

Analysis of quality of life of women in menopause period in Poland, Greece, Belarus and Belgium using MRS Scale. A multicenter study

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ABSTRACT

Purpose: The aim of this study was to compare the climacteric symptoms, the activity and quality of life of women in the menopausal period from Poland, Greece, Belarus and Belgium using a Menopause Rating Scale (MRS).

Material and methods: The study was conducted among women over 40 years of age, from Poland (241), Belorussia (119), Greece (100), and Belgium (79). For the purpose of this research, the Polish, Russian, Belgian and Greek versions of the MRS were used. The MRS Scoring scheme is simple, i.e. the score increases point by point with the increasing severity of subjectively perceived symptoms for each of the 11 items (severity 0--no complaints, 4 scoring points--severe). The respondent provides her perception by checking one of 5 possible boxes of „severity” for each of the items.

Results: Mild or no complaints were reported to a similar extent by all women from these four countries. The intensity of the psychological symptoms was similar for the studied countries and did not differ significantly ($P = 0.1531$). Similar results we found in the somatic symptoms among the studied groups ($P = 0.1421$). A significant difference in the urogenital and sexual symptoms between Belgian and Belorussian women ($P < 0.001$) was found. The frequency of menopausal symptoms was found to be significantly ($P = 0.0381$) higher among Belgian women in comparison to Belorussian ones.

Conclusions: We found some differences between the menopausal complaints reported by women from Belgium, Belarus, Greece and Poland. Belgian women exhibited a more impaired quality of life due to a higher rate and severity of urogenital and sexual symptoms.

Key words: menopause, women, Belgium, Belarus, Greece, Poland

INTRODUCTION

The individual experience of menopause is the result of a complex interplay of biological, psychosexual and socio-relational factors which influence a woman's ability to cope with this life period characterized by significant changes. The changes and symptoms can start several years earlier and include: a change in periods – shorter or longer, lighter or heavier, with more or less time in between; hot flashes

and/or night sweats; trouble sleeping; vaginal dryness, mood swings, trouble focusing and less hair on head, more on face [1]. Women, as well as men, experience an age-related decline in physical and mental capacity. They observe symptoms such as periodic sweating or hot flushes, depression, insomnia, impaired memory, lack of concentration, nervousness, and bone and joint complaints [2,3]. Menopause has an impact on the women's quality of life. The Menopause Rating Scale (MRS) is a health-related quality of life scale (HRQoL) and

was developed in the early 1990s in response to the lack of standardized scales to measure the severity of aging-symptoms and their impact on the HRQoL. It can be easily completed by women. The original MRS has been used since 1992. It documents the climacteric symptoms and their changes during treatment [4,5]. Based on this investigation, we used the revised and final version of the MRS.

Belgium has a system of compulsory health insurance, covering the entire population and with a very broad benefits' package (with some restrictions for the self-employed) [6]. Nowadays, health care sector in Greece is characterized as a mixed system of health care provision financed through salary based the National Health System providers, prepaid administered payments based on the social and private insurance funds and fee for-service private practitioners [7]. Belarus inherited from the Soviet era an easily accessible and extensive public health system. Similarly in Poland the public health system is extensive without financial barriers to access.

There are known cultural differences in health beliefs among countries [8]. Eastern Europe (Belarus, Poland) as a cultural entity: the region lying between Central Europe and Western Asia, with main characteristics consisting in Byzantine, Orthodox and limited Ottoman influences. Greece is located at a meeting point of the eastern countries of the world and the western countries and this affects. Belgian culture is an integral part of European culture or Western culture.

The objective of this study was to compare the climacteric symptoms and the quality of life of women in the menopausal period from Poland, Greece, Belarus and Belgium using the MRS scale.

MATERIALS AND METHODS

The study was conducted among women over 40 years of age from Poland (241), Belarus (119), Greece (100), and Belgium (79). The participants included perimenopausal and postmenopausal women from 40 to 61 years old. Women were randomly selected from outpatient the gynecology clinics. Overall, 15% of women refused to answer the questionnaire. The ages of the evaluated women are summarized in *Tab. 1*. The Menopause Rating Scale (MRS) was obtained from Professor Heinemann from the Center of Epidemiology and Health Studies in Berlin. For the purpose of this research, the Polish, Russian and Belgian versions of the MRS were used [9]. The Greek version had been validated in Greece by Chadzopulu *et al.*

The MRS Scale measures changes over time and across different cultures (the MRS scale is available in 25 languages). It can also be used to evaluate changes before/after treatment with hormone replacement therapy. The respondents have a choice among 5 categories: no symptom, mild, moderate, marked, and severe. The total score of the MRS ranges

Table 1. Age of women with menopause (N=539).

Country	\bar{x}	N	SD	Min	Max
Poland	50.7	241	4.26	40	60
Belgium	51.9	79	4.80	42	61
Belarus-sia	51.8	119	3.71	45	61
Greece	51.9	100	3.61	45	60
Total	51.3	539	4.14	40	61

\bar{x} - mean, SD – standard deviation

between 0 (asymptomatic) and 44 (the highest degree of complaints). The minimal/maximal scores vary between the three dimensions depending on the number of complaints allocated to the respective dimension of symptoms:

- psychological symptoms: 0 to 16 scoring points (4 symptoms: depressed, irritable, anxious, exhausted)
- somato-vegetative symptoms: 0 to 16 points (4 symptoms: sweating/flush, cardiac complaints, sleeping disorders, joint and muscle complaints)
- urogenital symptoms: 0 to 12 points (3 symptoms: sexual problems, urinary complaints, vaginal dryness).

Concerning the menopausal status, the following definitions were used: premenopausal (women having regular menses); perimenopausal (irregularities >7 days from their normal cycle) and postmenopausal (no more menses in the last 12 months) [10]. Data included in this study were age, place of residence, educational level, smoking habits and the use of hormone therapy.

Statistical analyses were performed with the commercial software Statistica 7.1. PL for Windows (StatSoft, Tulsa, OK, USA). Data are expressed as mean \pm standard deviation (S.D.) and percentages. ANOVA and chi-square calculation were used to compare continuous and categorical data. A *P*-value of <0.05 was considered statistically significant. The study was approved by the Ethical Committee at the Medical University of Bialystok, Poland.

RESULTS

As shown in *Tab. 1*, the mean age of the whole sample (N=539) was 51.3 ± 4.1 years. We found significant differences in age between women in the studied countries (*P* = 0.0203). Women from Poland were younger in comparison to women from Belgium, Belarus and Greece.

In Poland almost 20% of the women lived in villages, similarly in Belgium (28%), Greece (12%), but in Belorussia only 7.6% women were from villages. Most women from Belorussia and Greece lived in big cities. Results are not presented.

Almost 40% of women from Belgium had an academic education, but only 8% of Greek women had the same education level. These differences were statistically significant

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