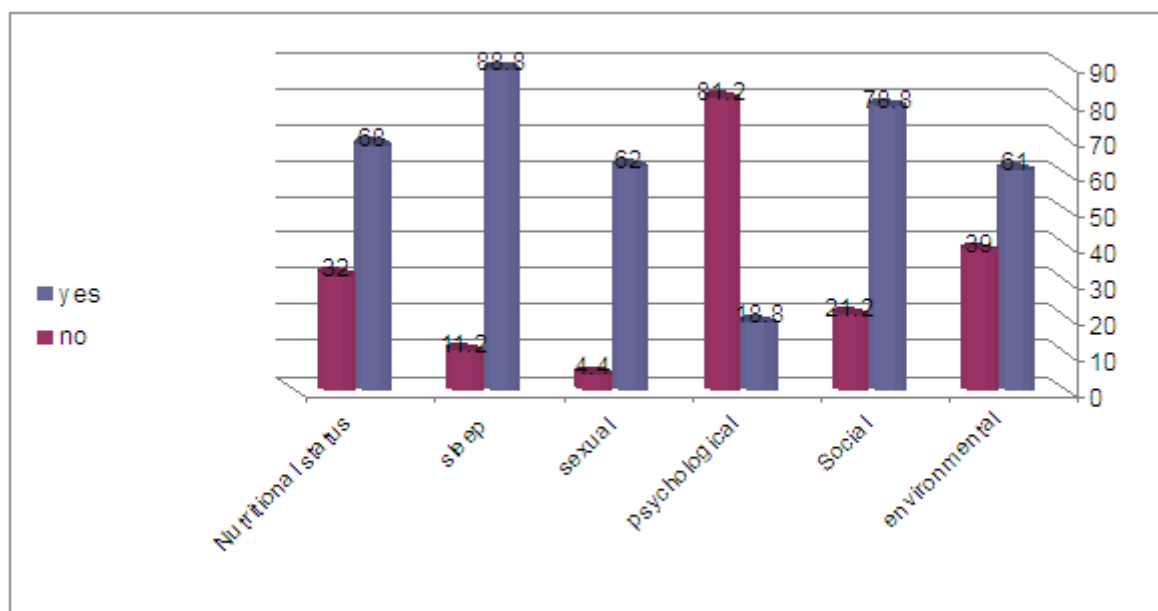
Figure (2) the relation between menopausal symptoms on the quality of life of women.



Table(7) Figure (3): effect of menopausal symptoms on quality of life (physical ,psychological ,social, and environmental activity).

Item	Yes		No		P.value
	No =	%	No=	%	
Physical effect:#	212	84.4	38	15.6	<0.001**
◆ Nutritional status	170	68.0	80	32.0	
◆ Sleep status	222	88.8	28	11.2	
◆ Sexual status	155	62.0	11	4.4	
Psychological effect	47	18.8	203	81.2	
Social effect	197	78.8	53	21.2	
Environmental effect	152	61.0	98	39.0	

More than one answer



III. Discussion:

Since ovarian hormones do not only act on genital organs, but also on extra genital target tissues, estrogen deficiency occurring during menopause will affect both the gynecological area and the whole body. Although many women may consider the end of menstruation and even fertility as an advantage, menopausal symptoms, such as hot flushes, headache, and sleep and mood disorders, can strongly impair quality of life (QoL) in women(18) .

Aim of the study:

To assess the Impact of menopausal symptoms on quality of life among women's in Qena City.

In the present study, that mean age of women ranged from 45-50years with mean \pm SD of (53.6 \pm 6.5) , and it is found that (77.8 %) of women had poor quality of life. With sever menopausal symptoms . and there was strong correlation ($r > 0.7$) between QoL menopausal symptoms .

The current study revealed that the mean age of women's was 53.6 \pm 6.5 years, this result agree with study conducted by(**Dhillon et al,2006**) and(**palacios et al 2010**)(19,20) who reported that the mean age at menopause was 51.14 \pm 2.11years,and also agree with (**Elsayed .E &Shokery.E,2012**) (21) who mentioned that the study conducted in zagazig about Menopausal symptoms and the quality of life among pre/post menopausal women from rural area in Zagazig city ,the mean age of women was 54.0 \pm 7.9 years. This agrees with another study conducted by (**Delaver& Hajiahmadi, 2011**)(22) who stated that the mean age in menopause was 47.7years.

Our study showed , the highest percent (80,8%) were a house wives ,this contradicting with(**Huszla.s,et al,2014**)(23) who mentioned that the most of women (56,5%) were employed, in their study carried in Poland about effects of socio - demographic, personality and medical factors on quality of life of post-menopausal women . and this consistent with the study by (**Nisar N, Ahmed Soho .N, 2010**)(24) who mentioned that the majority(75.6%) of women as a house wive in their a study about Severity of Menopausal symptoms and the quality of life at different status of Menopause: a community based survey from rural Sindh, Pakistan

The current study is conforming to the minority (19.2%) of women workers .this agree with (**Palacios.V, et al ,2010**)(20) who mentioned that only (1.5%) hired workers in their study about Age of menopause and impact of climacteric symptoms by geographical region. the difference between the result may be related to the difference in the society. Attributed to the culture & society difference

The present study showed that low proportions of women have high education (2.4%) this is agree with (**Rahman et al, (2011)**)(25) who mentioned that the lowest proportion of women are highly educated (5.5%) in their study about Menopausal symptoms assessment among middle age women in Kushtia, Bangladesh .

