
GYNAECOLOGY

Vasomotor and Psychological Symptoms in Climacteric Women in Ramathibodi Hospital

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ABSTRACT

Objective To study the vasomotor and psychological symptoms in premenopausal, perimenopausal and postmenopausal women before hormonal replacement therapy given.

Design A prospective study.

Setting Department of Obstetrics and Gynaecology, Faculty of Medicine, Ramathibodi Hospital.

Subjects 141, 289 and 334 cases of premenopausal, perimenopausal and postmenopausal women were included between August 1993 to August 1995.

Main outcome measures Severity of each symptom was scored to 0, 1, 2 or 3 and then grading into mild (1-5), moderate (6-10) and severe (11-15) in vasomotor symptom, and mild (1-6), moderate (7-12) and severe (13-18) in psychological symptom.

Results There were no significant difference among these groups when considered scores according to their severity in those two symptoms.

Conclusion A quarter to one-third of climacteric women suffer moderate to severe degree of vasomotor and psychological symptoms. Hormonal replacement therapy may be needed in these groups.

Key words : vasomotor symptoms, psychological symptoms, climacteric women

Postmenopausal period has been increasingly interested by gynaecologists due to more referred cases from general physicians. Some patients even seeked consultations directly and frequently from gynaecologists. Women who seek medical care around the time of menopause frequently report changes in one or more aspects of psychological functioning. The questions we are encountering not only are symptoms oriented but also are tedious. Dizziness, headache, flushing emotional habits and anxiety are samples of these complaints. The aetiology of these symptoms is likely multifactorial and, undoubtedly, individual and sociocultural factors are important determinants. Should these symptoms be treated by general physicians or gynaecologists are difficult to be answered. Since recent treatment of these symptoms now needs hormonal replacement. The known psychotropic properties of the sex hormone provide reason to believe that the drastic decrease in sex steroid production at menopause is also casually related to the development of psychological symptoms in some women.⁽¹⁾ We thus studied the vasomotor and

psychological symptoms in premenopausal, perimenopausal and postmenopausal women before placing them on hormonal replacement therapy.

Materials and Methods

Patients attended menopausal clinics from August 1993 to August 1995 were asked to fill up the questionnaires concerning about symptoms commonly complained by those women. The symptoms were classified into 2 groups which were vasomotor and psychological (Table 1). Each individual symptom was scored 0, 1, 2 or 3 depending on severity of the symptom. The scores of each symptom in each group were combined and then graded into mild (1-5 points), moderate (6-10 points) and severe (11-15 points) in vasomotor symptom, and mild (1-6 points), moderate (7-12 points) and severe (13-18 points) in psychological symptom.⁽²⁾ Results were calculated by using Chi-square to test the significance of symptoms where P is < 0.05 in each group of premenopause, perimenopause and postmenopause.

Table 1. Scoring of vasomotor and psychological symptoms used in the study⁽²⁾

score symptom	no (0)	mild (1)	moderate (2)	severe (3)
Vasomotor				
Hot flushes				
Dizziness				
Headache				
Difficulty sleeping				
Loss of memory				
Psychological				
Emotional labile				
Anxiety				
Feeling depressed				
Weary				
Insecurity				
Sleepiness, inert				

Results

There were 141, 289 and 334 cases of premenopausal (group 1), perimenopausal (group 2) and postmenopausal (group 3) period who completely filled in the questionnaires.

Figure 1 demonstrates vasomotor symp-

toms of group 1, 2 and 3. There were no significant differences among these groups when considered scores according to their severity ($P = 0.907$). Figure 2 shows psychological symptoms of group 1, 2 and 3. There were no significant differences among these groups

