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Mental health status of menopausal women attending gynaecology outpatient clinic in Al-Zahraa Teaching Hospital

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Abstract
Preface: Menopause is a crucial and universal developmental stage in a woman's life. Women experience psychological, physical and social changes throughout menopause. The aim of the study is to determine the psychological state of menopausal women.
Methodology: A Hospital -based cross -sectional study targeted a selection of women in the 50-70 age group, referred to for a gynecological outpatient clinic. All were examined for psychiatric illness using General Health Questionnaire (GHQ).
Results: Most of the women were married (84%), Psychiatric disturbance reported in (85%) of interviewed women based on SRQ scale, and only small percentage (4%) treated with hormonal replacement therapy.
Conclusion: Alteration to menopause and its hormonal changes background are powerfully connected with new onset of psychological disorders among women with a new beginning of psychological problems.

Keywords: Menopause, mental health, urine incontinence

Introduction

Menopause is a crucial and universal developmental stage in a woman's life. It is characterized by the permanent cessation of menstruation resulting from reduced follicular activity in the ovaries [1]. Menopause was seen as a manifestation of aging and associated with health decline. This outcome is similar to findings from previous investigations. The individuals saw menopause as the ultimate stage of life. Hormonal fluctuations during menopause may affect both mental and physical health. You may encounter sensations of worry, tension, or even sadness. Menopausal symptoms may include rage and irritability. Anthropological study suggests that menopause may be advantageous, especially, when it denotes a alteration in social status [1].

Throughout menopause, women undergo psychological, physical and social changes. The levels of hormones fluctuate with declining estrogen, resulting in elevated FSH and LH levels, while prolactin, thyroid, and parathyroid hormone levels diminish. These alterations may induce vasomotor symptoms, sleep disturbances, sexual dysfunction, nocturnal perspiration, hot flashes, musculoskeletal issues, cardiovascular illness, breast and skin atrophy, and senile vaginal vaginitis. Moreover, evidence indicates that even among women with no prior signs of depression, the chance of acquiring the condition is rising. Consequently, depression during perimenopause may significantly impact personal, familial, and professional domains of life [2].

Amid the many changes linked to menopause, many women in transitional stages often grapple with additional issues. These include bodily ailments impacting her or her spouse, the demise of her husband or parents, and the caregiving of unwell family members, with marital challenges and responsibilities towards older children. The removal of children from their independent lives might induce sadness in moms [1].

Socio-demographic characteristics, educational attainment, income, employment situation, and social interactions influence the capacity to manage changes during menopause.

Menopause is identified after 12 months of amenorrhea, signifying a permanent cessation of ovarian activity. The mean age of menopause is 51 years [3].

This is a significant physiologic phenomena in the lives of all women, including those with mental illness. Some exhibit few symptoms, whilst others have substantial alterations. In some instances, menopause and decreased estrogen levels might impact an individual's mental well-being or exacerbate pre-existing mental disorders. [4].

Mental illnesses are health issues characterized by alterations in emotions, perception, functions, or a combination thereof. Mental illnesses are linked to depression and/or issues in social, professional, or family situations.

In a discussion on the correlation between mental problems and menopause, a psychiatric perspective informed by gynecological and psychoanalytic literature suggests that menopause adversely affects mental health. Population studies indicate that mental illness is more prevalent in women during the five years before menopause. Sociological and familial variables have a more significant role in the genesis of mental illness after menopause than physical changes.

Clinical signs of perimenopause often manifest. The signals seen at various stages of a woman's life cycle suggest a potential correlation between perimenopause and mental disorders, similar to those identified during the premenstrual and postpartum phases [6].

Prior research has elevated the incidence of depression in women aged 45 to 54, although the determinants influencing these rates remain unclear. The correlation between the prevalence of depressive symptoms and the use of rock climbing and hormone replacement treatment was assessed [7].

This research aims to discover mental illnesses in menopausal women and their associated variables.

Methodology

The sampling technique and Study design

A hospital-based cross sectional study targeted a convenience sample of women aged 50-70 years old referred to a gynecological outpatient clinic.

Data collection

All were examined for psychiatric illness using General Health Questionnaire (GHQ). Oral consent was obtained from all participants. Some questions were used (married or not, how long the menopause was, he got hormonal replacement therapy, there are some urinary incontinence). A standardized psychiatric interview scheme was used. From the same geographical area and compared to a common population choice at the same age limit. Women present in the gynecological clinic outside were mainly more likely to be married or widowed from below and below the age limit of 15 years, it was less likely to be single and the final in the final. This was more likely to contact with local psychiatry service [8] later.

