



# Asian Journal of Epidemiology

ISSN 1992-1462

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## Psychosomatic Menopausal Experiences in Nigerian Women-The Influence of Age at Menarche and Age at Menopause

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**Abstract:** A questionnaire survey of 108 randomly selected menopausal women in the Lagos metropolis (Nigeria) was undertaken. They were requested to report on any menopausal symptoms experienced, age at menarche and menopause, present ages and marital status. The most common menopausal symptoms reported were hot flushes (83.7%) and vaginal dryness (49.0%). Psychosomatic symptoms included irritability, insomnia, dizziness and depression. Most respondents reported mild or moderate severity of the experienced symptoms. Respondents who experienced depression were observed to have started menstruation at a statistically younger age (mean 12.4 years) than those who did not experience it (mean 14.9 years). On the other hand respondents who experienced insomnia started menstruation at a statistically older age (mean 15.8 years) than those who did not experience it (14.1 years). For irritability and dizziness there was no statistical difference in age at menarche between those who experienced the symptoms and those who did not. The present study also revealed that age at the onset of menopause did not differ in those who experienced and those who did not experience depression, insomnia and irritability. However there was a statistical difference in age at menopause between respondents who experienced dizziness and those who did not, with the mean age being higher (52.6 years) in respondents who experienced it. There appears to be no strong patterned correlation between age at menarche and at menopause and psychosomatic menopausal experiences. Age at the onstart of menstruation and onset of menopause may not play a deciding role in the experience of most psychosomatic menopausal symptoms.

**Key words:** Age at menarche, menopause, psychosomatic symptoms

## INTRODUCTION

Menopause is a process that is naturally or medically induced and occurs in women at some point in life. Some of the most commonly reported symptoms associated with menopause include hot flushes, headaches, irritability, insomnia and depression (O'Bryant *et al.*, 2003). A precise understanding of the symptoms an individual may display at menopause is often difficult to achieve. Some patients will show severe multiple reactions that may be disabling while others will show no reactions or minimal reactions (Speroff *et al.*, 1999). It has been reported that most women in developed countries will live a third of their lives after the menopause (Rozenberg *et al.*, 2000) and vasomotor as well as psychosomatic symptoms occur frequently during this period of life although their severity and duration may vary widely between individuals.

The menopausal symptomatic reaction can be taken to be the sum of the impact of the three components of (a) the amount of estrogen depletion and the rate at which estrogen is withdrawn (b) the inherited and acquired propensities to succumb or withstand the imposition of the overall aging process and (c) the psychologic impact of aging and the individual's reaction to the emotional

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implications of a change of life (Speroff *et al.*, 1999). The psychological or psychosomatic symptoms (including insomnia, depression, irritability, dizziness, nervousness) are sometimes grouped together as the menopausal syndrome and their causal relation with estrogen is uncertain. It is also known that many midlife women obtain inadequate sleep and that sleep problems are common during the menopausal transition (Landis and Moe, 2004). It can be argued that sleep quality is an important determinant of health status and quality of life for women during and beyond menopause.

The occurrence and timing of reproduction-related events such as menarche, first birth and menopause play major roles in a woman's life and the age at final natural menstrual period is also an important risk indicator for subsequent morbidity and mortality (Yahya and Rehan, 2002). However it is known that the age of natural menopause and frequency of various menopausal symptoms differ in different societies. It is therefore worthwhile to establish relevant data for the Nigerian society. Thus, this present survey was aimed at establishing the pattern of reproductive age influence on menopausal experiences.

## MATERIALS AND METHODS

One hundred and eight menopausal women were randomly selected within the Lagos metropolis (Lagos State, Nigeria) and surveyed using a carefully worded questionnaire. The questions and statements were designed to establish the type of menopausal symptoms most commonly experienced by postmenopausal women and if some of these symptoms are psychosomatic to see whether their occurrence is influenced by age at menarche and age at which menopause occurred.

The questionnaires were self administered and the returned questionnaires from all one hundred and eight menopausal women were carefully coded and analysed using the EPI Info version six statistical software on an IBM compatible computer.

## RESULTS

The present study was carried out on one hundred and eight (108) randomly selected menopausal women in the Lagos metropolis. Most of them (73.5%) started menstruation (menarche) between the ages of 12-15 years and majority (78.7%) reached menopause between the ages of 48-54.

Reported menopausal symptoms as shown in Table 1 included E<sub>2</sub>-loss induced symptoms e.g., hot flashes (83.7%), vaginal dryness (49%) and non-E<sub>2</sub> related or psychosomatic symptoms e.g., dizziness (26.5%), irritability (29.6%), insomnia (27.6%) and depression (12.2%). Most respondents reported mild/moderate severity of experienced symptoms the frequency of which was mainly weekly or occasional.

On the possible influence of age at menarche on the psychosomatic symptoms, respondents who experienced depression started menstruation at a mean age of 12.4 years while those who did not experience depression started menstruation at a mean age of 14.9 years (Fig. 1) and this difference was statistically significant. However, only 12.2% of total respondents experienced depression (Table 1).

