

# Evaluation of Peri Menopausal Syndrome at the Age Group of 43-48 Years. A Study from Tamilnadu, India

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**Abstract:-** The perimenopause, sometimes referred to as the menopausal transition, is associated with significant changes in hormones and reproduction. Both these changes and the symptoms that go along with them have been well documented. The perimenopause is an ill-defined time frame that surrounds advancing years of a woman's reproductive life. The onset of irregular menstruation and its cessation after a year of amenorrhea constitute the final menstrual cycle. This study was conducted at the Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital in Kulasekharam, Tamil Nadu, India. The study's female participants were between the ages of 43 to 48. Following the description of the investigation's goals, vocal agreement was achieved. This survey had thirty responses. In this study the questionnaire were consists of thirty questions such as hot flashes, thirst, pain, increased bleeding, and an unpleasant mood . Female participants who were unwilling or uncooperative were not included in the study. Many women find the menopausal transition to be a challenging time in their lives. If they lost any of their human potential, it would be catastrophic for both individuals and society. Therefore, it is essential to keep working to comprehend how perimenopause fits into women's lives and to predict and treat the common and uncommon symptoms that could lower their quality of life. Future health care initiatives should concentrate on these areas to enhance the general health and well-being of perimenopausal women.

**Keywords:-** Stress, Dehydration, Menopause, Amenorrhoea.

## I. INTRODUCTION

The perimenopause is an ill-defined time frame that surrounds advancing years of a woman's reproductive life. It describes the last menstrual cycle, which begins at the earliest indication of irregularity and ends after a year of amenorrhea. There are two phases to the menopausal transition, sometimes referred to as the perimenopause: the early transition, when cycles are generally regular and less frequently interrupted, and the late transition, when amenorrhea lengthens. Hot flash is the most prevalent menopausal symptom that most women encounter. A small fraction of women will never be rid of hot flashes, whereas most will only have them for a year or two. However, others will have them for ten years or more. The perimenopausal women not only associated with the menopausal transition, but also experience worse sleep as they age. Depressive mood , increased anxiety and prolonged amenorrhea are more common in women as they move into the later stages of the menopausal transition. Due to the numerous interactions between these common symptoms, depressed women are more likely to have severe hot flashes and restless sleep. As they progress through the final phases of the transition, about one-third of women have dyspareunia and vaginal dryness. Unlike mood swings, sleeplessness, and heat flashes, vaginal problems cannot be healed on their own.

## II. PATHOPHYSIOLOGY

The loss of ovarian reserve that accompanies the menopausal transition is preceded by follicular failure, which is the inability of granulosa cells to release estradiol in response to a follicle-stimulating hormone signal. A woman will usually notice her first missing menstrual period once the early transition is reached and the cohort of ovarian follicles has shrunk to a threshold size. Additionally, some women may notice that their menstrual cycle fluctuates in duration by more than seven days. At this stage, FSH is more frequently raised and ovarian reserve markers such as inhibin B, AMH, or an antral follicle count determined by ultrasound are dangerously low. Because the follicle cohort is still mostly preserved throughout these early phases of the transition, the increase in FSH speeds up folliculogenesis and shortens the follicular phase of the menstrual cycle. Follicles grow faster, yet they seem to ovulate at a smaller size. Additionally, luteal phase follicle growth has increased, suggesting that the dominant follicle of the subsequent cycle has started to grow well before menstruation begins. Cycles with quick ovulatory follow-one-another and a short follicular phase length are known as luteinization out-of-phase events. By this point, ovarian reserve indicators such as inhibin B, AMH, or an ultrasound-measured antral follicle count are dangerously low and FSH is more regularly increased. The surge in FSH accelerates folliculogenesis and shortens the follicular phase of the menstrual cycle because the follicle cohort is still largely retained throughout these early stages of the changeover. Although they appear to ovulate at a lower size, follicles grow more quickly. There has also been an increase in the growth of luteal phase follicles, indicating that the dominant follicle of the next cycle has begun to grow far in advance of the onset of menses. Luteinization out-of-phase events are cycles that have minimum follicular phase length and fast ovulatory follow-on-another. The irregular menstrual patterns associated with the perimenopause are further aggravated by the fact that these cycles are linked to hormone secretory patterns that are different from those of women in their midreproductive years. More precisely, it

has been seen that FSH is higher and luteal progesterone is lower. There are few menstrual cycles, the late menopausal transition takes place, and the menstrual cycle becomes incredibly irregular. Low levels of circulating estrogen are more common during anovulatory cycles, and the duration of the amenorrhea phase is linked to a marked increase in the frequency of common menopausal symptoms. Hot flashes are a common menopausal symptom that almost all women encounter. Women begin to see irregular sleep patterns in their 40s, and they tend to worsen as menopause draws near. Sleep issues have been connected to hot flashes. Sleep issues have been connected to hot flashes. Vaginal problems are frequent in postmenopausal women. Symptoms of vaginal dryness, discomfort, and dysuria are referred to as menopausal genitourinary syndrome. Depression symptoms are more common in women who are perimenopausal.

## III. MATERIALS AND METHOD

This study was conducted at Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital Kulasekharam, Tamil Nadu, India. The study's female participants were between the ages of 43 and 48. After the clarification study's goal, vocal agreement was attained. This survey had thirty replies. The survey consists of 30 questions. The questionnaire asked about things like dehydration, hot flashes, pain, bad mood, and profuse bleeding. Participants in the study were excluded if they were unwilling or uncooperative.

