

CLIMATERIC: WOMEN'S PERCEPTION IN FRONT OF SIGNS AND SYMPTOMS AND THE IMPORTANCE OF THE WOMAN'S HEALTH CONSULTATION

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ABSTRACT

This study approached woman's perception before the signs and symptoms of climateric and the importance of the Woman's Health consultation as offered by the Family Health Units.

Objective: To assess the woman's knowledge on climateric, as well as the identification of the signs and symptoms.

Methodology: Research of descriptive, exploratory character of quali-quantitative approach carried out by means of a semi-structured questionnaire applied at a FHU in the municipality of Vitória da Conquista/BA.

Result and Discussion: Out of the sixteen women interviewed, most of them were illiterate, with monthly income of a minimum wage. The symptoms of the climateric syndrome was intense heat. In the women's discourse, most of them do not know what climateric is, confused only with absence of menstruation or something that bothers much.

Conclusion: It is essential that the professionals be more prepared in order to see women in the climateric period, because this is an important phase in the woman's life, in which many of them can not perceive it as a biologic process, but as a pathological one.

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INTRODUCTION

The woman's maturity presents physiological changes that are peculiar to the female condition, among such changes is the climateric, which brings consequences to the body and to the psychological dimension. The climateric is a phase in which the woman starts decreasing the production of female sexual hormones. In this period, the signs and symptoms bother them too much. This happens because the decrease of the oestrogen levels that circle in the body makes emerge most of these symptoms, such as menstrual and psychological disorders – stress, vasomotor instability and, in the long run, the development of some diseases (Valença and Germano, 2016). In this period, changes occur in the woman's body, normally when aged between 40 and 65, passing from the reproduction cycle to the non-reproductive one.

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It is exactly in this phase that the woman enters menopause, in which the menstrual period is ceased after 12 months (Brasil, 2016). The climateric syndrome is the moment when such physical and emotional changes occur. The biological changes are derived from the decrease in the levels of oestrogens or because of senility; the psychological problems appear due to the woman's auto-perception before the changes that occur in the body and the way she faces this moment and the social aspects, which is how they will relate with people around (Alves, 2015). In front of this situation, one must verify the importance of the woman's health consultation, for the identification of signs and symptoms suggesting the climateric period, the woman's knowledge on the subject and their perceptions about the moment and age when she is entering the climateric period. Women in the climateric phase suffer from several signs and symptoms that are biologically normal in the is period; however, it is possible to verify that they cannot identify it or don't know the several physiological, hormonal and emotional symptoms. Thus, they end up believing that it is

some disease interfering in their life quality, aggravating their physical and mental state, like their life condition, their sexuality, nutrition and the existence of several conflicts that are associated with this period that is individual for the woman (Valença *et al.*, 2016). The existence of trained professionals, sensitive to implement the Care for the Woman's Health in the climateric, it is important to strengthen the link and the autonomy of the users, changing habits, improving the perception of this process with respective increase in life quality (Pereira *et al.*, 2016). The Health Ministry states it is necessary that the health services implement actions destined to the woman in the climateric, and that she may have a humanized care, with the most diverse kinds of hard technology in order to recognize this period, their manifestations and the actions to minimize it (Brasil, 2016). In this sense, this article assessed the knowledge women have about the climateric, the identification of signs and symptoms when they went through the woman's health consultation and the importance of nursing consultation in their lives. The women who took part in this research were those aged between 45 and 65 in the climateric period.