Table 1: Proportion of respondents reporting different menopausal symptoms

Symptoms	Frequency (%)
Hot flushes	82 (83.7)
Dryness of vagina	48 (49.0)
Dyspareunia	20 (20.4)
Depression	12 (12.2)
Irritability	29 (29.6)
Insomnia	27 (27.6)
Palpitations	11 (11.2)
Headache	26 (26.5)
Dizziness	26 (26.5)

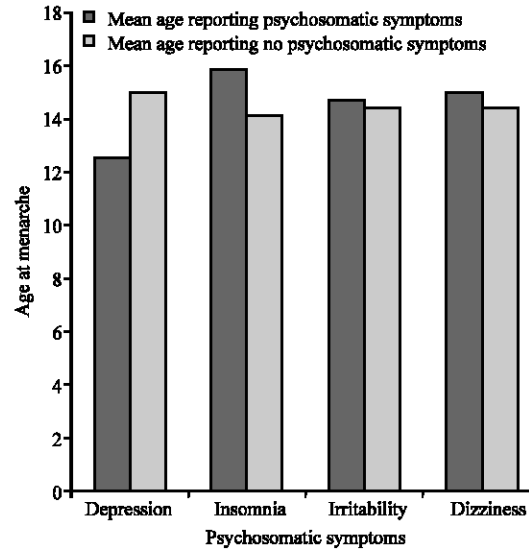


Fig. 1: Age at menarche and the experience of psychosomatic symptoms

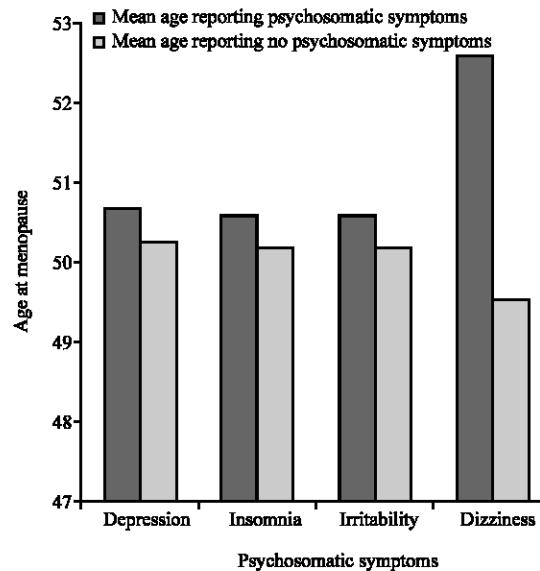


Fig. 2: Age at menopause and the experience of psychosomatic symptoms

For those who experienced insomnia menstruation started at a mean age of 15.8 years while it started at a mean age of 14.1 years for respondents who did not experience insomnia (Fig. 1). Again the difference in mean age was statistically significant. For the 29.6% of respondents who experienced irritability menstruation started at a mean age of 14.8 years while it started at a mean age of 14.4 years in those who did not experience it (Fig. 1). This difference was not found to be statistically significant.

There was also no significant difference in mean age at menarche between respondents who experienced dizziness and those who did not (Fig. 1).

Figure 2 shows that age at which menopause was reached did not appear to affect the experience of the psychosomatic symptoms as there was no statistical difference in the mean ages at menopause for those who experienced depression, insomnia and irritability. However, for those who experienced

dizziness mean age at menopause was 52.6 years as opposed to 49.4 years in those who did not experience it (Fig. 2) with the difference being statistically significant.

## DISCUSSION

It is an accepted fact that some menopausal symptoms overlap with some neuropsychological conditions (O'Bryant *et al.*, 2003). It therefore becomes important that women need to be enlightened on this development so they can accept the psychological conditions as part of the unavoidable period of menopause and not as an abnormal period of life as they may be wont to.

Results of the present study indicate that among Nigerian women psychological (psychosomatic) symptoms do present as part of postmenopausal symptoms in about a quarter of affected women. Age of the women at the onstart of menstruation (menarche) seems to play a role on the experience of some psychosomatic symptoms at menopause with those experiencing them having started menstruation at a significantly lower age than those who did not experience the symptoms.

On the other hand the age at which a woman reaches menopause does not seem to be related to the experience of psychosomatic postmenopausal symptoms going by three out of the four symptoms surveyed. However, it appeared that women who experienced depression were likely to have reached menopause at a higher mean age than those who did not experience it.

Although it is difficult to explain the exact role of age on the experience of menopause symptoms it is known that the occurrence and timing of reproduction-related events play major roles in a woman's life (Yahya and Rehan, 2002) and the age at menopause could be an important risk indicator for subsequent morbidity and mortality.

It has been reported that menopause is not associated with diminished sleep quality in a study (Young *et al.*, 2003) which showed that although perimenopausal and post-menopausal women, relative to premenopausal women, were less satisfied with their sleep, menopause was not a strong predictor of specific sleep-disorder symptoms. Symptoms and signs of sleep abnormalities in midlife women should not be attributed primarily to menopause before ruling out underlying sleep disorders. Another study (Joffe *et al.*, 2003) concluded that is critical to understand the interrelationship of hot flashes and other neuropsychological symptoms of the menopause transition so that treatment priorities can be established.

In a study in Guatemala to explore any feelings and symptoms surrounding menopause (Stewart, 2003) individual interviews were conducted in postmenopausal women and the most reported symptoms included hot flashes, changes in libido, irritability and moodiness. It was also noted that most respondents accepted symptoms with equanimity and rejoiced at the cessation of their periods. The authors concluded that menopausal symptoms must be interpreted in geographical, nutritional, biological, psychological and cultural context. However in a study on African American and white women in late reproductive years on symptom reports (Freeman *et al.*, 2001), race was associated only with the physiological symptoms (African American>whites). Neither race nor age were associated with psychological symptoms.

A similar study to determine the woman's attitude before menopause and her relation with the climacteric symptoms (Jimenez and Silva, 1999) showed that negative predisposition of the patient before menopause favours the frequency of psychological symptoms, while an assessment of women's knowledge of and attitudes towards menopause (Kaufert *et al.*, 1998) indicates that women are more likely to believe that depression and irritability are associated with menopause rather than with heart disease.

It is clear that women are divided in their views of menopause, some seeing it as a medical condition requiring medical treatment, whereas others see it as a natural transition to be managed by natural means. Providing women with accurate, up-to-date information and enhancing communication between healthcare providers and menopausal women remain challenges.

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