



Self-compassion weakens the association between hot flushes and night sweats and daily life functioning and depression



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ABSTRACT

Objectives: Some women find hot flushes and night sweats (HFNS) to interfere more in daily life and mood than others. Psychological resources may help to explain these individual differences. The aim of this study was to investigate the role of self-compassion, defined as healthy way of relating toward the self when dealing with difficult experiences, as a potential moderator of the relationship between HFNS and daily life activities, which in turn influences symptoms of depression.

Study design: This was a cross-sectional study using questionnaire data from 206 women aged 40–60 who were currently experiencing hot flushes and/or night sweats. Path analysis was used to model relationships among menopausal factors (HFNS frequency and daily interference ratings), self-compassion and mood.

Main outcome measure: Hot flush interference in daily activities and depressive symptoms.

Results: On average, women experienced 4.02 HFNS per day, and HFNS frequency was moderately correlated with interference ratings ($r = 0.38$). In the path analytic model, self-compassion made significant direct contribution to hot flush interference ratings ($\beta = -0.37$) and symptoms of depression ($\beta = -0.42$), and higher self-compassion was associated with lower interference and depressive symptoms. Self-compassion also moderated the relationship between HFNS frequency and hot flush interference. Higher self-compassion was associated with weaker effects of HFNS frequency on daily interference.

Conclusions: Self-compassion may weaken the association between HFNS and daily life functioning, which in turn, could lead to less HFNS-related mood problems. These findings imply that self-compassion may be a resilience factor to help women manage hot flushes and night sweats.

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1. Introduction

Hot flushes and night sweats (HFNS) are common during the menopausal transition and early postmenopause, affecting up to 75% of midlife women [1]. HFNS cause substantial burden on quality of life [2], sleep [3], work [1] and mood [4], and they are one of the leading reasons why women seek medical help at midlife [5].

Abbreviations: HFNS, hot flushes and night sweats; HFI, Hot Flush Related Daily Interference Scale; CES-D, Centre for Epidemiologic Studies Depression Scale; BMI, body mass index.

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Women's experience of HFNS is heterogeneous, influenced by physiological, symptom detection and appraisal components [6]. Physiological studies have shown that women underestimate up to 75% of objective hot flushes in their self-reported frequency ratings [7]. Self-reported HFNS have at least some direct influence on well-being outcomes, such as depressive symptoms [4] and also contribute to subjective appraisals of distress, bothersomeness and interference with daily life functioning. It is these subjective appraisals that most strongly relate to well-being outcomes [6].

Interestingly, self-reported frequency is only moderately associated with daily interference, with published bivariate correlations in the range of 0.15 [7] to 0.45 [8]. For a given level of perceived symptoms, therefore, there is a large degree of individual difference in the level of interference experienced in daily life. Why do hot flushes interfere with daily activities more for some women than others? The answer to this question is still poorly understood. Cognitive factors including attitudes and beliefs about the

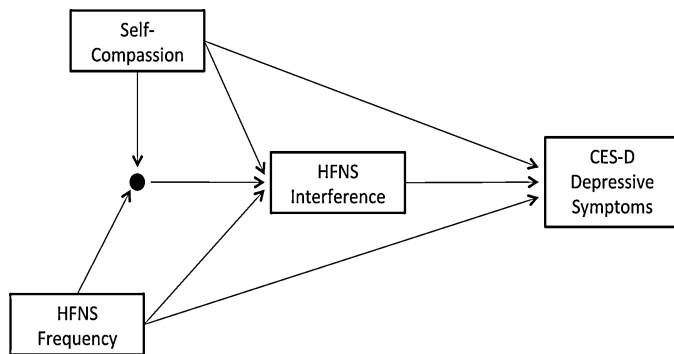


Fig. 1. Hypothesized conceptual model of the roles of self-compassion, HFNS frequency, and hot flush interference in predicting depressive symptoms. Note: HFNS, hot flushes and night sweats; CES-D, Center for Epidemiologic Studies Depression Scale.

menopause [9], and the perception of symptoms as having high life consequences [10] are known to contribute to the burden of symptoms. However, prior studies have only examined the independent contributions of these factors to problem ratings. To our knowledge no psychological moderator of the relationship between reported HFNS frequency and interference with daily life functioning has been identified to date.