MATERIALS AND METHODS

This research is descriptive exploratory, of quality-quantitative, because it describes the importance of the woman's health consultation in identifying the signs and symptoms of the climateric and verifies the occurrence of such manifestations. The descriptive research tries to answer several questions, trying to describe and to delimit a subject, by seeing their problems according to the people and events. This procedure may be done in different moments, or just in a specific one, involving one characteristic or others, related to other variables (Cooper and Schindler, 2016). The qualitative approach seeks to understand the real context of people; it attempts to identify causes, events, procedures inversely to the quantitative one - which seeks numbers, possesses a direct communication with the researched ones, and their answers are of descriptive character (Creswel, 2010). The research was conducted at a Family Health Unit in the city of Vitória da Conquista/BA, in the period from June to July in 2017. The study was approved by the Ethics and Research Committee of Faculdade Independente do Nordeste, through opinion n°. 2.108.553, June 8th 2017. The studied group consisted of 16 women aged between 45 and 65, excepting those who were under hormonal treatment, cared by Woman's Health program, implemented at the Family Health Program (FHP). After presenting the objectives of this study, they were invited to participate voluntarily in the research, while they waited for the nursing consultation. For the data collection, one used a semi-structured questionnaire, with both open and close questions - "it is a conversation performed face to face, methodically, which provides the interviewer with the necessary information" (Marconi and Lakatos, 2013) -, containing sociodemographic data, gynaecological histories and the Blatt-Kupperman menopausal index (BKMI), which is one of the most used indexes in order to assess the climateric symptomatology. The so-called climateric syndrome involves eleven symptoms, from hot flushes, sleeplessness, paraesthesia, irritability, melancholy, vertigo, weakness, arthralgia/myalgia, cephalgia, palpitations and buzzes. According to each symptom, intensity and frequency, one point is added, and after that, one classifies them in light (valor until 19), moderate (between 20 and 35) and intense (above 35 points) (Melo *et al.*, 2016). The data are analyzed and

tabulated by means of the statistical program SPSS (Statistical Package for the Social Sciences), version 24, 2017, statistically presenting the information obtained in the field. Later, there was a connection between what was acquired in the field and the approached literature, improving the researcher's positioning in the performance of the final considerations. The research was conducted in human beings who, after the explanations of the study, each interviewee signed the Written Informed Consent Term, assuring them the integrity and the secrecy of the information rendered by the researchers, following all of the orientations of the resolution 466/12 of the National Health Council.

RESULTS AND DISCUSSION

According to the sociodemographic profile, one may observe in the detailed Table 1. According to the obtained results about the sociodemographic profile, it was possible to notice that 31.3% of the interviewed women were illiterate; 25% had incomplete secondary education and 18.8% had complete secondary education. One noticed that 87.5% of them had family income of until a minimum wage and 12.5%, until two minimum wages. One notices, then, that most participants of the research have a low education level, which makes difficult these women's understanding about the body changes that occur in this period. It is important to point out that the level of education is the best way to find ways of having healthy habits and live with the climateric for a long period of their life (Souza *et al.*, 2017). The lack of information is directly linked to the socio-economic conditions of the families, from the low family income in which fit the families who receive from half minimum wage to those who receive up to three minimum wages and low education level or none at all (Ferreira *et al.*, 2015).

As for the age group, 25% of the interviewed women were aged between 45 and 50 years old and 12.5% between 60 and 65 years old. The climateric normally occurs between 40 and 65, which is the age in that normally occurs the passage from the reproductive cycle to the non-reproductive one (Brasil, 2016). The age range in which occurs the menopause did not have any change down the years, because reports by Aristotle and Hippocrates - two thousand years ago - already mentioned the theme. Some medieval actors already cited the cessation of menstruation at 50, approaching the estimates of the studies of the 20th century (Silva *et al.*, 2010). The gynaecological histories, related on Table 2, offer an important basis about the woman's life. As we can notice on the table below, 62.5% of the women had their first menstruation between 10 and 13. And 81.25% of the interviewed women started their sexual life between 15 and 20. Most women in the study do not menstruate anymore, thus characterizing that most of them have already entered menopause. In this period a greater change in the reproductive phase occurs, including the lack of oestrogen that manifest itself with hormonal and metabolic changes of a physiologic order, but can trigger several psychosocial problems. Menopause is a period of the climateric, it is the last menstrual cycle of the woman, defined after the cessation of 12 menstruation months, and it occurs between 48 and 50 years (Melo *et al.*, 2016). From the answer of the open question, about the woman's understanding about climateric and menopause, one can notice the difficulties found by the women in order to define the meaning. About the climateric and menopause, one focuses on the women's talk: "Intense heat, I think that's it (NJS).

