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CLIMACTERIC AND QUALITY OF LIFE: ANALYSIS OF PATIENTS SEEN AT THE GYNECOLOGY OUTPATIENT CLINIC OF ''HOSPITAL UNIVERSITÁRIO LAURO WANDERLEY'' UFPB

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Abstract: Goal: To characterize the population of climacteric women treated at a university hospital regarding their sociodemographic profile and the presence of symptoms related to the climacteric, in search of risk factors involved. **Methods:** A total of 175 women were interviewed at a gynecology outpatient clinic with sociodemographic data collected, in addition to the application of the Women's Health Questionnaire (QSM) to assess common climacteric symptoms. These data were crossed in the SPSS 26.0 program with frequency analysis, chi-square test and quantification of the odds ratio. In addition to logistic regression to assess the association of variables and the occurrence of symptoms. **Results**: Regarding the sociodemographic profile, the average age was 50.7 years, and they were mostly non-white, with a partner, earning less than 2 minimum wages, with children and who had not undergone a hysterectomy. Regarding the distribution in the QSM Domains, 85% of the interviewees scored more than 2.2. The variables income and menopausal status were directly associated with Depression, with p=0.035 and p=0.045, respectively. An association was also demonstrated between non-white race and vasomotor symptoms. An interesting association found in this study concerns the relationship between performing a hysterectomy and the Domains of Memory/Concentration (p=0.036) and anxiety (0.033), where hysterectomized women would be more prone to the involvement of these Domains. **Conclusion**: The results of this study show that among the nine Domains of the Women's Health Questionnaire, seven were above the General Average. Average values greater than 2.2 are considered possible cases of low quality of life. These findings show that the studied population lacks local health policies that provide them with a better quality of life. **Keywords**: Climacteric. Quality of life. Women's health.

INTRODUCTION

Brazil, in line with a worldwide phenomenon, is undergoing a profound transformation in its age structure, whose main changes point to population aging, with a predominance of females within this age group. Such a movement shows that an important number of women will reach senility and, therefore, will experience the climacteric (LIMA et al., 2019).

The climacteric, according to the World Health Organization (WHO), is understood as the transition between the reproductive and non-reproductive period, marking the beginning of women's aging, and is a physiological process of women's lives (ALBUQUERQUE et al., 2019).

The climacteric includes a series of physiological changes that can affect a woman's quality of life. It is characterized by irregular menstrual cycles and marked hormonal fluctuations, often accompanied by other findings such as the hot flushes, sleep disturbances, mood swings, and systemic symptoms (CASPER, R. 2020)

Clinically, the hormonal changes characteristic of this phase are correlated with direct changes in the woman's health and present themselves in a different way and intensity in each one, leading to different levels of loss of quality of life. (GUERRA et al., 2019).

The relevance of the project's theme was therefore linked to the framing of the climacteric as a public health problem that requires effective coping strategies that promote well-being. Thus, assessing the quality of life of patients at the gynecology outpatient clinic of '' Hospital Universitário Lauro Wanderley" (HULW) provided knowledge of how women in an important state service are dealing with the climacteric.

It is expected that this measure will provide support for determining future care strategies and better performance of future health professionals in the process of women's health care.

GOALS

To evaluate climacteric symptoms and their influence on the quality of life of patients at the Gynecology outpatient clinic at HULW – UFPB

Analyze the socio-bio-demographic data that could be related to the climacteric experience.

METHODS

This is a quali-quantitative, observational and retrospective research, carried out with 175 women at the Gynecology Outpatient Clinic of ''Hospital Universitário'' (HULW) of ''Universidade Federal da Paraíba'' (UFPB) in João Pessoa - Paraíba, Brazil, during the period of August 1, 2020 to July 30, 2021.

The composition of the sample was carried out using a non-probabilistic technique, for convenience, in shifts available by the researcher, based on the recruitment of patients who were at the waiting reception of the outpatient clinic in question, during the period in which the research data were collected.

Inclusion criteria: Patients aged between 40 and 65 years and signing the Informed Consent Form, TCLE.

Exclusion criteria: Patients younger than 40 years and older than 65 years. Patients who have not signed the Informed Consent Term, TCLE.

The following instruments were used for data collection: the identification form and the Women's Health Questionnaire (QSM).