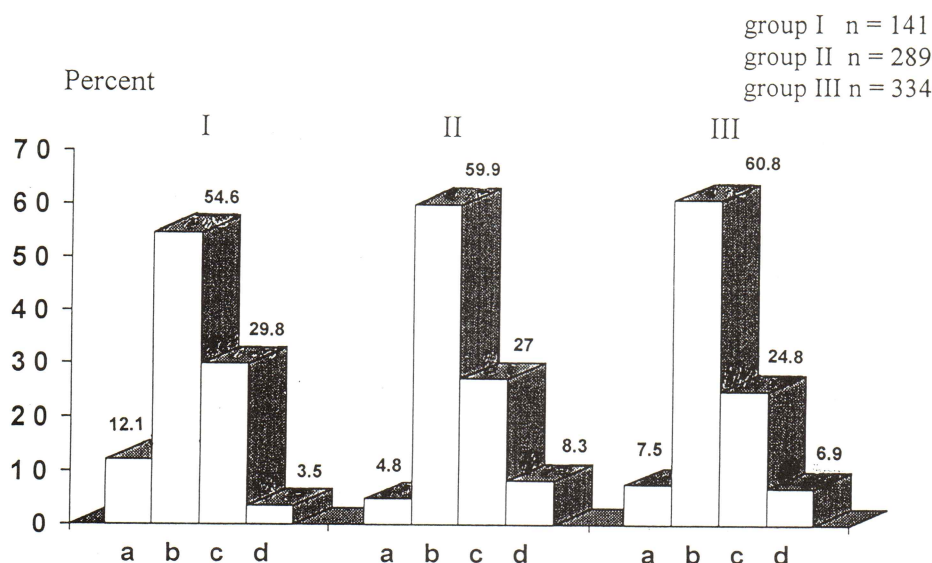


Fig. 1. Vasomotor symptoms of group I (premenopause), group II (perimenopause), and group III (postmenopause). (a = no symptom, b = mild, c = moderate, and d = severe)

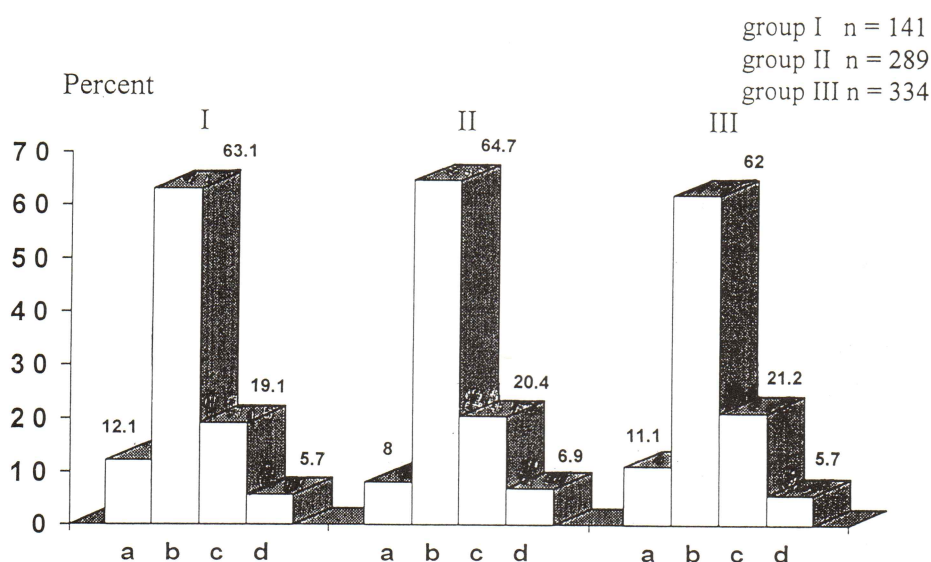


Fig. 2. Psychological symptoms of group I (premenopause), group II (perimenopause), and group III (postmenopause). (a = no symptom, b = mild, c = moderate, and d = severe)

when considered scores according to their severity ($P = 1.085$).

Discussion

From this study, almost women who attended to menopause clinic already had vasomotor, psychological symptoms even they were in premenopausal period. Interestingly about 90% had experienced in these two symptoms, varied from mild to severe degree, corresponded to Kronenberg's data.⁽³⁾ Figure 1 and 2 show same patterns of distribution of severity in vasomotor and psychological symptoms. There were almost 25-35% of women who were graded in moderate and severe. This quarter or one-third of women truly needed hormonal replacement therapy if we considered treating accordingly to symptomatology.

Estrogen is the drug of choice in replacing the hormone to these women. Estrogen enhances mood and specific aspects of cognitive functioning in some premenopause, perimenopause and postmenopausal women.⁽⁴⁾ Kampen et al⁽⁵⁾ recently demonstrated estrogen appeared to have a specific effect on verbal memory skills in healthy postmenopausal women. Abraham et al⁽⁴⁾ made the survey on postmenopausal women who were on hormonal replacement therapy and showed that more than 60% of those women reported improvement in hot flushes, nonspecific emotional changes and vaginal dryness. Estrogen replacement therapy (ERT) had benefits and risks. It is not definitely claimed that ERT might increase the incidence of breast cancer. Roy et al⁽⁶⁾ showed that in healthy postmenopausal women the benefits associated with ERT outweighed the risks, but in women with a previous diagnosis of breast cancer, the balance of risks

and benefits should be explored in randomized controlled trials. Couzi et al,⁽⁷⁾ moreover, reported the attitudes towards ERT in women with a history of breast cancer. In the report, vasomotor symptoms had a significant impact on the quality of life of breast cancer patients. However, clinical trials to determine the safest and the most effective ways to relieve these symptoms are needed.

In conclusion, about a quarter to one-third of women who attended the menopause clinic have moderate and severe degree of vasomotor and psychological symptoms. Hormonal replacement therapy is then needed in this group, but the risks from estrogen replacement therapy should be considered accordingly.

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