Table 1. Sociodemographic Profile

| Age | N | % |
|---------------------------------|------|-------|
| 45 to 50 years | 4 | 25% |
| 50 to 60 years | 10 | 62.5% |
| 60 to 65 years | 2 | 12.5% |
| TOTAL | 16 | 100% |
| Education | N | % |
| Illiterate | 5 | 31.3% |
| Incomplete Elementary Education | 4 | 25% |
| Complete Elementary Education | 2 | 12.5% |
| Incomplete Secondary Education | 2 | 12.5% |
| Complete Secondary Education | 3 | 18.8% |
| Income | N | % |
| Up to one salary 14 | 87.5 | |
| Up to two salaries 2 | 12.5 | |

Source: Data gathering 2017

Table 2. Gynaecological Histories

| Menarche | N | % |
|-----------------|----|--------|
| 10 to 13 years | 10 | 62.5% |
| 13 to 16 years | 4 | 25% |
| Do not remember | 2 | 12.5% |
| Perineum | N | % |
| 13 to 15 years | 2 | 12.5% |
| 15 to 20 years | 13 | 81.25% |
| Above 20 years | 1 | 6.25% |
| TOTAL | 16 | 100% |

Source: Data gathering 2017

Table 3. Women in the climateric

| | N | % |
|---|----|-------|
| Did she receive orientation in relation to climateric? | | |
| YES | 5 | 31.25 |
| NO | 11 | 68.75 |
| Symptoms that bother most during climateric | | |
| Intense heat | 14 | 50 |
| Pain in the legs | 4 | 14.3 |
| Irritability | 3 | 10.7 |
| Headache | 2 | 7.1 |
| Depression | 1 | 3.6 |
| Stomachache | 1 | 3.6 |
| Lack of sexual desire | 1 | 3.6 |
| Dyspareunia | 1 | 3.6 |
| ASYMPTOMATIC | 1 | 3.6 |
| She is more nervous, discouraged or with emotional change | 6 | 35.3 |
| Nervous | 3 | 17.6 |
| Discouraged | 1 | 5.9 |
| Emotional change | 2 | 11.8 |
| All of the three | 1 | 5.9 |
| Other | 4 | 23.5 |
| None | | |
| Total | 16 | 100 |

Table 4. Quantity and Percentage of changes in the marital relationship

| Did you notice any changes in the marital relationship? | N | % |
|---|----|--------|
| YES | 7 | 43.75% |
| NO | 6 | 37.5% |
| SHE DOES NOT HAVE A SPOUSE | 3 | 18.75% |
| TOTAL | 16 | 100% |

Source: Data gathering 2017

Malaise with heat, lack of sexual desire, anguish moments (MAV). Period in which menstruation ceases, with symptoms like heat, irritability, intense sweat, articulation pain (PLR). I believe that it's a period that comes before the end of menstruation and menopause; they are the symptoms that we feel (MCDS). Absence of menstruation (MSS). I think it is heat and chill at the same time (MJS). I don't understand anything (EPC). I imagine it's the heat and the lack of menstruation (STP). Something uncomfortable, which bothers

me (AND). Heat and chill waves, suspension of menstruation (MCPD). The emergence of intense heat and irritability (MSC). I understand it's an irregular phase of menstruation, in which I felt a lot of heat, agitation and irritability, mainly at night (DSV). Bother, discomfort, the worst sensation, an unbearable something" (GFSS). One notices that in most discourses, the women do not know how to differentiate climateric from menopause, and the most of them relate these feelings only to the presence of signs and symptoms. In the initial period, the changes of these hormones are more intense, because the follicles decrease the ovarian response and the production of oestradiol. The luteum body does not also produce progesterone sufficient to respond to the physiological needs (Alves, 2013). The climateric is divided into three periods: The phase of menopause is the one that precedes menopause - which occurs at the end of the last menstruation; the phase of perimenopause is the period that succeeds the last menstruation - it is a period of 24 months that precedes and succeeds menopause; and, at last, the post-menopause - which occurs after 24 months after menopause until the end of the old age (Wender *et al.*, 2014). Based on the acquired data, we notice that 62.5% of the interviewed women did not practice any physical activity. Studies prove that the regular physical activity contributes to the disposition and the physical conditioning, besides fighting several kinds of pathologies, including depression, and in post-menopause, it contributes to the decrease of the osseous resorption and possible fracture risks (Valença and Germano, 2016).

