Severity of climacteric symptomatology related to depression and sexual function in women from a private clinic

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Abstract

Introduction: The climacteric is a natural transition stage in women, in which hormonal changes occur that affect the physical and psychological well-being. Therefore, the objective was to determine the relationship of the severity of climacteric symptomatology with depression and sexual function in women.

Materials and methods: It was a descriptive, cross-sectional study, with a sample of 60 women between 40 and 65 years old. The Female Sexual Function Questionnaire-2, the Menopause Rating Scale, and the Beck Depression Inventory were used.

Results: The mean age of the women was 49.1 ±5.6 years. 21.7% of the women had severe depression, 28.3% moderate, and 50% mild/minimal. Changes in sleep habits (1.73 ±0.88) and in appetite (1.63 ±0.73) were the most severe manifestations. Difficulty sleeping (1.05 ±0.99), physical and mental fatigue (1.48 ±0.98), and vaginal sequelae (1.45 ±1.26) were the most serious complaints in the somatic, psychological, and urogenital domains, respectively. 60% presented severe sexual dysfunction regarding genital pain and 55% in vaginal penetration. Communicating sexual preferences to the partner was common in 75% of women. 88.3% had frequent sexual activity, but 63.3% had zero or low sexual satisfaction.

Conclusions: Climacteric symptomatology is related to depression but not to women’s sexual function.

Key words: menopause, depression, psychosexual dysfunction, sexual health, women’s health.

Introduction

The climacteric is a period of adaptation and transition to a non-reproductive stage, which includes the years before and after menopause. During this period, psychological and social factors influence the appearance of signs and symptoms, as well as the hormonal changes characteristic of climacteric [1]. The psychological and physical impact is frequent but at different levels in each woman.

In this period, sexual function is one of the most affected factors [2]. The risk of suffering sexual dysfunction triples. Desire, as well as arousal, are usually the most compromised components of sexuality [3]. In addition, mental health care is highly undervalued, although mood deterioration represents one of the most frequent reasons for consultation [4]. These problems have repercussions in the full development of the women’s well-being and, hence, on their quality of life [1].

The insufficient capacity to recognize or express the conflicts and discomforts increases the negative repercussions on the woman’s health [5]. In addition to this problem, a negative attitude towards these changes affects their proper management, even the search for professional support for specialized advice with an integrative approach [6]. Different investigations conclude that in women with severe symptoms, the chance of deterioration of sexual well-being increases [7], and that the depressive state is related to their sexual function [8].

The women and people around them need to understand that the climacteric is a natural transition, not a disease, and it requires a preventive and educational approach due to the social, physical, and mental vulnerability present in these years. The positive and negative experiences that women go through during the climacteric mainly impact the role they play in their work, family, and community.

Considering that the well-being of climacteric women still represents a challenge for public health, and so this study will be developed to determine the relationship between the severity of climacteric symptoms with depression and sexual function in women from a private clinic.
Material and methods

The descriptive and cross-sectional study was carried out at the “Monteluz” clinic in the district of Carabayllo November–December 2021. The research was carried out after obtaining the approval of the institutional research Ethics Committee of the Sergio E. Bernales National Hospital (No. 21-0055) and the institutional authorization of the clinic.

Women between 40 and 65 years old, who had sexual relations with their partner, and who decided to participate voluntarily, were selected for this study. Meanwhile, those with chronic diseases, mental health problems (psychological or psychiatric), hormonal treatment in the last 6 months, and incomplete information were excluded from the research.

For the execution of the study, the women who agreed to participate signed an informed consent form. Confidentially, 3 instruments were used. The first was the female sexual function questionnaire 2 (FSM-2), made by Sánchez-Sánchez et al. [9], presenting 11 items with scores ranging of 1–4, and divided into 2 domains: evaluators of the sexual response and descriptive of sexual activity. This instrument was validated by experts to have good reliability ($\alpha = 0.919$). The total score was obtained by adding the points of the items of the domain of evaluators of sexual response. A higher score reflects greater sexual dysfunction.

The second instrument applied was the menopause rating scale, which was developed by Heinemann [10] and currently has versions in different languages [11], with good validity and reliability in all countries [12]. This scale has 11 items distributed in 3 domains: somatic, psychological, and urogenital, with scores ranging of 0–4.

The total score was obtained by adding up the points of all the items. The higher the score, the more severe the symptomatology.