The General Health Questionnaire (GHQ) is a self-administered screening tool intended for use in clinical environments to detect persons with diagnosable mental disorders.

Capable of focusing

1. Sleep deprivation due to anxiety.
2. Contributing meaningfully.
3. Proficient in decision-making.
4. Experienced persistent stress
5. Unable to surmount challenges
6. Capable of deriving pleasure from daily activities.
7. Capable of confronting challenges
8. Experiencing unhappiness and depression.
9. Diminishing confidence
10. Perceiving oneself as devoid of value.
11. Experiencing a moderate level of happiness

Statistical analysis

Data was analyzed and documented using the statistical package for social science (SPSS V. 0.25). Descriptive statistics (frequency distribution, percentage, ± standard deviation with tables and data) and subordinate statistics (independent T-testing, Pearson correlation coefficients and ANOVA) were used.

Results

Fifty-two of healthy women (relatives to patients with psychiatric illness who attending psychiatric unit in Wasit Province) enrolled in this study. Most of them were married 84%, treated with hormone and controlled urination (table 1). Women presented with menopause mean years (7yrs.). Psychiatric disturbance reported in 85% of interviewed women based on SRQ scale (cutoff >8 points), (figure 1).

SRQ negatively correlated with menopause years but not statistically significant association, (figure 2). Women with uncontrolled urination have SRQ score more than controlled with no statistically significant difference, (table 2). SRQ mean score in widowed more than married and unmarried with no statistically significant differences, (figure 3).

The Self-Reporting Questionnaire (SRQ) was created by the WHO as a tool for screening mental illnesses, such as depression, anxiety disorders, and somatoform disorders.

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Table 1: Description of study sample (n=52).

Variables		Frequency	%
Social status	married	44	84
	unmarried	5	10
	widowed	3	6
Hormonal treatment	Yes	2	4
	No	98	96
Urination	controlled	32	62
	uncontrolled	20	38

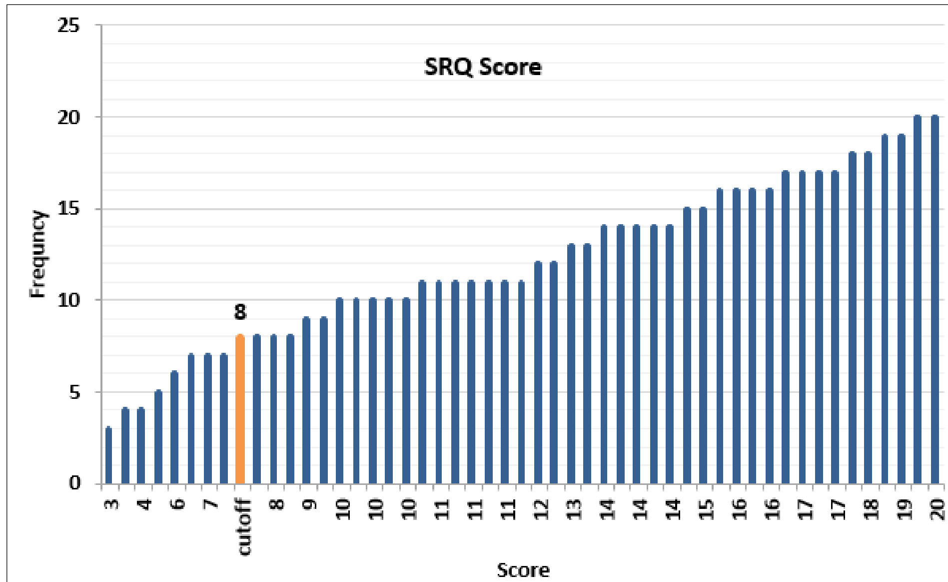

Fig 1: SRQ score of study sample (N=52).

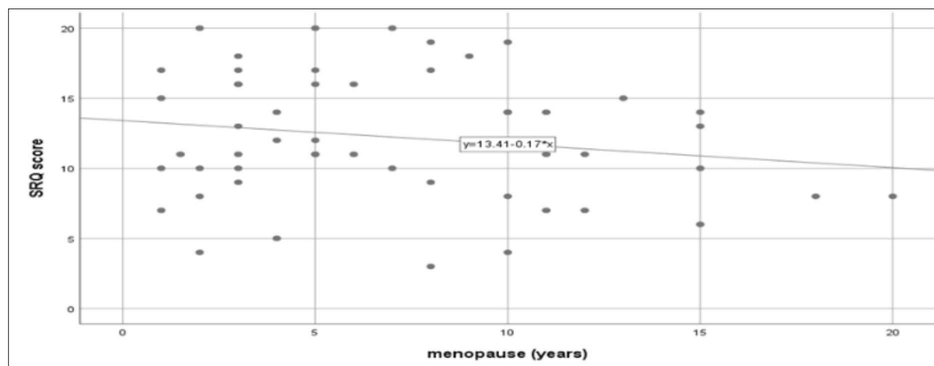

Fig 2: Correlation between SRQ score and menopause years (n=52). Pearson correlation, (r)= - 0.179, Sig. 0.102.