Relating the practice of physical activity with the intensity of the presented symptoms, one can notice that those women who do not practice any kind of physical activity were those who presented light to moderate symptoms. Those who went walking and had functional training presented only light symptoms, and those who practiced less intense activity presented intense symptoms. Another study carried out in São Paulo with 59 women in the climateric showed that they had changes in their life quality when they practiced physical activity, against the control group, who did not practice exercises (Gonçalves *et al.*, 2015). We can notice that, although the fact that the women's is low, according to the gathered data, they did not receive the necessary information about the symptomology and the treatment of the climateric and the menopause. The presented data show that only 31.25% of the women received orientations about the theme. Thus, it is important to point out that the existence of trained professionals, sensitive to implement the care for the Woman's Health in the climateric, it is important in order to strengthen the link and the autonomy of the users, changing habits and improving the perception of this process with improvement in life quality. The Family Health Strategy (FHS) associated with the promotion and health and the prevention of diseases and grievance is a space of great importance in order to host the woman in the phase of the climateric and offer the adequate care (Pereira *et al.*, 2016). When questioned about the conditions that bother most during climateric, 81.25% of the interviewed women revealed that they are the hot flushes (heat), followed by pain in the legs that reach 25% of them. In relation to symptoms concerning emotional changes, 36.15% present irritability, followed by discouragement, that reach 18.12%. Intense heat (hot flushes) is the condition that most bothers women, interfering in life quality - when it occurs at night, it causes sleep changes, as a consequence, irritation, discomfort, problems at work.