The last instrument was the Beck Depression Inventory adapted to Spanish by Sanz et al. [13], which has shown high general reliability ($\alpha = 0.091$), as well as for the cognitive-affective ($\alpha = 0.086$) and somatic-motivational ($\alpha = 0.081$) domains [14]. It has 21 items that have a score of 0–4. They are distributed in the domains that were mentioned before. The total score was obtained by adding the points of all the items. A high score reflects a more severe depressive state.

Statistical analysis

The data were processed using the SPSS version 26 program. The mean and standard deviation were estimated for the numerical variables; the frequency and the percentage for the categorical ones. Data distribution was evaluated using the Kolmogorov-Smirnov test. The Pearson and Spearman correlation test was used, with a significance level of less than 0.05.

Discussion

The climacteric is a critical stage for women. They experience hormonal changes with different intensities, which affect their physical and emotional well-being. Although this is a natural process, it is a problem that requires a comprehensive, differentiated, and sustained approach, given the community impact it generates.

In the current study, mild/minimal depression (50%) was the most frequent. In comparison, Yanikkerem et al. [8] showed that 32% presented minimal symptoms. In addition, Duzgun et al. [15] showed that mild symptoms were the most frequent. On the other hand, this study shows that around 90% of women reported some level of severity in sleeping alteration, contrary to what was found by Humeniuk et al. [16], who indicated that 46% had no problems sleeping.

The reduction in the concentration of oestrogens and progesterone, high levels of testosterone [17],...
Table 1. Indicators of depression in climacteric women

| Parameters                        | Severity scale | X ±SD |
|-----------------------------------|----------------|-------|
|                                   | 0   | 1     | 2     | 3    |
| Sadness                          | 27  | (45.0)| 20    | (33.3)| 11   | (18.3)| 2     | (3.3)| 0.80 ±0.86|
| Pessimism                        | 25  | (41.7)| 19    | (31.7)| 16   | (26.7)| –     | –   | 0.85 ±0.82|
| Failures from the past           | 29  | (48.3)| 9     | (15.0)| 20   | (33.3)| 2     | (3.3)| 0.92 ±0.97|
| Anhedonia                        | 12  | (20.0)| 31    | (51.7)| 14   | (23.3)| 3     | (5)  | 1.13 ±0.79|
| Guilt                            | 24  | (40.0)| 27    | (45.0)| 7    | (11.7)| 2     | (3.3)| 0.78 ±0.78|
| Punishment                       | 38  | (63.3)| 14    | (23.3)| 4    | (6.7) | 4     | (6.7)| 0.57 ±0.89|
| Self-esteem                      | 34  | (56.7)| 15    | (25.0)| 9    | (15.0)| 2     | (3.3)| 0.65 ±0.86|
| Self-criticism                   | 27  | (45.0)| 17    | (28.3)| 13   | (21.7)| 3     | (5.0)| 0.87 ±0.92|
| Suicidal thoughts                | 42  | (70.0)| 14    | (23.3)| 2    | (3.3) | 2     | (3.3)| 0.40 ±0.71|
| Crying                           | 17  | (28.3)| 13    | (21.7)| 18   | (30.0)| 12    | (20) | 1.42 ±1.10|
| Agitation                        | 20  | (33.3)| 20    | (33.3)| 12   | (20.0)| 8     | (13.3)| 1.13 ±1.03|
| Loss of interest in activities    | 24  | (40.0)| 24    | (40.0)| 11   | (18.3)| 1     | (1.7)| 0.82 ±0.79|
| Indecision                       | 24  | (40.0)| 17    | (28.3)| 16   | (26.7)| 3     | (5.0)| 0.97 ±0.93|
| Inutility                        | 35  | (58.3)| 13    | (21.7)| 11   | (18.3)| 1     | (1.7)| 0.63 ±0.84|
| Loss of energy                   | 16  | (26.7)| 30    | (50.0)| 11   | (18.3)| 3     | (5.0)| 1.02 ±0.81|
| Sleeping alteration              | 5   | (8.3) | 18    | (30.0)| 25   | (41.7)| 12    | (20.0)| 1.73 ±0.88|
| Irritability                     | 26  | (43.3)| 17    | (28.3)| 13   | (21.7)| 4     | (6.7)| 0.92 ±0.96|
| Loss of appetite                 | 2   | (3.3) | 25    | (41.7)| 26   | (43.3)| 7     | (11.7)| 1.63 ±0.73|
| Loss of concentration            | 26  | (43.3)| 13    | (21.7)| 19   | (31.7)| 2     | (3.3)| 0.95 ±0.94|
| Tiredness and fatigue            | 14  | (23.3)| 26    | (43.3)| 16   | (26.7)| 4     | (6.7)| 1.17 ±0.86|
| Loss of sexual interest          | 23  | (38.3)| 16    | (26.7)| 18   | (30.0)| 3     | (5.0)| 1.02 ±0.94|