Previously, relatively fixed factors such as health diagnosis and personality have been identified as moderators in the menopause literature [11,12]. Carpenter et al., for instance, found that perceived control plays a more important role in how much HFNS interfere in daily life for breast cancer survivors relative to healthy midlife women [11]. This finding demonstrates HFNS interference might vary as a function of a woman's health status, and opens the possibility that other personal characteristics might be relevant as well. While diagnosis and personality are reasonably fixed factors, we were interested in uncovering a more readily modifiable psychological moderator of the relationship between HFNS frequency and interference with daily life functioning.

Self-compassion is defined as a healthy way of relating toward the self when dealing with difficult experiences [13]. It incorporates three interrelated dichotomies: self-kindness (as opposed to self-judgment), a sense of common humanity (rather than a sense of isolation), and mindfulness (rather than over-identification) when considering personal weaknesses or imperfections. Unlike self-esteem, which can be undermined by personal difficulties including menopause symptoms [14], self-compassion is especially relevant when times get tough. Self-compassion is a strong predictor of psychological health among younger and older adults [15,16], and is also known to attenuate the impact of experiences involving embarrassment, failure and rejection [17]. Given that some midlife women find HFNS to be embarrassing, uncomfortable and disruptive [6], it is plausible that self-compassion may similarly lighten the impact that HFNS have on daily activities and subsequently well-being. Self-compassion is a skill that can be taught [18] so if supported, this hypothesis could have clinical implications for the psychological management of HFNS.

The purpose of the current study is to examine the relationships between HFNS symptom frequency, HFNS interference in daily functioning, self-compassion and symptoms of depression using a path analysis framework. In particular, the possibility that self-compassion moderates the relationship between HFNS frequency and daily interference will be explored, such that for a given level of symptomatology, those with high self-compassion will experience less interference in daily functioning relative to those with low self-compassion. The hypothesized conceptual model illustrated in Fig. 1.

2. Materials and methods

2.1. Participants

Participants were selected from a larger sample of men and women aged between 18 and 101 ($N=7615$) randomly recruited from the electoral roll who had participated in an earlier study of mental health and wellbeing [19]. Women in the original study who were aged between 40 and 60 at the time of data collection, and who had indicated their willingness to be involved in further research ($n=1450$) were invited to participate in this study.

2.2. Measures

2.2.1. Frequency of hot flushes and night sweats

Participants were asked to indicate on average how many hot flushes and night sweats they currently experienced. They were given the option of reporting their average number of HFNS per day, per week or per month. All scores were then converted into an average daily frequency for comparison.

2.2.2. Hot Flush Related Daily Interference Scale (HFI)

The HFI is a 10-item scale measuring the degree to which hot flushes interfere with nine daily activities including work, socializing, leisure, sleep, mood, concentration, relaxation, sex and enjoyment of life [20]. The remaining item assesses overall interference with quality of life. Participants rate the degree of interference on a scale ranging from 0 (do not interfere) to 10 (completely interfere). A total score is computed by summing items, with a higher score indicating a greater impact of hot flushes on quality of life. The HFI has good published reliability and validity [20], and Cronbach's α was 0.95 in this study.

2.2.3. Menopausal status

The Stages of Reproductive Ageing Workshop + 10 criteria (STRAW + 10) were used to assess menopausal status [21]. Women were classified into four reproductive stages based on the regularity of their menses, which is the principal STRAW criterion. Women were classified as being premenopausal (regular menstrual cycles or subtle changes in length/flow), early perimenopausal (variable cycle length, with a persistent change of ≥ 7 days in consecutive cycles), late perimenopausal (interval of amenorrhea of at least 60 days) or postmenopausal (at least 12 months of amenorrhea). The STRAW + 10 criteria are validated for use regardless of a women's age, ethnicity, body size or lifestyle characteristics [21].

2.2.4. Self-Compassion Scale (SCS)

The SCS is a 26-item scale measuring six facets of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification [13]. Participants indicated agreement to statements describing responses to challenging experiences (for example "when I see aspects of my personality that I don't like, I get down on myself") on a 5-point Likert scale ranging from 1 "Almost never" to 5 "Almost always." Subscale scores were created by averaging across subscale items. A total score was generated through obtaining a grand mean, after reverse-scoring self-judgment, isolation and over-identification items. Research demonstrates the SCS has good test-retest reliability [13] and has convergent validity (e.g. self ratings correlate with therapist ratings), concurrent validity (e.g. correlates with social connectedness) and discriminant validity (e.g. no correlation with social desirability or narcissism). In this study Cronbach's α was acceptable for all subscales: self-kindness $\alpha=0.86$, self-judgment $\alpha=0.85$, common humanity $\alpha=0.77$,

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