The identification form was prepared by the authors and is composed of questions that aim to summarize the biopsychosocial profile of the interviewees. The data collected from the identification form were age, marital status, education, family income, occupation, number of pregnancies, menopausal status (pre-menopause, perimenopause, post-menopause), and age at menopause (age at which the last menstrual period, followed by at least 12 months of amenorrhea)

Regarding the analysis of quality of life, the Women's Health Questionnaire was used, created in 1986 in England and internationally well accepted, which allows scoring the common climacteric symptoms, in which the highest score (being equal to 4) is refers to the greater suffering of women and consequently lower quality of life.

The questionnaire has 36 objective questions divided into nine groups, randomly arranged, which assess: Depression (questions 3, 5, 7, 8, 10, 12 and 25); somatic symptoms (questions 14, 15, 16, 18, 23, 30 and 35); Memory/Concentration (questions 20, 33 and 36); Vasomotor symptoms (questions 19 and 27); anxiety/fears (questions 2, 4, 6 and 9); sexual behavior (questions 24, 31 and 34); sleep problems (questions 1, 11 and 29); menstrual symptoms (questions 17, 22, 26 and 28); and Attractiveness (questions 13, 21 and 32).

Each question in the questionnaire presents the alternatives as possible answers: "Yes, definitely", "Yes, sometimes", "No, rarely" and "No, absolutely". Each alternative scores 4, 3, 2 and 1 point, respectively. The score is considered so that the best quality of life corresponds to the lowest score.

In the QSM, the alternatives of questions 7, 10, 21, 25, 31 and 32 present the severity in an inverted way in relation to the other questions. Thus, for a correct analysis, these questions had their scores transformed, that is, 1 for "Yes, definitely", 2 for "Yes, sometimes", 3 for "No, rarely" and 4 for "No, absolutely.

Data were organized using Microsoft

Excel®, version 365. After checking for errors and inconsistencies, the analysis was performed using the Statistical Package for Social Sciences (SPSS) software, version 26.0 for Windows. The descriptive statistical analysis of the results was performed using absolute and relative frequencies for categorical variables; and the Average and Standard deviation or median with interval between quartiles when appropriate, for continuous variables, according to data symmetry. Data distribution was evaluated using the Kolmogorov-Smirnov or Shapiro-Wilk test. Crossing between qualitative variables was performed using the chi-square test ($\chi2$).

DATA ANALYSIS

For this study, the sample calculation was performed based on the estimate of a population of 800 patients (Average of patients seen in the previous year at the Gynecology outpatient clinic), considering a confidence level of 95% and a sampling error of 10%, which resulted in an n=260. However, due to the COVID-19 pandemic, consultations at the gynecology outpatient clinic were suspended at various times, and the number of consultations decreased significantly during the work period. Therefore, the studied population consisted of 175 women.

The sample reduction (from n=260 to n=175) due to the global health context and the COVID-19 pandemic may have compromised a more accurate assessment of the studied population, as some findings may have been overestimated while others may have been deleted due to this situation.

In addition, being a cross-sectional study, it cannot assess the issue as well as a longitudinal study and is reserved for testing hypotheses, but not for confirming them. The specific climacteric symptoms were not evaluated with a specific scale (such as the Blatt-Kupperman Menopausal Index) and, therefore, it was not possible to classify the patients according to the intensity of the symptoms.

For the analysis of the sociodemographic profile, the calculation of the Average, maximum, minimum value and Standard deviation measures was performed. Table 1 shows these data and it is possible to observe that the age of the interviewed women ranged from 40 to 65 years old, with an Average of 50.7, and Standard deviation of 6.33. The average age at menopause was 45.8, with a standard deviation of 6.9. Epidemiologically, the average age for menopausal women is 51.4 years (CASPER, 2020). However, this period may vary according to some risk factors, including genetics and smoking.

Variable	Minimum value	Maximum value	Average	Standard deviation
Age in years	40	65	50,7	6,33
Menopause in years	21	57	45,8	6,99

TABLE 1 – Distribution of numerical data according to maximum and minimum values, average and dispersion measure.

The schooling variable is important for assessing quality of life, since higher schooling presupposes greater knowledge or access to women's knowledge about the changes resulting from the climacteric. Ignorance on the subject can generate doubts and myths that hinder the quality of life of these women. In this study, it was observed that 31.3% of the interviewees would have studied elementary school, 43.2% high school and 25% higher education, having completed these or not.

It was also observed that our group of women was composed of a self-declared non-white majority (66.5%), including brown, black and indigenous women, followed by white (33.5%). Regarding marital status, most had a partner (62.5%), while 36.4% did not.

