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PREVALENCE OF POSTMENOPAUSAL SYMPTOMS IN GYNAECOLOGICAL PRACTICE IN NIGERIA

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ABSTRACT

Background: menopausal symptoms can be a nuisance and affect the quality of life if not properly managed. Ethnic variations in the severity of symptoms and incidence have little been studied. The perspective of gynaecologist practising in Nigeria based on the number of cases and common complaints is germane to knowing the severity in the black African woman

Objective: to assess the frequency of postmenopausal symptoms encountered in the Gynaecologist practice and their preferred management options for them.

Method: a questionnaire based survey of 84 Gynaecologist practising in Nigeria was conducted. The cross sectional study was done at a conference of Society of Gynaecology and Obstetrics of Nigeria.

Results: Half of the respondents attended to an average of 11-30 patients in a week. On a scale of 1 to 9, infertility was ranked first while menopausal complaints was ranked seventh among common gynaecological problems encountered in respondents' practice. Seventy-four (90.2%) respondents reported that <10% of their patients present with menopausal complaints. The most common complaint among women presenting with menopausal problems was hot flushes (81.0%) while menopause-related fracture was the least (4.8%). The treatment modality employed in most cases is counselling and reassurance (53.0%) while hormone replacement therapy is prescribed for less than a third of affected women.

Conclusion: The frequency of menopausal complaints in gynaecological practice in Nigeria is low. There is need to investigate the underlying reasons for the low prevalence of menopausal problems among Nigerian women compared to those in other parts of the world.

Keywords. Menopausal symptoms. Prevalence, Gynaecological practice in Nigeria.

INTRODUCTION

Menopause is a state of completion of transition from a fertile to an infertile state and it is characterized by cessation of menses. It is preceded by a climacteric period which is due to the waning of ovarian activity. A common feature is the irregularity of the menstrual periods. This usually lasts for 1-5 years although some cases continue for up to 15 years. The climacteric prepares the woman for the new phase of life that is about to emerge and allows for a soft landing as opposed to a woman who experiences a sharp drop in the oestrogen levels following premenopausal removal of the ovaries. Menopause occurs at about 50-51 years averagely and this has been constant over the years¹.

Menopausal symptoms can be quite distressful depending on the pattern of emergence, either naturally or by artificial means (surgical or radiation). Hot flushes are vasomotor symptoms and constitute about 75% of the complaints of

menopausal women. Other common problems include depression, dementia, anxiety, sleep disturbance and physical changes like vaginal dryness which may cause painful sexual intercourse. Multiple factors have a joint role to play in the health and wellbeing of affected women. As low socioeconomic status is associated with poor health, stressful events and inadequate social resources² it is reasonable to expect postmenopausal symptoms to be pronounced among women in developing countries. In spite of this theoretical

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inference, there is currently no published data on the frequency of menopausal complaints among women in Nigeria. It is against this background that this study was conducted among a purposive sample of Nigerian gynaecologists to assess the frequency of postmenopausal symptoms encountered in their practice and their preferred management options for them.

SUBJECTS AND METHODS

A questionnaire-based survey was conducted among a purposive sample of gynaecologists in Nigeria. Respondents were members of the Society of Obstetrics and Gynaecology of Nigeria, SOGON (an affiliate of the International Federation of Gynaecology and Obstetrics) who attended the Annual General Meeting and 7th International Scientific Conference of the Society. A total of 140 pre-tested, structured and self administered questionnaires were distributed to consecutive participants that attended the opening ceremony after explaining the purpose, general content and confidentiality of the investigation. Eighty-four properly completed questionnaires were returned by participants who consented to participate in the study, giving a response rate of 60%. Information was obtained on basic professional characteristics, patients' load at their gynaecological clinics, perceived frequency of gynaecological conditions seen at their clinics, common menopausal problems and their preferred management options for menopausal conditions.

The Local Organizing Committee of the Conference was contacted for consent and relevant data before the distribution of the questionnaires. The data were entered into a computer database and analysed using SPSS version 10.0 for Windows. Internal validity of the analysed data was confirmed by cross tabulating some independent and dependent variables.

RESULTS

The age range of the respondents was between 29 and 56 years with a mean of 41.9 years. Sixty (71.4%) of them were men and the rest (29.6%) were women. Sixty-two (75.6%) of the respondents were Consultants, 18 (22.0%) were Registrars in obstetrics and gynaecology and two (2.4%) were General Practitioners. The mean number of years of practice was 9.1 years (SD: 5.3). Eighty-one percent had their clinical practice in the urban areas, 16.7% in semi-urban areas and 2.4% in rural areas.

