Available online at www.sciencedirect.com
ScienceDirect
Maturitas 56 (2007) 303–311
MATURITAS
THE EUROPEAN MENOPAUSE JOURNAL
www.elsevier.com/locate/maturitas

Sexual and psychological symptoms in the climacteric years

Mario Amore [a,*], Pietro Di Donato [b], Annalisa Berti [a], Aldopaolo Palareti [c], Carla Chirico [b], Alessandro Papalini [d], Stefano Zucchini [e]

[a] *Dipartimento di Neuroscienze, Sezione di Psichiatria, Università di Parma, p. le Matteotti 9, 43100 Parma, Italy*
[b] *Divisione di Ostetricia e Ginecologia, Ospedale "Santissima Annunziata", Cento, Fe, Italy*
[c] *Dipartimento di Scienze dell'Informazione, Università di Bologna, Italy*
[d] *Istituto di Psichiatria, Università di Bologna, Italy*
[e] *Dipartimento di Ostetricia e Ginecologia, Ospedale Maggiore, Bologna, Italy*

Received 10 June 2006; received in revised form 6 September 2006; accepted 13 September 2006

Abstract

Objectives: To provide epidemiological data about psychological and sexual functioning during menopausal transition in a large Italian non-clinical sample, and to investigate their correlation with life events.
Methods: The study design was a cross-sectional postal survey of a menopausal sample of women recruited from the General Registry Office in Ferrara's province. The sample was composed of four thousand and seventy-three women; they were sent a questionnaire designed on the basis of the Women's Health Questionnaire (WHQ). Together with the WHQ, the subjects filled out a personal file to define social status, cultural level, family's characteristics, recent menstrual cycles, gynaecological history and operations, drug assumption, life events in the last year, and lifetime depression.
Results: One thousand three hundred and forty-five women provided usable questionnaires. Factor analysis resulted in eight clusters: somatic symptoms, depressive symptoms, depressed mood with anxiety symptoms, cognitive difficulties, anxiety, sexual functioning, vasomotor symptoms and sleep problems. Mood and sexual function were impaired through the menopausal transition, with depressive and sexual symptoms being higher in the post-menopausal group compared to the pre-menopausal one. Therefore, the correlation between the two was greater in the pre- and peri-menopausal period.
Conclusion: Depressive and sexual symptoms presented greater severity in the post-menopausal group. Both clusters of symptoms were strongly associated with life events. The parallel course of the two clusters could be related with a common pathoplastic action of life events, both on sexual symptoms and on depressive symptoms, occurring right at the time that a woman has to face the transition into menopause.

Keywords: Sexuality; Menopause; Depressive symptoms

1. Introduction

Menopause is a physiological event, which occurs universally in all women who reach midlife [1].

* Corresponding author. Tel.: +39 3386647350; fax: +39 0521230611.
E-mail address: mario.amore@unipr.it (M. Amore).

0378-5122/$ – see front matter © 2006 Elsevier Ireland Ltd. All rights reserved.
doi:10.1016/j.maturitas.2006.09.006

Psychologically, during menopause, women must deal with a changing internal hormonal environment, loss of reproductive potential and transition into later life. Socially, women in midlife have to face many problems, including children leaving home, physical illness of self, partner or parents, caring for sick members of the family, and marital stresses relating to mid-life transition. Various socio-demographic variables such as educational level, occupational status, income and social network may influence the way in which women adapt to the many changes occurring in the menopausal years.

Peri-menopause could be accompanied by increased psychological morbidity and somatic symptoms [2,3].

Numerous studies have investigated psychological distress around menopause. The results of these studies are not always consistent, however, most reveal an increase in levels of anxiety, depression and psychoticism during the peri-menopausal period [4]. Other studies have shown no difference in rates of depression or anxiety before and after menopause [5].

The most frequently experienced somatic symptoms in the menopausal period are vasomotor symptoms, including hot flushes and night sweats, vaginal dryness, and irregular menstruation with changes in sexual behaviour. The most common sexual complaints are diminished sexual responsiveness, loss of desire, decreased frequency of sexual activity, the onset of dyspareunia (related to vaginal atrophy and vaginitis), painful intercourse, and sexual dysfunctions of the male partner [6].

Some studies of patients at menopause clinics have reported a high prevalence of sexual difficulties and marital problems. Gonzales et al. [7] found some disturbances in one or more of the sexual response domains for 50.3% of sexually active pre-menopausal and post-menopausal women. On the contrary, some data from community based samples show that the prevalence of sexual problems tends to decrease with increasing age, with the exception of patients who report lubrication difficulties [8], or that there is no association between sexual dysfunction and menopause [9].

The Melbourne Women's Midlife Health Project found that over the previous 12 months the natural menopause transition was associated with declining sexual interest, decreased likelihood of intercourse, and increased likelihood of unusual pain in only 31% of women interviewed [10].

Hunter, using the Women's Health Questionnaire [11] found significant increases only in vasomotor symptoms, sleep problems and in depressed mood when her sample became peri- or post-menopausal, but neither somatic symptoms nor anxiety or sexual behaviour changed significantly. The Massachusetts Women's Health Study II concluded that aging and menopause status seem to have less impact on sexual functioning than general and mental health [12,13].

The aims of this study were to provide epidemiological data about psychological and sexual functioning of middle-aged, peri-menopausal and post-menopausal women derived from a large Italian non-clinical sample.

2. Materials and methods

The study design was a cross-sectional postal survey of a sample of women living in the territory of Ferrara, in Italy. The subjects were recruited on the basis of age (between 45 and 55 years) from the General Registry Office in four towns in Ferrara's province for a total of 4073 women. The sample examined resulted homogeneous, large and non-selected. The women were sent a questionnaire designed on the basis of the Women's Health Questionnaire (WHQ). The WHQ is well documented in terms of reliability and validity to examine psychological and somatic symptoms experienced by peri- and post-menopausal women [14]. Thirty-six symptoms were rated on four-point scales (“Yes, always”, “Yes, sometimes”, “No, not much”, “No, not at all”) and the questions were about somatic symptoms, anxiety, depressive symptoms, cognitive factors, vasomotor symptoms, menstrual symptoms and sexuality. A score is associated with each item (1–4) reflecting the symptom's severity: the higher the score, the more pronounced the distress and dysfunction.

For further explanations about the use of the WHQ in the assessment of menopausal symptoms and other methodological considerations of its application in the study, see a previous study by Amore et al. [15].

Women were asked to fill out, along with the WHQ, a personal file to define cultural level, social status (social class was based on women's occupations and on husbands' occupations for housewives), family characteristics, life events in the last year, recent men-