

The Clinical Features of 320 Postmenopausal Women Who Seek Medical Care

TIBBİ BAKIM AMACI İLE BAŞVURAN 320 POSTMENOPOZAL KADININ KLİNİK ÖZELLİKLERİ

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Summary

Due to the lack of detailed studies involving large numbers of postmenopausal patients in Turkey, we are still using the standards and criteria of developed countries during the clinical management of our patients. This paper examines the demographic characteristics and clinical signs of 320 patients who seek for medical care in our clinic and tries to reflect the features of the Turkish population albeit from a small data base.

Among the patients, 79% had vasomotor symptoms and 55% had emotional disturbances. The median age, the age of menopause and body mass index were found to be 50.50 ± 5.98 years- 45.69 ± 5.03 years and 30.8 ± 4.22 , respectively. The mean of parity, systolic and diastolic blood pressure were found to be 2.92 ± 1.99 , 151 ± 25.52 and 89.25 ± 14.94 mmHg, respectively. Transvaginal ultrasonography was performed in 174 cases and the mean of endometrial thickness was 3.99 ± 2.31 mm. We detected 64 surgical and 19 premature menopause. 63 cases had chronic hypertension and 10 cases had diabetes mellitus.

These results firstly show that the age of menopause in our study population is less than that of developed countries and furthermore suggest a need for multi-center studies to assess the menopausal features of the Turkish population.

Key Words: Menopause, Demographic and clinical features

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The menopause is a clinical state when permanent cessation of menstruation occurs following the

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Özet

Batı toplumlarında 50 yaş civarında başlayan ve kadın hayatının 1/3'ünü kapsayan menopoz kadın hayatında hormonal, fiziksel ve sosyal değişikliklere yol açan klinik bir durumdur. Bu döneme her yıl yeni 25 milyon kadın katılmaktadır. Ülkemizde bu konuda geniş hasta gruplarını içeren detaylı çalışmalar olmadığından hastaların klinik değerlendirilmesinde batı standartları kullanılmaktadır. Biz bu çalışmamızda; kliniğimizde izlediğimiz 320 hastanın demografik ve klinik bulgularını inceleyerek ülkemizin küçük de olsa bir kesitini yansıttığına inandığımız Kocaeli popülasyonunun özelliklerini saptamaya çalıştık.

Hastalarımızın 252'sinde (%79) vasomotor semptomlar, 176'sında (%55) ise emosyonel semptomlar kliniğimize başvurma nedeni idi. Ortalama yaş 50.50 ± 5.98 , menopoz yaşı 45.69 ± 5.03 , vücut kütle endeksi (Body mass index, BMI) ortalaması ise 30.8 ± 4.22 bulundu. Parite, sistolik ve diastolik kan basıncı ortalamaları sırası ile 2.92 ± 1.99 , 151 ± 25.52 ve 89.25 ± 14.94 mmHg olarak bulundu. Transvaginal sonografi yapılan 174 olguda endometrial kalınlık 3.99 ± 2.31 mm ölçüldü.

64 olguda (%20.06) cerrahi menopoz, 19 olguda (%5.95) ise premenopoz saptandı. 63 olguda (%19.74) hipertansiyon, 10 olguda ise diabetes mellitus saptandı.

Bu bulgular, hasta popülasyonumuzdaki menopoz yaşının batı standartlarından daha az olduğunu ve Türk toplumundaki menopozik özelliklerin belirlenebilmesi için çok merkezli çalışmalara gereksinim olduğunu ortaya koymaktadır.

Anahtar Kelimeler: Menopoz, Demografik ve klinik özellikler

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loss of ovarian activity, causing hormonal, physical, and social changes in a women's life. Using age 50 as a proxy for menopause, women currently live about one-third of their lives after menopause and approximately 25 million women pass through menopause each year in developed countries (1). The longitudinal study of middle-aged women, provides a powerful argument that the menopause is

Table 1. Patient characteristics and the results of the study

Characteristic	Mean	SD	SEM	%
Age (years)	50.50	5.98	0.33	
Parity	2.9	1.99	0.11	
The age of menopause (years)	45.6	5.03	0.28	
Interval after menopause (years)	4.8	1.24	0.06	
Body Mass Index	30.8	4.22	0.23	
Systolic blood pressure (mmHg)	151.23	25.52	1.42	
Diastolic blood pressure (mmHg)	89.25	14.94	0.83	
Endometrial thickness (mm) (n=174)	3.99	2.31	0.17	
Bone mineral density (% of loss) (n=84)	15.9	4.97	0.54	
Chronic hypertension (n=63)	-	-	-	19.6
Diabetes Mellitus (n= 10)	-	-	-	3.1
Surgical menopause (n=64)	-	-	-	20
Premature menopause (n=19)	-	-	-	5.9
Sistism(n=81)	-	-	-	25.3
Urinary tract infection (n=16)	-	-	-	5

not and should not be viewed as a negative experience by the vast majority of women and the cessation of menses was perceived by these women to have almost no impact on subsequent physical and mental health (2). Although most of the menopausal women do not suffer from a hormone deficiency disease, they are mainly subjected to the risks of cardiovascular disease and osteoporosis. This is the reason why menopause is called as "silent epidemic". Following the loss of ovarian activity it causes hormonal, physical, and social changes in a women's life.