Table 1 shows the average number of patients seen per week by the respondents. About half of the respondents attended to an average of 11-30 patients per week. The age bracket of patients most commonly seen was 25-34 years (28.6%) and paediatric gynaecological problems were uncommon (2.8%). Table 2 shows the common gynaecological problems seen in practice as ranked by respondents. On a scale of 1 to 9, infertility (61.9%) ranked first while menopausal complaints ranked seventh among common gynaecological problems encountered in respondents' practice (Table 2). A total of 74 respondents (90.2%) reported that <10% of their patients present with menopausal complaints.

The most common complaint among women presenting with menopausal problems was hot flushes (81.0%) while menopause-related fracture was the least (4.8%) (Table 3). The treatment modality often employed by respondents in decreasing order of frequency included counselling and reassurance (53.0%), hormone replacement therapy (HRT) (30.3%) and non-hormonal or physical treatments (15.2%). Forty-four (52.4%) of the respondents were of the opinion that menopausal symptoms do not constitute a significant gynaecological problem in their clinical practice.

DISCUSSION

Menopause is an inevitable milestone in the life of a woman that deserves special attention in view of its social, medical and economic implications. This survey provides an insight into the burden of menopausal problems as perceived by the gynaecologists in Nigeria. It indicates that postmenopausal complaints are not frequently encountered by the Nigerian gynaecologists and even for the few women seen, more than half would require no specific treatment. While the views of the clinicians may not represent the actual magnitude of the problem in the general population, it indicates that postmenopausal complaints are unlikely to merit a significant public health problem status. This is in contrast to the reports in developed countries where menopausal problems represent a significant proportion of the burden of gynaecological conditions and an important consumer of their health resources. Although, this may suggest a racial difference in the presentation of this condition, the relatively longer life expectancy and the health seeking behaviours of women in the developed countries may be the underlying factors.

The manifestations of menopause can be modified by socio-economic conditions as well as environmental and lifestyle variables such as smoking and caffeine consumption^{3,4}. Thus, the apparent racial or ethnic differences in the symptomatic presentation have been said to be more related to socio-economic situation rather than an intrinsic condition⁵. Cross cultural studies to determine the prevalence and management of postmenopausal symptoms have not shown a significant difference in the presentations although most of the studies showed a relative increase in the uptake of hormone replacement therapy (HRT) by the white population⁶.

As found in this study, a hot flush is the most common menopausal symptom and it is usually the reason for seeking medical assistance necessitating HRT. It is therefore surprising to note that counselling and reassurance alone gives the necessary relief to the Nigerian patients. Whereas the physician gynaecologists working in Israel and America prescribe HRT in about 92% of cases⁷, less than one-third of the few patients seen by the Nigerian gynaecologists receive HRT for menopausal complaints. Whether this was due to the prescribing attitude of clinicians, the relative unpopularity of HRT in the Nigerian market or the severity of the complaints among their patients is unclear. However, it is unlikely to be due to lack of knowledge on the importance of hormone preparations in the management of menopausal symptoms by the respondents since almost all them were conversant with their use for this purpose. This minimal use of HRT for treating menopausal problems among black women⁸ in general has raised the possibility of some resilience and a milder form of menopausal symptoms among the black compared to white women.

One of the challenges of the Women Health Initiative report is to find alternatives to hormonal preparations in the management of menopausal symptoms⁹. Phytoestrogen have also been found useful in the management of menopausal symptoms. Only 1.2% of the respondents had used black cohosh in the management of symptoms. There might be a need for evaluation of diet of the Nigerian woman probably phytoestrogens are components which could have augmented the effect of the counselling.

In conclusion, there are triangulating evidence that menopausal symptoms are not perceived as a common or distraught problem among Nigerian

women by gynaecologists practicing in Nigeria. Hot flushes remains the commonest presenting complaints and the most common treatment offered is counselling and reassurance. There will be a need for further evaluation of the Nigerian woman to find out why menopausal symptoms are infrequently encountered in the specialist clinics.

Table 1: Average number of patients seen per week by respondents

Range	Frequency	Percentage
0-10	8	9.5
11-20	24	28.6
21-30	18	21.4
31-40	12	14.3
41-50	12	14.3
>50	10	11.9

Table 2: Common gynaecological problems as ranked by the respondents

Gynaecological condition	Rank	Percentage
Infertility	1	61.9
Uterine fibroid	2	28.6
Menstrual disorders	3	28.6
Abortions and complications	4	28.6
Gynaecological cancers	5	26.2
Abnormal vaginal discharge	5	16.7
Genital prolapsed	6	28.6
Menopausal symptoms	7	31.0
Vesico-vaginal fistula	9	33.0

Table 3: Commonly encountered menopausal symptoms/problems

Symptom/problem	Count	Percentage of responses
Hot flushes	68	23.9
Sleep disorders	48	16.9
Mood changes	46	16.2
Night sweats	42	14.8
Dyspareunia	42	14.8
Decreased libido	34	12.0
Fracture	4	1.4
Total	284	100

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