Letters to Editor

Menopausal spectrum of urban Indian women

Dear Editor

We enjoyed reading the article by Dr. Narinder Mahajan et al., in volume three related to health issues of menopausal women in North India. It was interesting to compare and contrast the data with our own menopausal clinic patients. Situated in the heart of Delhi, the clinic usually receives well-educated patients belonging to high socioeconomic background. Even this group of women hesitates to talk of their problems and present after many months of suffering. The analysis of randomly selected 50 symptomatic women revealed a mean delay of 4.73 ± 2.72 years before seeking help for their problems. Parallel findings were reported in the Asian Menopause Survey (2010) and postmenopausal symptoms were accepted as a part of natural ageing process or treated with herbal remedies.\(^1\)

The mean age at menopause 47.36 ± 3.58 years, was comparable to other Indian studies.\(^2-6\) The authors also discussed that this is slightly early when compared to western women but may be explained by ethnic, biological, and regional differences.\(^7\) The participant demographics are illustrated in Table 1.

Even though, the majority of women were educated to high school and above, only 44% were taking calcium supplements and just 42% were engaged in exercise. Several other studies of Indian menopausal women also echo similar lifestyles with 53.3-78.6% women taking calcium supplements and 71.4-78.6% involved in exercises.\(^6,8\) The lower rate in our study can be explained by the fact that mentioned studies have community-based sampling, whereas we included symptomatic patients.

The most common menopausal complaint mentioned by the authors was fatigue (62%), followed by hot flashes (56%), cold sweats (52%), and backache (51%). In contrast to the authors, musculoskeletal complaints (80%), and gastrointestinal symptoms were more common in our patients. The detailed symptomatic profile of the study group is depicted in Table 2.

It has always been believed vasomotor symptoms dominate the menopausal symptomatology in Western women and musculoskeletal complaints along with sleeplessness predominate Asian women. Various authors have confirmed these findings over many decades.\(^7-11\) Although gastrointestinal symptoms have been reported in menopausal women yet they are not given due emphasis in clinical practice. Constipation, gastroesophageal reflux disease, irritable bowel syndrome and burping are very common in postmenopausal women. The fluctuations in estrogen hormone are the main cause of these symptoms.\(^12\)

In depth review of menopausal symptoms in various geographical locales of India show minor variations which are illustrated above [Table 3].

| Background variables | Frequency | Percentages |
|----------------------|-----------|-------------|
| Education            |           |             |
| Upto middle school   | 3         | 6           |
| High school          | 26        | 52          |
| Graduation           | 18        | 36          |
| Postgraduation       | 3         | 6           |
| Socioeconomic background |      |             |
| Middle               | 4         | 8           |
| High                 | 46        | 92          |
| Occupation           |           |             |
| Housewives           | 42        | 84          |
| Professionals        | 8         | 16          |
| Marital status       |           |             |
| Unmarried            | 4         | 8           |
| Widows               | 5         | 10          |
| Divorced             | 1         | 2           |
| Married              | 40        | 80          |
| Healthy lifestyle followers |     |             |
| Are you taking calcium supplements? | |
| Yes                  | 22        | 44          |
| No                   | 28        | 56          |
| Are you doing exercise? |    |             |
| Yes                  | 21        | 42          |
| No                   | 29        | 58          |

| Symptoms                      | Frequency | Percentage |
|-------------------------------|-----------|------------|
| Musculoskeletal complaints    | 40        | 80         |
| GIT symptoms                  | 39        | 78         |
| Weight gain                   | 35        | 70         |
| Urogenital complaints         | 25        | 50         |
| Vasomotor symptoms            | 22        | 44         |
| Mood disturbances             | 23        | 46         |
| Sleep abnormalities           | 29        | 58         |
| Loss of libido                | 20        | 40         |
| Bleeding problems             | 3         | 6          |

\(^{G I T : G a s t r o i n t e s t i n a l}\)
These diversities probably exist because women experience a reduction in estrogen levels in a wide variety of ways with great interindividual variation. The perception of symptoms also depends on cultural, customary and religious background. The individual social, economic and emotional support systems of coping with distressing menopausal symptoms play an important role in severity of symptoms.[7]

The menopausal women suffer from many comorbid conditions. Out of the randomly selected 50 women six were diabetic, 11 hypothyroid, eight had migraine, and 12 had hypertension with only one patient having a history of cerebrovascular accident. There were three women suffering from gall stones and 12 who had osteoarthritis. Active treatment of associated conditions not only provides symptomatic relief but also improves the quality of life.

To sum it up, menopausal transition is an important opportunity to encourage health screening in women. It provides us a chance to encourage preventive health behavior. A healthy lifestyle with nutritional supplementation, exercise, adequate sunshine and sleep time can be emphasized in all menopausal women presenting with symptoms. Second, the health care workers should be sensitized to identify menopausal women and utilize every contact to screen them for symptoms, examine and investigate for problems. The researchers from all the disciplines should work together for better understanding of women’s health across cultures and boundaries.

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Table 3 : Diversity of Menopausal experience across India

| Geographical location | Author | Year | Predominant symptoms (%) |
|-----------------------|--------|------|--------------------------|
| Maharashtra (Pune)    | Bagga[5] | 2004 | Loss of interest (93), tightness in head (83), weight gain (67), hot flushes (54) |
| Punjab (Chandigarh)   | Kaur et al.[13] | 2004 | Visual disturbances |
| North India (rural area) | Singh and Arora[14] | 2005 | Diminished acuity of vision and hot flushes |
| Jammu and Kashmir     | Sharma[15] | 2007 | Fatigue (72.9), headache (55.9), hot flushes (53.6) |
| South India India     | Bairy et al.[11] | 2009 | Muscle pains |
| Himachal Pradesh      | Mahajan et al.[16] | 2012 | Fatigue (62), hot flushes (56), backache (51) |
| South India (Bangalore) | Madhukumar et al.[18] | 2012 | Fatigue (72.9), headache (55.9), hot flushes (53.8), weight gain (43.1) |
| North India (rural community Punjab) | Vijaylakshmi et al.[19] | 2013 | Fatigue (92.9), headache (88.8), joint pain (72.6), sleeplessness (60.09), Exhaustion (54.4) |
| Maharashtra (Loni)    | Pal et al.[17] | 2013 | Fatigue (86), joint pain (76), bladder problems (56) |

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