## IV. RESULT

The female subjects ranged in age from 43 to 50. The total number of ladies is thirty. As seen in Table 1.1, there is 50% excess bleeding. 43.33% change more than 8 pads in a day and 56.66% not change more than eight pads in a day, respectively. 86.66% report feeling fatigued, while 13.33% report not feeling this way. Experience excruciating stomach discomfort 36.66% and 63.33% do not have significant stomach ache.

Table 1. Peri Menopausal Syndrome Age Group 43-50 Years

S. NO	CONTENT	YES (%)	NO (%)
1	Have excess bleeding	50%	50%
2	Change more than 8 pads in a day	43.33%	56.66%
3	Have tiredness	86.66%	13.33%
4	Have severe abdominal pain	63.33%	36.66%
5	Experience excess sweating	43.33%	56.66%
6	Have severe back pain	90%	10%
7	Pain radiate to legs	80%	20%
8	Experience sudden forgetting	76.66%	23.33%
9	Feel headache	76.66%	23.33%
10	Experience heaviness of the body	66.66%	33.33%
11	Have increased mood swings	66.66%	33.33%
12	Have any pigmentation in face	40%	60%
13	Feel bloating abdomen	63.33%	36.66%
14	Feel the loss of appetite	63.33%	36.66%
15	Experience changes in eyesight	53.33%	46.66%
16	Experience heaviness in breast	66.66%	33.33%
17	Experience decreased desire of sex	100%	Nil
18	Experience increased joint pain	80%	20%
19	Feel difficulty in doing regular household work	83.33%	16.66%
20	Have increased hairfall	63.33%	36.66%
21	Feel any changes in body weight	50%	50%
22	Feel stressed	76.66%	23.33%
23	Have increased white discharge	50%	50%
24	Have vomiting sensation	30%	70%
25	Have the symptom of diarrhea	53.33%	46.66%
26	Feel dizziness	56.66%	43.33%
27	Experience dehydration	53.33%	46.66%
28	Feel breathing difficulty	33.33%	66.66%
29	Have increased heart rate	50%	50%
30	Feel burning sensation in palms and feet	40%	60%

Sweat excessively 56.66% and 43.33% do not perspire excessively. Experiencing excruciating back pain, 10% and 90% of people do not have excruciating back pain. 80% of people have discomfort radiating to their legs, whereas 20% do not. Have unexpected forgetfulness This symptom is absent in 23.33% and 76.66% of people experience sudden forgetting. Have a headache 23.33% and 76.66% do not get headaches. Feel as though your body is heavy. 33.33% and 66.66%, there is nobody heaviness. Have more erratic moods 33.33% and 66.66% do not experience more mood fluctuations. Possess any facial pigmentation 60% and 40% of people do not have this symptom. Experience abdominal bloating 36.66% and 63.33% do not experience abdominal bloating. Experience decrease in appetite 36.66% and 63.33% do not experience appetite decline. 53.33% of people have alterations in their eyesight, whereas 46.66% do not. Feel as though breasts are heavy. 33.33% and 66.66% do not experience breast heaviness. Feel a 100% reduction in urge for sex. 80% report having more joint discomfort, while 20% report less. Find it challenging to complete everyday household tasks 83.33%. Regular household chores are not tough for 16.66% of people. Have more hair loss 36.66% and 63.33% do not experience hair loss. Feel a 50% change in body weight. 76.66% of people feel anxious, whereas 23.33% do not. 50% have white discharge. Feel like throwing up 30% and 70% do not experience nausea. Have diarrhea as a symptom 46.66% and 53.33% do not exhibit

the diarrheal symptom. Experience lightheadedness 43.33% and 56.66% do not experience vertigo. Feel dehydrated by 53.33%. Dehydration is not experienced by 46.66%. Have trouble breathing 66.66% and 33.33% do not have trouble breathing. 50% have a rise in heart rate. Experience a burning feeling in the feet and palms 40% and 60% of people do not feel any burning in their feet or palms. Experience

## V. DISCUSSION

50% of ladies suffer excessive bleeding. 43.33% of females change more than eight pads in a single day. The majority of females have extreme stomach pain 63.33% and fatigue 86.66%. Excessive perspiration is more common in women, 43.33%. The majority of women, 90% of back pain is severe, and 80% of it radiates to the legs. 76.66% of them get headaches, and 76.66% have unexpected forgetfulness. The majority of the ladies suffer more mood swings, 66.66% and feel heavier in their bodies 66.66%. 40% of females have some pigmentation on their faces. The majority of females have abdominal bloating 63.33% and appetite loss 63.33%. Females are more likely to have alterations in their eyesight 53.33% and breast heaviness 66.66%. Feel a 100% reduction in urge for sex. 80% of the women report having more joint discomfort, and 83.33% report having trouble performing everyday domestic chores. Hair loss has

increased 63.33% in more females. Any changes in body weight are felt by 50% of the females. 76.66% of women report feeling stressed. 50% white discharge is present in half of the females. 30% report a feeling of vomiting. Females are more likely to experience dizziness 56.66% and diarrhea 53.33%. Dehydration affects 53.33%. 33.33% of people experience respiratory difficulties. The heart rate is 50% higher in half of the girls. 40% fewer ladies have scorching sensations in their feet and palms.

## VI. CONCLUSION

Many women who care for both parents and children find the menopausal transition to be a difficult time in their lives. They cannot afford to lose any of their human potential, and neither can society. Therefore, it is essential to keep working to comprehend how perimenopause fits into women's lives, also it's necessary to predict and treat the common and uncommon symptoms that could lower their quality of life. Future health care initiatives should concentrate more on these areas to enhance the general health and well-being of perimenopausal women.

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