64.2% of women reported having a family monthly income of up to two minimum wages, 28.4% from 2 to 4 minimum wages, and only 6.8% received more than 4 monthly wages.

In this sample, 86.9% of women had children. When asked whether or not they had undergone a hysterectomy, it was observed that 83.8% of the women had not undergone this surgical procedure, while 16.2% had undergone a hysterectomy. Such data can be seen in Table 2 of this document.

Variable	N	%
Breed		
Not white	117	66,5
White	59	33,5
Marital status		
Without partner	64	36,4
With partner	110	62,5
Income		
<2 Minimum wages (SM)	113	64,2
From 2 to 4 SM	50	28,4
>4 SM	12	6,8
Kids		
Without kids	23	13,1
With kids	153	86,9
Hysterectomy		
No	28	16,2
Yes	145	83,8

Table 2 – Description of the biopsychosocial data of the studied patients, according to absolute and relative frequencies.

Next, Table 3 presents the Averages of responses in the various QSM Domains. In it, it is interesting to observe that of the nine Domains, seven are above the General Average of the QSM, which is 2.22. The Attractiveness modality was the one that presented the highest Average in the QSM (2.74), followed by Menstrual Problems (2.73), sexual behavior (2.56) and Somatic Symptoms (2.56). Such disorders are frequent in the climacteric and are related to the hormonal changes characteristic of this phase, in addition to the individual and cultural characteristics also experienced within the process (ALBUQUERQUE et al., 2019).

Domain	Average	Standard deviation
Depression	2,47	0,37
Somatic	2,55	0,76
Memory/ Concentration	2,14	0,92
Vasomotors	2,27	1,12
Anxiety/tremors	2,32	0,95
Sexual behavior	2,56	0,69
Sleep problems	2,43	1,05
Menstrual symptoms	2,73	0,79
Attractiveness	2,74	0,61

Table 3 – Distribution of QSM Domains responses according to Average and dispersion measure.

Somatic symptoms are: pain in the back, arms and legs, excessive fatigue, headache, tingling, dizziness, frequency, nausea and vomiting. Memory and concentration, on the other hand, related to a drop in memory performance, with difficulty concentrating and feeling clumsy.

Vasomotor symptoms, especially hot flashes, characterized by hot flashes, accompanied by flushing and sweating, are among the most characteristic of the climacteric and were frequent findings in this sample. For some authors, these vasomotor symptoms occur in up to 80% of women, depending on the studied group (VAN VOORHIS et al., 2008). In the present study, a relationship was observed between non-white race and vasomotor symptoms, with p=0.041.

A distressing feature of hot flashes is that they are more common at night than

during the day and are associated with sleep deprivation. Despite this, climacteric women may suffer from sleep disturbances even in the absence of hot flashes. The estimated prevalence of difficulty sleeping based on two longitudinal cohort studies was 32 to 40% in the early menopausal transition, increasing to 38 to 46% in later stages (DENNERSTEIN et al., 2000). Sleep problems reflect on the performance, behavior and well-being of climacteric women, directly influencing their quality of life.

In the present study, it was also verified that the variables: race, income, menopausal status, and the performance of a hysterectomy can influence the quality of life of the women participating in the research.

The variables income and menopausal status were directly associated with depression, with $p=0.035$ and $p=0.045$, respectively. Several studies indicate that there is a significantly increased risk of depression in women during the menopausal transition compared to their premenopausal years (BROMBERGER et al., 2003) and that the risk then declines in early postmenopausal years. In an eight-year longitudinal study to determine risk factors for depressive disorders, a diagnosis of depression was 2.5 times more likely to occur in the menopausal transition compared to when the woman was premenopausal (FREEMAN et al., 2006).

An interesting association found in this study concerns the relationship between performing a hysterectomy and the domains of Memory/Concentration ($p=0.036$) and anxiety (0.033), where hysterectomized women would be more prone to the involvement of these domains. Although it seems an unusual finding, a laboratory study at the University of Arizona demonstrates that removal of the uterus has a definite impact on spatial memory (KOEBELE SV., 2019). This finding requires further investigation.

CONCLUSIONS

The results of this study show that among the nine domains of the Women's Health Questionnaire, seven were above the general average, namely: depression, somatic symptoms, anxiety, sexual behavior, sleep problems, menstrual symptoms, and attractiveness.

Mean values greater than 2.2 are considered possible cases of low quality of life. These findings show that the studied population lacks local health policies that provide them with a better quality of life.

CONFLICTS OF INTEREST

Nothing to be declared.

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