



## Evaluation of life's quality of women in climacteric in the city of Floriano, Piauí

*Avaliação da qualidade de vida de mulheres no climatério na cidade de Floriano, Piauí*

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### Abstract

**Introduction:** The climacteric is the transition phase that is between the end of the reproductive and non-reproductive period of the woman's life, and that can be extended up to 65 years of age. Menopause is considered the mark of this phase and is characterized as an event, and not as a period. **Objectives:** To evaluate the life's quality of women in climacteric, in the city of Floriano – PI, by using the Women's Health Questionnaire (WHQ). With the specific objectives it was sought to identify the socio-demographic profile and menopausal status, highlight the most frequent symptoms at this phase and verify the intensity of climacteric symptoms in women through the Blatt-Kupperman Index (BKI). **Methodology:** It is a descriptive, cross-sectional and quantitative study. For the selection of the participating subjects, it was made a systematically count in every three domiciles in Nova Sambaíba neighborhood, in the city of Floriano, PI. The sample consisted of 184 women. **Results:** In the verification of the intensity of climacteric symptoms, given by Blatt-Kupperman Index (BKI), the symptomatology was considered light for 109 women (59.24%) and the most common symptoms were nervousness (73.9%), skin changes (66.8 %), anxiety (60.9%), hot flashes (57.6%), thinning and loss of hair (49.5%) and hypertension (26.1%). The most affected domain of the WHQ was the sexual function, with an average of 1.9, and the domains of menstrual problems and depressed mood, considered lighter (3.3). **Conclusion:** According

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to the applied methodology, it is concluded that the obtained data didn't show significant impairment of quality of life of these women because of climacteric.

**Keywords:** Quality of life. Climacteric. Menopause.

### Resumo

**Introdução:** O climatério é a fase de transição que está entre o final do período reprodutivo e o não reprodutivo da vida da mulher, podendo estender-se até os 65 anos de idade. A menopausa é considerada o marco desta fase e é caracterizada como um evento, e não um período. **Objetivos:** Avaliar a qualidade de vida de mulheres no climatério na cidade de Floriano-PI, utilizando o Questionário de Saúde da Mulher (QSM). Com os objetivos específicos buscou-se identificar o perfil sócio demográfico e estado menopausal, destacar os sintomas mais frequentes nessa fase e verificar a intensidade dos sintomas do climatério nas mulheres através do Índice de Blatt-Kupperman (IBK). **Metodologia:** Estudo descritivo, transversal e quantitativo. Para seleção dos sujeitos participantes a contagem foi sistemática, de três em três domicílios, no bairro Sambaíba Nova, na cidade de Floriano-PI. A amostra foi constituída de 184 mulheres. **Resultados:** Na averiguação da intensidade dos sintomas do climatério utilizando o IBK, a sintomatologia foi considerada leve para 109 mulheres (59,24%), sendo que os sintomas mais frequentes foram: nervosismo (73,9%), alterações de pele (66,8%), ansiedade (60,9%), fogachos (57,6%), afinamento e queda dos cabelos (49,5%) e hipertensão (26,1%). O domínio mais afetado do QSM foi função sexual, com média de 1.9. Foram considerados mais leves os domínios de problemas menstruais e humor deprimido (3,3). **Conclusão:** De acordo com a metodologia aplicada, conclui-se que os dados obtidos não mostraram relevante comprometimento da qualidade de vida dessas mulheres devido ao climatério.

**Palavras-chave:** Qualidade de vida. Climatério. Menopausa.

## Introduction

Brazil has today, according to data from the Brazilian Institute of Geography and Statistics (IBGE) census, a population of about 191 million people, of which 51.04% are women (1). The female life expectancy has increased on the last decades, from 45 years in 1960 to 77 years in 2010. From this data we can affirm that women will spend about 1/3 of their lives experiencing the climacteric, predominantly the stage of estrogen disability (2, 3), which acquires an increasing significance in the need for improvements in quality of life (LQ), so that these women can live healthily in this phase and in other phases of their life (4).

According to Wender et al. (5), climacteric is the transition phase that is between the end of the reproductive and non-reproductive period of the women's life, and that can extend up to 65 years of age. Menopause is considered the mark of this phase and it is characterized as an event, and not a period (6). It occurs on average of 51.4 years, and it marks the end of the reproductive capacity of women, due to a decline in levels of estrogen from the ovaries (2). This phase is characterized by the gradual reduction of the

production of steroid hormones, mainly estrogen and progesterone by the ovaries and menstrual cycles are becoming irregular, until they completely cease (7).