An increasing number of literature has focused attention on the lack of effectiveness of the routine physical examination and the need to identify patients at risk for disease so that selective education and screening can be done (3). Certainly preventive health care education is important throughout life, but menopausal women should be specially screened for breast cancer (4), cardiovascular disease (5) and osteoporosis (6). Medical intervention at this point of life should be regarded as an opportunity to provide and reinforce a program of preventive health care. It includes cessation of smoking, control of body weight and alcohol consumption, prevention of cardiovascular disease and osteoporosis by hormonal replacement therapy, maintenance of mental well-being, cancer screening, and treatment of urologic problems (7). The objective of health care for menopausal women is to improve the quality of life and prevent them from the risks of cardiovascular disease and osteoporosis. Due to the lack of detailed studies involving large

numbers of patients in Turkey, we are still using the standards and criteria of developed countries during the clinical management of our patients. This paper examines the demographic characteristics and clinical signs of 320 postmenopausal patients who seek medical care in our clinic and tries to reflect the features of the Turkish population albeit from a small data base.

Materials and Methods

Study subjects (n=320) were women ages ranging from 34-72 years who were admitted to the Menopause Clinic of University of Kocaeli, School of Medicine, Department of Obstetrics and Gynecology from May 1996 to June 1997. We retrospectively reviewed the demographic information, history and physical examination, and endometrial thickness measurements obtained by transvaginal ultrasonography (6 MHz, 110° angled vaginal probe, Toshiba Capasec) and lumbar spinal bone density measurements by dual energy x-ray absorptiometry (DEXA, Lunar).

Results were given in terms of mean, standard deviation (SD), standard error of mean (SEM), and per cent (%).

Results

The characteristics of patients are summarized in Table 1. Among the patients 79% had vasomotor symptoms and 55% had emotional disturbances. The median age of the study population was 50.5±5.98 whereas the age of menopause was 45.69±5.03. The systolic and diastolic blood pres-

sure were found to be 151 ± 25.52 and 89.25 ± 14.94 lrrrnHg, respectively. Transvaginal ultrasonography was performed in 174 cases and the mean of the endometrial thickness was found to be 3.99 ± 2.31 . The incidence of cystitis was 25.3% whereas the incidence of urinary tract infection was only 5%. We detected premature menopause in 19 patients (5.9%) and chronic hypertension in 63 patients (19.6%). The percentage of bone loss in spine was found to be 15.9 ± 4.97 and the body mass index (BMI) was 30.8 ± 4.22 .

Discussion

Unfortunately, due to the lack of detailed studies involving large numbers of patients in Turkey, we are still using the standards and criteria of developed countries during the clinical management of our patients.

Our results firstly showed that the age of menopause in our study population (45.69 ± 5.03) is less than that of developed countries. Based upon cross-sectional studies, it has been reported that the median age is to be somewhere between 50 and 52 (8). This may be related to the fact that our study was not an epidemiological study and relied upon retrospective memories, and the subjective vagaries of the individuals who voluntary seek for medical care. Although it has been reported that race, parity, and height have no influence on the age of menopause (9,10) it is difficult for us to explain the significant difference between our result and the literature.

The systolic and diastolic blood pressure were found to be 151 ± 25.52 and 89.25 ± 14.94 mmHg, respectively and the incidence of chronic hypertension was 19.6%. These findings were consistent with the literamrc (11). By using transvaginal ultrasonography the mean of the endometrial thickness was found to be 3.99 ± 2.31 and like the previous reports (12) we suggest that an endometrial thickness of 5 mm is an appropriate cut-off level for screening endometrial pathology.

The percentage of bone loss in spine was found to be 15.9 ± 4.97 and the interval after menopause was 4.8 ± 1.24 years. After menopause approximately 5% of trabecular bone mass loss will occur per year (7). Adapting this information to our study it would have been expected that the mean percentage of bone loss was to be approximately 25 per-

cent. This finding may be attributed to the relatively high body mass index (30.8 ± 4.22). It has been reported that body mass index correlated well with the circulating estrogen levels, thus it has a protective effect against osteoporosis (13).

In this paper we examined the demographic characteristics and clinical signs of 320 patients who seek medical care in our clinic and try to reflect the features of the Turkish population albeit from a small data base. The analysis of our results showed that some of the features do not correlate well with the western literature.

Finally, it is concluded that there is a need for multi-center studies to assess the menopausal features of the Turkish population.

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