X – mean, SD – standard deviation

Table 2. Severity of climacteric symptomatology according to domains

| Parameters                        | None discomfort | Mild discomfort | Moderate discomfort | Severe discomfort | Very severe discomfort |
|-----------------------------------|-----------------|-----------------|--------------------|------------------|-----------------------|
| Somatic                           |                 |                 |                    |                  |                       |
| Hot flushes, sweating             | 23 (38.3)       | 26 (43.3)       | 9 (15.0)           | 2 (3.3)          | –                     |
| Heart discomfort                  | 31 (51.7)       | 26 (43.3)       | 3 (5.0)            | –                | 0.53 ±0.59            |
| Sleep problems                    | 21 (35.0)       | 20 (33.3)       | 16 (26.7)          | 1 (1.7)          | 2 (3.3)               |
| Joint and muscular discomfort     | 12 (20.0)       | 37 (61.7)       | 9 (15.0)           | 2 (3.3)          | –                     |
| Psychological                     |                 |                 |                    |                  |                       |
| Depressive mood                   | 17 (28.3)       | 27 (45.0)       | 11 (18.3)          | 4 (6.7)          | 1 (1.7)               |
| Irritability                      | 9 (15.0)        | 40 (66.7)       | 9 (15.0)           | 2 (3.3)          | 1.07 ±0.66            |
| Anxiety                           | 20 (33.3)       | 26 (43.3)       | 9 (15.0)           | 4 (6.7)          | –                     |
| Physical and mental exhaustion    | 6 (10.0)        | 32 (53.3)       | 11 (18.3)          | 9 (15)           | 2 (3.3)               |
| Urogenital                        |                 |                 |                    |                  | 1.48 ±0.98            |
| Sexual problems                   | 18 (30.0)       | 27 (45.0)       | 9 (15.0)           | 3 (5.0)          | 3 (5.0)               |
| Bladder problems                  | 14 (23.3)       | 29 (48.3)       | 11 (18.3)          | 3 (5.0)          | 3 (5.0)               |
| Vaginal dryness                   | 13 (21.7)       | 26 (43.3)       | 10 (16.7)          | 3 (5.0)          | 8 (13.3)              |

X – mean, SD – standard deviation

and changes in body composition [18, 19] are related to climacteric symptoms that variably affect women. The present study shows that half of the women suffered from moderate affection, and a minimum proportion suffered from severe affection. Studies such as those by Jonusiene et al. [20] and Cruz et al. [21] reported different findings because they reported that moderate and severe symptoms occurred in 21.6% and 36.5% of the women studied, respectively.

In addition to the hormonal changes presented at this stage of a woman’s life, the passing of the years generates sexual problems of various magnitudes [22].
Similarly to our results, Dąbrowska-Galas et al. [23] reported that dyspareunia and lubrication were some of the most affected domains. On the other hand, sexual desire and orgasm were the ones that presented the least impact during the climacteric, contrary to what was reported by Trento et al. [24]. If the climacteric symptoms are not fully managed, they can affect different areas of the woman’s development and even her closest environment. For Tsai et al. [25], somatic symptoms represented a risk factor for depressive syndrome in women. In this sense, the results of this study show that depression was directly related to the severity of climacteric symptoms, contrary to a study conducted in Turkey, which showed an indirect relation [15]. On the other hand, several studies showed that sexual function and climacteric symptoms were related [20, 26–28], contrary to our research. Furthermore, similar information was found in the study by Eftekhar et al. [29] In their research, the urogenital and somatic symptoms were associated with sexual dysfunction.

There are certain limitations to the research. It was a non-random sample, so the results were not generalized to the entire population. In addition, due to the methodological design, there was no causal relationship between the variables.

Conclusions

In conclusion, climacteric symptomatology was related to depression. It was also linked to the somatic-motivational and cognitive-affective domains. In the latter case, somatic symptomatology did not show a significant relationship. In addition, urogenital symptomatology was correlated to sexual function. It is necessary to provide health services that address this stage of natural transition with a comprehensive and interdisciplinary approach.
Acknowledgments
The study was approved by a research Ethics Committee.

Disclosure
The authors report no conflict of interest.

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