According to Fonseca et al. (8), during the climacteric, especially in the absence of estrogen period, post-menopause, physiological changes occur in all systems, such as: urogenital, integumentary system, neural manifestations, osteometabolic, mammary and sexuality. On this phase it is common the appearance of symptoms such as: hot flushes, sudoresis, dizziness and headache, among others, influencing in health, daily activities and social relationship of these women. As consequences, there may be anxiety, stress, depression and irritability, damaging the quality of life.

According to De Lorenzi (9), the most relevant factors associated to women's quality of life during climacteric are their prior physical and emotional conditions, as well as their social inclusion front experiences to life events influence attitudes and women's perceptions in relation to menopause in LQ in the climacteric. Besides, women with a more negative perception of menopause not only tend to have a worse LQ, as more severe climacteric symptoms.

Because of the female population currently be more numerous and with an expectation that goes beyond the male (10), it is necessary a study that seeks to evaluate the quality of life of women in climacteric, in view of the importance of the study nowadays and, still, the deficiency of researches on this subject in Brazil.

Considering the aforementioned aspects, the present study aimed to evaluate the quality of life of women in climacteric in the city of Floriano, Piauí, using the Women's Health Questionnaire (WHQ). The specific objectives sought to identify the sociodemographic profile and menopausal status, highlight the most frequent symptoms and verify the intensity of the climacteric symptoms in women through IBK.

## Methodology

The survey was conducted in the city of Floriano-PI, which is considered the main educational center in the southern of the states of Piauí and Maranhão and, in population data, it is the 5th largest city in the state (11). According to the IBGE census (2010), the city has 57,690 inhabitants, of whom about 53% are women (12).

This is a study of descriptive character, transversal and quantitative, made after the approval of NOVAFAPI College CEP under CAAE: 0434.0.043.000-11 on May 01<sup>st</sup>, 2012. The sample consisted of 184 women residing in Nova Sambaíba district, aged 40-64 years, in periods of pre-, peri- and postmenopausal, who agreed to be part of this study by signing the Consent and Informed Term (CIT).

Women who had normal cognition degree and who were not using hormone therapy or birth control were considered eligible. In the study it was included only one woman of each residence, being the one that would be the first interviewee.

Women who did not meet the inclusion criteria and even those who had previously diagnosed diseases with symptoms similar to those present in the climacteric were excluded.

For selecting the participating subjects, the count was systematically every three domiciles in Nova Sambaíba district. In the drawn domicile where no woman in the 40-64 years age group lived, it was chosen the domicile that was to the left or right of pre-drawn one. The researcher went through the neighborhood blocks always clockwise and with the

right shoulder facing the face of the block, by doing so until she completed the sample.

Interview was conducted through a form using the Women's Health Questionnaire (WHQ), developed by Myra Hunter (1986) and validated for Portuguese by Dias et al. (13), which consists of 36 questions offering four options as a possible answer. Its questions are grouped into nine domains, randomly disposed, which evaluate: depressed mood (seven questions: 3, 5, 7, 8, 10, 12 and 25), somatic symptoms (seven questions: 14, 15, 16, 18, 23, 30 and 35), cognitive impairment (three questions: 20, 33 and 36), vasomotor symptoms (two questions: 19:27), anxiety (four questions: 2, 4, 6 and 9), sexual function (three questions: 24, 31 and 34), sleeping disorders (three questions: 1, 11:29), menstrual disorders (four questions: 17, 22, 26 and 28) and attraction (two questions: 21:32).

The responses of the domains are distributed on a scale and have four options of answers from 1 (Yes, always) to 4 (No, never). Thus, there were the following scores for each of the possible answers: "Yes, always" - 1 point; "Yes, sometimes" - 2 points; "Not much" - 3 points; "No, never" - 4 points. The score applies to all matters, except those numbers 7, 10, 21, 25, 31, 32. In such a severity score is reversed.

At the end, an average was made between the scores of the responses of each of the 36 questions, resulting in a final value that indicated symptoms more severe when domains are closest to 1, and lighter when nearer to 4, so the quality of life would be considered better on those questionnaires with mild symptomatology.