The present study showed that more than half of women (65.2%) married and the minority of women were single or divorced & widowed (3.6% &27.6% respectively) this agree with the study about Severity of Menopausal symptoms and the quality of life at different status of Menopause: a community based survey from rural Sindh, Pakistan by (**Nisar N, Ahmed Soho N, 2010**) (24)who described that most of women was married (99.2%) and minority of them was single, divorced and widowed (0.9% &0.09% & 20.7% respectively) . The present study showed that the majority (77.2%) of women have sources of knowledge about menopause from friends followed by radio &TV (18.0%) and the minority (9.6%) knowledge of women from journal and this contradict with (**Sukumvanich P, Case LD et al 2011**)(26) who mentioned in a study about Factors Affecting the Quality of Life in Climacteric Women in Manisa Region show that the majority(27.6%) of women have their knowledge from physician then followed by TV-radio-internet (26.5%) and reported that the minority (6.7%) of women have their knowledge from friends and this may be because that the most of women in the present study were illiterate and depend on friends and TV& radio as source of information about this subject. The difference between our study and above study could be basically on nature of society and culture .

Result show that(37.2%),of women complaining from sever Hot flushes& night sweating this agree with (**Yakout .SM, et al,2011**)(27) who mentioned that the majority (85.0%) of women have severe degree of hot flushes& night sweating in their study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif .

Also agree with (**Delavar1 MA, and Hajiahmadi M (2011)** (28).who mentioned that women will experience this symptom at some time during menopause and for some menopausal women hot flashes.

Regarding psychological symptoms among the women in this study (41.2%) had sever depressed mood which heights from that reported from study done in Ebril City which revealed to that only (9.4%) of menopausal women had depressed mood (**Gazang N.& Jwan .M 2012**)(29) in their study about Perception and Experience Regarding Menopause among Menopause Women Attending Teaching Hospitals in Erbil City. this wide variation related to methodological differences and under estimation of depression in our community due to stigma and shame from mental disorders..

The present study showed that, more than one – third (38.4%) of women have moderate sexual problems and this disagree with (**Yakout .S M, et al,2011**) (27). who mentioned that more than one- half (62.5%) of women have severe sexual problems

The present study cleared that more than one-third (36.0%) of women have severe urinary bladder problems , this conducted with ,(**Yakout .S M, et al,2011**) (27). who mentioned that less than two-third (64.2%) of women have severe urinary tract symptoms in other study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif .

In the present study ,on assessing the severity of the menopausal symptoms by MRS it can be observed that the highest mean score of menopausal symptoms were in domains urinary bladder problems and worry(3.82 ± 0.57 & 3.80 ± 0.57 respectively) followed by physical and mental stress 3.78 ± 0.57 compared to urogenital symptoms as dryness of vagina (2.82 ± 0.42 which was the lowest mean score. this disagree with **(Yakout,etal,2011) (27)**. who mentioned that, the highest mean score of menopausal symptoms were in different domains urinary tract, muscles and skeletal (12.3 ± 3.1 , 10.4 ± 2.7 , respectively) compared to cardiovascular (3.4 ± 1.2) which are the lowest, in their study about menopausal symptoms and quality of life among Saudi women in Riyadh and Taif.

This results also disagree with **(Elsayed.E& shokry.E,etal,2012)(21)** who mentioned that, the highest mean scores of menopausal symptoms were somatic symptoms and urogenital domains in postmenopausal women (10.46 ± 6.28 , 9.96 ± 5.26 respectively). While the mean scores of Psychological symptoms is lower in postmenopausal women (3.38 ± 4.22) in their study about Menopausal symptoms and the quality of life among pre/post- menopausal women from rural area in Zagazig city .

The present study illustrated that positive correlation $R= (0,878)$ between quality of life and menopausal symptoms with high statistical significant $p= <0.001$ scores this disagree with **(yakout.SM ,etal,2011)(27)**who mentioned that There are negative significant correlation between MRS scores and WHOQOL Brief scores in social, environmental domains, and over all mean score of quality of life for postmenopausal women.

The difference between the our study and the other could be basically the difference on the basal quality of life point . where women in the different study had different quality of life .

Also agree with **J.E.Blume 2002(30)** etal who mentioned that menopause causes a decrease in quality of life .in her study about quality of life after the menopause a population study.

Also agree that with **Elsayed.E& shokry.E,etal,2012).(21)** Who mentioned that many women feel that quality of life is severely compromised by the presence of menopausal symptoms in her study about measuring the impact of menopausal symptoms on quality of life

Also agree with **(Jennifer W&Marco D. etal 2013) (31)**who mentioned that (46.7)% of women experiencing at least one of the listed symptoms as anxiety ,depression, hot flushes ,difficult sleeping &vaginal dryness in their study about the impact of menopausal symptoms on quality of life ,productivity &economic out comes.

IV. Conclusion:

It can be concluded that post-menopausal women in this study had mean age (53.6 ± 6.5) more than half of women had menstruation stopped from 5 years. More than half (67,2%) were illiterate , The majority of women (80,8%) as house wife ,three fourth of women (77,2%) had knowledge about menopause from friends. Had sever somatic symptoms (hot flushes and night. More than half (58,0%) had sever physical & mental stress. Finally (77,8%) of women had poor quality of life with sever Menopausal symptoms and that adversely affected on their quality of life.

V. Recommendation:

- Based on results of the present study the following recommendations are suggested:-
- 1. healthcare providers must play a role as clearly understand the symptoms and pathological conditions associated with climacteric, and must provide an individual health care about improve their QOL and prevent diseases that particularly affect women undergoing menopause.
- 2. 2-implement appropriate health educational programs.
- 3. 3-Further research addressing women's health needs is also essential for improving the quality of life of menopausal women

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