

ORIGINAL ARTICLE

MENOPAUSE SYMPTOMS AND CLIMACTERIC DEPRESSION IN WOMEN WITH AND WITHOUT HORMONE REPLACEMENT THERAPY

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Background: Menopause causes deterioration of functioning in routine, social, and sexual life of women. The objective of present study was to compare menopause symptoms and climacteric depression in women with and without hormone replacement therapy (HRT). **Methods:** This cross-sectional comparative study was conducted in the Gynaecology Wards of hospitals and private clinics in Rawalpindi/Islamabad, from September 2015 to January 2016. One hundred menopausal women were included through non-probability purposive sampling. The subjects were divided into two groups of 50 each with and without hormone replacement therapy. The study variables were measured through Menopause Rating Scale and MENO-D. **Results:** Psychometric properties showed high reliability of study instruments, for MENO-D ($\alpha=0.79$) and Menopause Rating Scale ($\alpha=0.93$). Women not taking hormone replacement therapy reported severe symptoms of menopause and climacteric depression in comparison to women taking hormone replacement therapy ($p<0.001$). **Conclusion:** The menopausal symptoms are less in women taking HRT. Hormone replacement therapy is beneficial for controlling severity of climacteric depression. The women may enjoy better mental health with hormone replacement therapy.

Keywords: Menopause, Depression, Hormone Replacement Therapy,

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INTRODUCTION

Menopause is a phase of life in womanhood which is marked by end of menstrual cycles during past 12 consecutive months.¹ Menopause and associated transformations in the hormones bring upon various symptoms like sleep disturbances, sweating at night, vaginal dryness, hot flushes, frequent urination and poor memory. Some psychological symptoms are also associated with menopause.² Menopause causes deterioration of functioning in routine, social, and sexual life of women.³

Depression is a common mental disorder characterized by low mood, loss of interest or pleasure in social and sexual activities, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration.⁴ Depression is caused by imbalances in neurotransmitters like dopamine, serotonin, and hormones like oestrogen and testosterone.⁵ Depressive symptoms are highly prevalent in the middle aged climacteric women.⁶ Depression and menopause share a number of similar symptoms due to which the term climacteric depression is used, which is linked with changes in ovarian hormone levels and can be successfully treated by hormone supplementation.^{7,8}

Different strategies are used by women to cope up with the menopause symptoms like modification of life style, visit to drug store, self-medication, visit to hospital for proper medical management, seeking divine intervention (prayers), hormone replacement therapy (HRT) and herbal medications.⁹ Hormone replacement therapy involves the administration of synthetic

oestrogen and progesterone to replace a woman's depleting hormone levels and thus alleviate menopausal symptoms.¹⁰

Hormone replacement therapy is an efficient strategy for the management of symptoms of menopause like vasomotor symptoms, sleep disturbances, mood alteration, depression, urinary tract infection, vaginal atrophy and increased risks for osteoporosis, cardiovascular diseases and loss of cognitive function.¹¹⁻¹³ According to a research, taking oestrogen for 3 months can improve the mood swings of the climacteric women. It has also been reported, that HRT improves not only the depressive symptoms but also improves vasomotor system functioning.¹⁴

However, despite the effectiveness of HRT, women do not have much awareness regarding it. A study revealed that reason for the lack of usage of HRT is that most of the women have no awareness regarding it and due to that they never considered it to be a mode of treatment for menopause and related symptoms. They had never discussed about it with their doctors and had no information regarding the pros and cons of HRT especially, the women from low socio-economic background.¹⁵ The onset age of menopause in Pakistan ranges between 45 and 55 years with mean age 44.5 ± 0.8 years.¹⁶ Most of the women in Pakistan have no awareness regarding menopause and HRT. Forty percent had no knowledge regarding menopause, 15.33% had heard about it from others, 36.67% reported it as a natural thing, and 8% reported it to be a disease.¹⁷

There is lack of knowledge and awareness about the physical and psychological stages of

menopause in women. In Pakistani society, women cannot express their feelings or psychological states during the stages of menopause. Lack of understanding further aggravates their stress. Women who have knowledge about the treatment of menopausal symptoms go for HRT, which is considered a good coping strategy in menopause. Greater awareness regarding HRT and other strategies will lead to better management of these symptoms. They will seek medical advice regarding hormone replacement therapy. This will prevent women from experiencing the drastic effect of transition stage and will be in a better position to live a physically and psychologically healthy life. The present study was conducted to compare menopause symptoms and climacteric depression in women with and without hormone replacement therapy.