In order to verify the intensity of symptomatology, it was used the Blatt-Kupperman Index (1953), which is analyzed through various symptoms included under the denomination of climacteric syndrome, and given numerical values according to the intensity (mild = 1, moderate = 2, severe = 3), multiplied by conversion factors recommended by Kupperman, that represent the importance of the symptom in the climacteric syndrome. The global score of the sum of these values was cataloged in mild, if the sum of the values were up to 19, moderate, between 20 and 35, and severe, if higher than 35.

For characterization of the study subjects, it was prepared by the researcher a questionnaire with closed questions, in which it was evaluated the age, marital status, education, menopausal status and among the most common symptoms in climacteric women (nervousness, skin changes, anxiety, hot flashes, thinning and hair loss, hypertension, depression

and osteoporosis, dyspareunia, urinary incontinence and irregular menstrual cycles), which were more frequent in women in the study.

Data were analyzed using SPSS 16.0 program, which provided the results in tables. The univariate descriptive statistical analysis was by reading in percentage for each dimension of the questionnaire.

## Results

Considering the objectives of this study, a priori in identifying the sociodemographic profile and menopausal status of climacteric women, it was found that the predominant age group was from 60 to 64 years (23%), followed by 40 to 44 years (21.74%). A percentage of 54.25% of these women were married, with 28.26% having completed high school. Regarding the menopausal status, it was found 63% in postmenopausal and, only 10.87% in perimenopause, according to data presented in the Table 1.

**Table 1** - Socio-demographic profile and menopausal status. Floriano (PI), January - February 2012  
(To be continued)

		Nº	%
<b>Age</b>	40 a 44	40	21.74
	45 a 49	35	19.02
	50 a 54	31	16.85
	55 a 59	35	19.02
	60 a 64	43	23.37
	Total	184	100.00
<b>Marital Status</b>	Married	100	54.35
	Single	38	20.65
	Widow	26	14.13
	Divorced	20	10.87
	Total	184	100.00
<b>School</b>	Illiterate	20	10.87
	Incomplete Basic Education	46	25.00
	Complete Basic Education	24	13.04
	Incomplete High School	11	5.98
	Total	184	100.00

**Table 1** - Socio-demographic profile and menopausal status. Floriano (PI), January - February 2012  
(Conclusion)

		Nº	%
	Complete High School	52	28.26
	Incomplete Higher Education	9	4.89
	Complete Higher Education	22	11.96
	Total	184	100.00
<b>Menopausal status</b>	Pre-menopause	48	26.09
	Perimenopause	20	10.87
	Post-Menopause	116	63.04
	Total	184	100.00

Note: Source: Direct research.

Regarding the most frequent symptoms presented by women during climacteric, it is possible to highlight that most women presented nervousness (73.9%), skin disorders (66.8%), anxiety (60.9%), hot flushes (57.6%), thinning and hair loss (49.5%), hypertension (26.1%), depression and osteoporosis (21.2%), dyspareunia (19.6%), urinary incontinence (14.7%) and irregular menstrual cycles (10.9%), as shown in Table 2.

**Table 2** - The most frequent symptoms experienced by women during climacteric. Floriano (PI), jan-feb. 2012  
(To be continued)

		Answers		
		Nº	%	% de cases
The most Frequent Symptoms <sup>a</sup>	Anxiety	112	14.4%	60.9%
	Nervousness	136	17.5%	73.9%
	Depression	39	5.0%	21.2%
	Hot flashes	106	13.6%	57.6%
	Dyspareunia	36	4.6%	19.6%
	Stress Urinary Incontinence	27	3.5%	14.7%
	Thinning and hair loss	91	11.7%	49.5%
	Total	184	100.00%	100.00%

**Table 2** - The most frequent symptoms experienced by women during climacteric. Floriano (PI), jan-feb. 2012 (Conclusion)

		Answers		
Irregular Menstrual Cycles	20	2.6%	10.9%	
Osteoporosis	39	5.0%	21.2%	
Skin Disorders	123	15.8%	66.8%	
Hypertension	48	6.2%	26.1%	
Total	777	100.0%	100.0%	

Note: a. Sum over 100% may have more than one symptom

In the present research, intensity of climacteric symptoms, according to Blatt-Kupperman Index (IBK), was considered mild for 109 women (59.24%). Most of these women were in premenopausal (79.17%) and post menopause (52.59%). However, women who

presented higher severity were premenopausal (15%), according to data presented in Table 3.