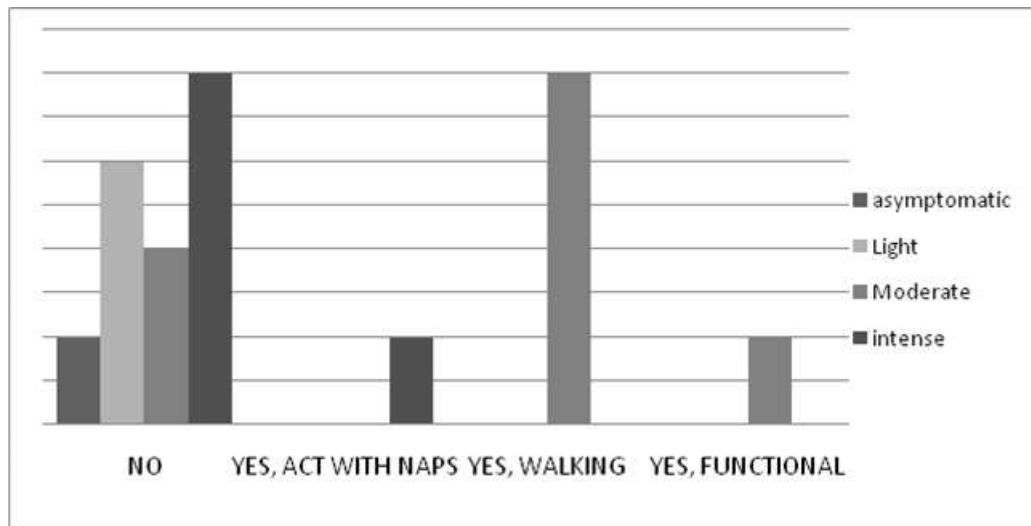


Figure 1. Bar chart

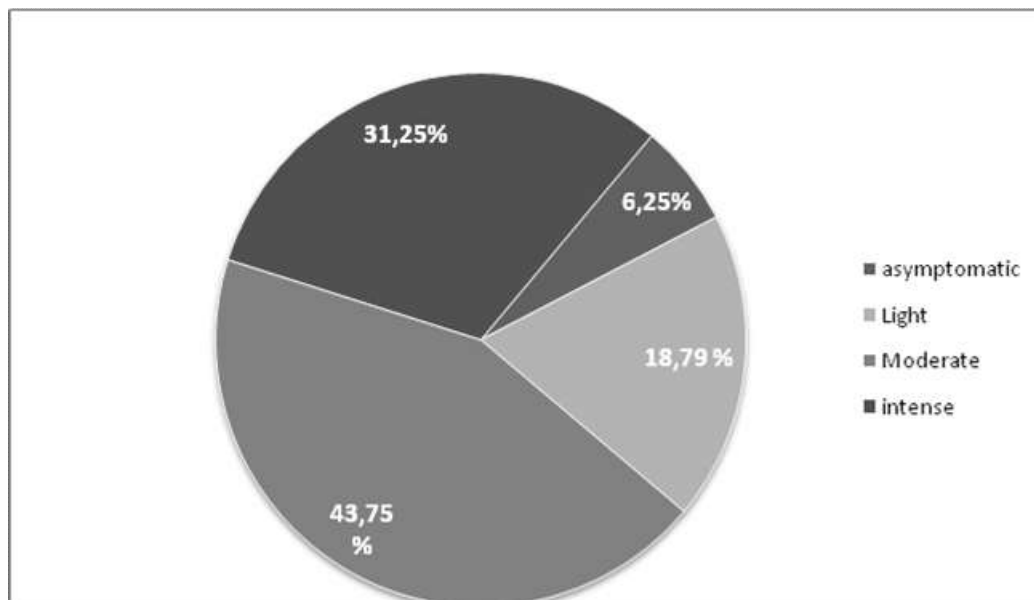


Figure 2. Intensity of the symptoms reaches the women

This symptom comes from the change in the oestrogen hormone (Maganha, 2016). Data from other studies show that 60 to 80% of the women in this phase present symptoms such as intense heat, sweating, vaginal dryness, libido reduction, anxieties, mood changes, emotional symptoms, cephalaea, among others (Fernandes, 2017). According to the data gathering of the research, the changes in the marital relationship were interpreted in several ways among the interviewed women, showing that 43.75% of them said that they noticed changes; 37.5% did not notice any changes and 18.75% of these women do not have a spouse. This is a reflex of the women who have symptoms characteristic of climateric, such as intense heat, irritability, depression, sleeplessness. With a negative self-assessment about her person, the occurrence of change in sexuality is inevitable. These data reveal themselves important in order to promote life quality in this period, and that makes that libido be influenced by hormonal changes (Alves *et al.*, 2015). It is relevant that in this period the couple attempts to do adaptations together in order to improve life quality, including when the subject is sexuality; complicity is very important for the couple well-being and the maintenance of a harmonious relationship between both of them (Presado, 2013).

At last, the answer to the question of how the intensity of the symptoms reaches the women. One used Blatt & Kupperman's Index to quantify them and, according to it, 43.75% presented moderate symptoms; 31.25%, intense ones; 18.75% light ones and 6.25% were asymptomatic. The intensity of the symptomatology varies from woman to woman, time and period - pre-menopause, menopause and post-menopause (Mishra and Kuh, 2012). Throughout the study showed above, one notices that the relevance of this period in women's life. She will live with this for quite a long part of her life, and the lack of understanding about the subject may cause very great disorders, due to the hormonal changes that it presents and the symptomatology that bothers them and may cause avoidable psychological disorders. Therefore, the existence of trained professionals, sensitive to implement the care for the Woman's Health in the climateric, it is important to strengthen the link and the autonomy of the users, changing habits, improving the perception of this process with the increase in life quality (Pereira *et al.*, 2016).

Final considerations: Climateric is a period in the woman's life that may cause disorders due to the symptomatology that hits most of them. Such changes may generate anxiety, stress and

low self-esteem, among other damages to the woman's psychological dimension. This study attempted to assess the level of knowledge of women in a Family Health Unit about subjects related to climateric, to know how the manifestations of the climateric syndrome interfere negatively in their life, hindering women to live their maturity in a full way and without problems caused by this phase of life. With the study, it was possible to notice that women have little knowledge about the subject, but they relate well the period with the presented symptoms. It is important to point out that women - either because of the low education level, low per capita income or lack of information by the health professionals - do not know what climateric really is and they think that the climateric phase is menopause. Many women in this period suffer a series of changes in the physical psychoemotional spheres and, because they do not know what climateric is, because they do not know the symptomologies, they believe that they are sick - many feel incapable and uncomfortable with the physiological changes that occur in their body in this period. In this context, it is necessary that the nursing professionals be more attentive to these women, build a link, be closer to the client who need help, give information and clear out doubts in order to minimize fear and avoid possible disorders, with the offer of a full and adequate care to provide climateric women with good life quality.

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