SUBJECTS AND METHODS

This cross-sectional comparative study was conducted after getting approval from the Ethical Review Committee of International Islamic University. Written informed consent was sought from all participants. Data collection tools were 'Menopause Rating Scale'¹⁸ developed in 1990s to find out the severity of the menopause in women and MENO-D developed by Kulkarni and Alfred¹⁹ to detect climacteric depression. Both the tools are fully validated and highly reliable. The sample consisted of 100 climacteric women, 50 women without hormone replacement therapy and 50 with hormone replacement therapy, with the age range of 40–55 years. Data was collected from different Gynaecology Wards of hospitals and private clinics of Rawalpindi/Islamabad. Non-probability purposive sampling was used. Menopause rating scale has 11 questions and uses 5 point Likert scale system as 0 (none), 1 (mild), 2 (moderate), 3 (severe), 4 (very severe). MENO-D has 12 categories (A-L) which indicate symptoms of depression and every category has 5 questions except the category B. Its score range is 0–48 and higher scores indicate higher level of depression. Analysis of the data was carried out using SPSS-21. Cronbach α coefficient was computed to check the reliability of the study questionnaires. Severity of menopause symptoms and climacteric depression were compared between climacteric women with and without HRT using independent samples *t*-test and $p \leq 0.05$ was considered statistically significant.

RESULTS

In a sample of 100 climacteric women, the mean age was 50 ± 1.34 years. Cronbach α coefficient was 0.79 and 0.93 for Menopause Rating Scale and MENO-D respectively.

A comparison of mean values of climacteric women with and without HRT on menopause symptom severity and climacteric depression is expressed in the

Table-1. Mean values of menopause symptoms severity and climacteric depression were higher in women without HRT compared to those with the therapy, and the differences were statistically significant ($p < 0.001$) with moderate effect size.

Table-1: comparison of menopause symptoms and climacteric depression in women with and without hormone replacement therapy (Mean \pm SD)

Variables	With HRT (n= 50)	Without HRT (n=50)	p	Cohen's d
Menopause symptoms severity	14.18 \pm 5.52	22.64 \pm 6.41	<0.001	0.54
Climacteric depression	11.10 \pm 4.35	24.02 \pm 6.12	<0.001	0.38

DISCUSSION

There is much similarity in the symptoms of menopause and depression for instance, lethargy, disturbance in sleep, grumpiness, lack of interest in the routine and impoverished retention and recall. The symptomatology of menopause and depression share much in common like, sleep disturbances, irritability, fatigue, lack of interest in daily activities, poor memory and concentration. Due to this, depression may go undiagnosed and thus, no treatment is provided to the women, who might consider that these symptoms are just a part of aging process.²⁰

There were significant differences in menopausal severity and depression between the women taking hormone replacement therapy and those not taking the therapy. The results indicated that the women taking hormone replacement therapy had lesser severity of menopause symptoms and climacteric depression whereas the women not taking hormone replacement therapy had greater severity of menopause symptoms.

A study revealed that hormone therapy controls not only menopause symptoms but it is also effective in reducing the risk of osteoporosis, another risk factor for menopausal women.²¹ In another study, women with menopause using estradiol treatment for 5 years did not feel any significant improvement until HRT was introduced which later showed a significant reduction in climacteric symptoms.²² Glaser *et al*²³ measured depression using Beck depression inventory in menopausal women with and without hormone replacement therapy. The women in their study after hormone therapy showed a significant reduction in scores of Beck depression inventory.

The sample size of the present study is small, therefore external validity of the results is low. However, conducting a research on the said topic in Pakistan is difficult as there is lack of awareness in Pakistan regarding the domain. Thus, very few women go for HRT. Women in Pakistan are not much expressive about such problems. Therefore, data

collection is a tedious task. Researches should aim to conduct research in the area with large sample size for better generalizability. Present study focused on menopausal women. Further research is required to compare the pre-, peri-, and postmenopausal stages so that better strategies may be applied for reducing the symptom severity and psychological illnesses among the women.

The present study was based on the results obtained from women themselves suffering from menopausal symptoms. For a better understanding, future researchers should also involve the family members so that a clearer picture regarding the quality of life, relationship, and routine activities can be attained. This will bring awareness to the masses regarding the physical and psychological symptoms experienced by women during menopausal stage. This may also highlight the role of family support at that stage of life.

CONCLUSION AND RECOMMENDATION

Menopausal women taking hormone replacement therapy experience a better living than those not taking the HRT. Women should be provided awareness regarding menopause symptoms, health decisions, quality of life and use of HRT. This may help the women enjoy better mental and physical health.

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