In order to evaluate the quality of life for climacteric women, it was used the Women's Health Questionnaire in the 184 women selected on this survey, revealing that the most affected domains among climacteric women were: sexual function, with an average of 1.9, followed by sleep disorders (2.7), somatic symptoms and cognitive impairment (2.8), vasomotor symptoms and anxiety (3.0), menstrual disorders and depressed mood (3.3), results presented in Table 4.

**Discussion**

Climacteric is a phase marked by hormonal and emotional instability, because it coincides with children leaving home, with the beginning of progressive

**Table 3** - Intensity of climacteric seconds IBK by menopausal status. Floriano (PI) January - February 2012

		BKI							
		Mild		Moderate		Severe		Total	
		Nº	%	Nº	%	Nº	%	Nº	%
<b>Menopausal status</b>	Pre-Menopause	38	79.17	9	18.75	1	2.08	48	100.00
	Perimenopause	10	5000	7	35.00	3	15.00	20	100.00
	Post-Menopause	61	52.59	46	39.66	9	7.76	116	100.00
	Total	109	59.24	62	33.70	13	7.07	184	100.00

Note: Source: Direct research. P < 0.05

**Table 4** - Evaluation of quality of life of menopausal women according to domains of the WHQ. Floriano (PI) January - February 2012 (To be continued)

	Average
Depressed mood	3.3
Somatic symptoms	2.8
Cognitive impairment	2.8
Vasomotor symptoms	3.0
Anxiety	3.0

**Table 4** - Evaluation of quality of life of menopausal women according to domains of the WHQ. Floriano (PI) January - February 2012 (Conclusion)

	Average
Sexual function	1.9
Sleeping disorders	2.7
Menstrual disorders	3.3
Attraction	3.1

Note: Source: Direct research.



loss of fertility and the appearance of senescence marks, factors that contribute to psychosomatic disorders (10, 14).

The most frequent symptoms mentioned by the interviewed women were nervousness (73.9%), skin disorders (66.8%), anxiety (60.9%), hot flushes (57.6%), thinning and hair loss (49.5%), and hypertension (26.1%).

Among the psychological changes, nervousness was the most prevalent symptom, followed by anxiety and depression. Such data corroborate with those found in a survey conducted in Campinas-SP, with the purpose of knowing the prevalence of climacteric, urogenital and sexual symptoms in women of Brazil, in which it was observed that psychological symptoms as nervousness (81.7%) and depression (58.1%), had a significant prevalence among women surveyed (15).

Hot flashes also had significant representation among the complaints of women in climacteric phase on this study. A research by Santos-Sá et al. (16) observed that, among the three stages of climacteric, post-menopause was the one that had the greatest intensity of hot flush. This symptom, according Brazil (17) has variability from very mild to severe, occurring sporadically or several times a day.

In the surveyed women, there was a notorious report in the frequency of falling and reduction of hair, as well as significant abuse of the appearance of wrinkles, blemishes and dry skin (66%). These data corroborate a survey conducted in the city of Belém, Pará by Brito et al. (18), with climacteric women non-users of HRT. On the occasion it was observed that, among the cutaneous and mucosal symptoms, dryness of skin was mentioned by 54% of women.

Halbe et al. (6) emphasize that, after forty years, there is a reduction of the amount of dopa-positive melanocytes and a formation of lentiginous and melanosis in skin areas that are exposed, besides the loss and gradual thinning of the hair, especially in the posterior midline, being more noticeable in senility.

Systemic Arterial Hypertension (SAH) was reported by 26.1% of women of this research. Some authors (19, 20) observed high prevalence of hypertensive women in their research, having higher incidence among the post-menopausal ones.

SAH is unleashed by several factors, such as: overweight, genetics, sedentarism, consumption of salt and alcohol, among others (21). It is believed that estrogen has a protective action on the arteries. Women in post menopause, as a consequence of hypoestrogenism, will

have higher chances of cardiovascular diseases, a factor still questionable (22). Therefore, the emergence, or not, of the disease may depend on the lifestyle, menopausal phase or genetics.