Table 2: Mean difference of SRQ in urine controlled vs. uncontrolled women.

Urination	N	mean (SD)*	t**	Sig.
Controlled	32	11.66 (4.555)	1.164	0.250
Uncontrolled	20	13.15 (4.416)		

* Standard Deviation** Independent t-test

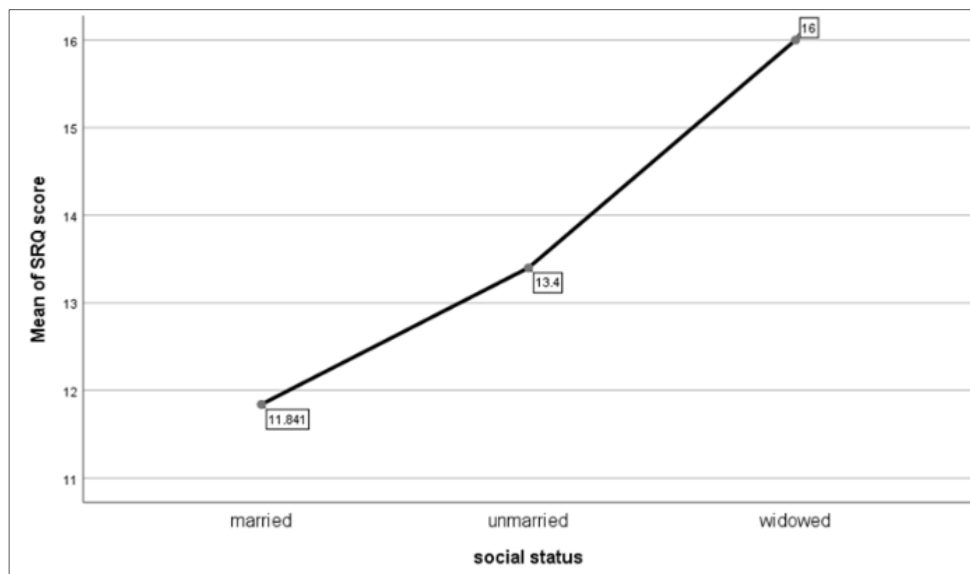

Fig 3: Mean differences in SRQ score according to social status. AN OVA Test: F= 1.396, df= 2, Sig. 0.257

Discussion

The SRQ-20 proficiently detected persons with heightened depression, anxiety disorders, or suicidal inclinations and demonstrated robust internal consistency. The optimal cutting points were 4/5 for males and 6/7 for females, respectively. The factor structure is distinct from that of the penis. We use score 8 to mitigate bias in the answer [9].

Population studies indicate that mental illness is more prevalent in women during the five years before menopause. Sociological and familial variables have a more significant role in the genesis of mental illness after menopause than physical changes.

(Table 1) suggests that 85% have a psychiatric disorder written by Vinokur that 7.1 percent risk of developing a loving disorder during menopause is equal to [11].

(Table 2) shows nonsignificant association with urine incontinence in menopausal women regarding mental disorders which correlates with what was found in a study performed by Margaret Sherburn who found that in middle-aged women Urinary incontinence is more closely associated with mechanical factors than with menopausal transition [12].

Conclusion: Psychiatric disorders in 85% interview women informed. Transitional menopaus is the time to increase the risk of increased vulnerability and psychiatric disorders for cognitive decline. However, these results cannot be normalized beyond this study. Physical symptoms related with the infection of menopause and mood variations throughout this period can distress many women because they grow larger and cause a significant burden of disease.

It is proposed that reductions in estrogen during menopause correlate with diminished cognitive performance and an elevated likelihood of depressive signs and disorders. Contemporary revisions on objective cognitive function and mood have shown variability in the standards used to define the menopausal alteration and in the outcome measures applied. This study sought to synthesize existing evidence on the association between menopausal stage, cognitive performance, and depression.

Recommendations

1. Improving psychiatric and psychological services to postmenopausal women.
2. Providing hotlines for consultations through mobile phones to overcome the obstacles of transportation.
3. Raising awareness of gynecological health worker about mental morbidities among menopausal women.

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