In order to determine the intensity of climacteric symptoms on the selected women, the Blatt-Kupperman Index (BKI) was applied and, to understand whether there is a relation of the intensity of the symptoms reported with the stages of climacteric, it is necessary to correlate them. Thus, it is important to accentuate the definition of each.

In the studies by Santos-Sá et al. (16) and Peter et al. (15), menopausal status was defined according to Jaszman (1987), who characterized as follows: premenopause: women with regular menstrual cycles or menstrual pattern similar to what they had during their reproductive life; perimenopause: women with menstrual cycles in the past 12 months, but with change in menstrual pattern compared to previous standards and postmenopausal women: women whose last menstrual period occurred at least 12 months before the interview.

According to data of this survey, it is possible to corroborate with the study conducted by Zahar (23), also using the BKI, in which it was observed mild symptomatology among women in the post-menopausal stage. Martins et al. (24) showed that non-users of HT (hormone therapy) in postmenopausal presented symptoms from moderate intensity to severe. However, in the survey conducted by Santos et al. (25), with women receiving hormone therapy, it was observed that 60.9% presented moderate symptomatology.

Women in perimenopause were those who possessed greater severity of symptoms. According to Galvão et al. (10), during this period, climacteric symptoms are more frequent due to hormonal fluctuations, more intense on this phase.

The quality of life has passed to be built from the subjective perception of people. When it is related to health, it evaluates both the biological, physical and emotional individual functioning, predominantly individual focus (13). Some studies highlight that climacteric symptoms like hot flashes, night sweats, sleep disturbances, sexual dysfunction and mood disorders, as well as its intensity, can impair the quality of life of postmenopausal women (24, 26).

Quality of life was investigated through the WHQ domains. In this study it was observed that sexual function was the most affected domain among the

women interviewed. According to Fernandez and Hayashida (27), the main factors for sexual activity decrease reported by women in their study were: dissatisfaction with the self-image, extramarital involvement by the husband, unleashed by suspicion and disappointment about the relationship, beyond female sexual disinterest because of libido reduction and dyspareunia.

In the past, purity of the girls was prioritized. It was common that censure, prejudice and silence surround the theme of human sexuality. Some women, even though they were created in this rigidity, changed their concept of sexuality being more open to talk, meet and review the subject. However, society expects a lot from women, and many opt for the creation of children, grandchildren and home care, leaving sometimes the marriage aside and, hence, sexuality (28, 29).

It is known that sexuality is changeable, according to the culture in which the woman is inserted, being influenced by both physical and psychological factors. For those women who experience climacteric more positively, sexual repercussions appear to be less intense (30). After the sexual peak, around 40 years of age, and with the estrogen loss, there is a libido decrease, vaginal dryness that may cause dyspareunia, in addition to decreased urethral pressure, triggering factor to urinary incontinence (31).

Depressed mood proved to be one of the least affected domains. However, Polisseni et al. (32) observed in their study a significant relationship between the presence of climacteric symptoms of moderate intensity and the occurrence of depression and anxiety, and this last one, moreover was proved to be a risk factor for depressive syndrome.

A significant number of women on this study presented nervousness and anxiety. Thus, in the future may initiate depressive disorders, if strategies are not created to prevent and deal with the problem. The fall of estrogen contributes to the appearance of emotional and psychological disorders of women in climacteric. However, the change in mood will depend mainly on the personality structure, predisposition and environment in which the woman lives (5, 6, 33).

Regarding the domain related to menstrual symptoms, these were considered mild. Therefore, it can be assumed that it is due to the fact of most of the women on this study be in postmenopausal period and no longer feel the symptoms associated with premenstrual tension, making them softer.

These were also under-represented in other studies, as on the one conducted by Polisseni et al. (34), in which, using the same assessment questionnaire (WHQ) it was demonstrated that women who are users or not of HT for menstrual symptoms had mild symptoms with no significant difference between the two groups.

## Conclusion

According to the methodology applied, it is concluded that the obtained data did not show relevant impairment of these women's life quality due to climacteric. However, these values do not exclude the possibility of influence of the same on LQ, requiring more studies that take into account other aspects of climacteric.

So, perhaps preventive health policies are created, preparing women to face the changes and disorders that may occur during the phase of climacteric, reaching thus a healthier old age.

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Received: 06/29/2012  
Recebido: 29/06/2012

Approved: 08/17/2015  
Aprovado: 17/08/2015

