

Knowledge and support improve menopausal health

July 21 2021, by Margareta G. Kubista



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More knowledge and individual support from primary care services can alleviate women's menopausal problems, a University of Gothenburg thesis shows.

Not feeling well or like one's normal self, but without any distinct sense of being ill, is experienced by numerous women during menopause, according to Lena Rindner, district nurse with a Ph.D. in [community medicine](#) and [public health](#) from Sahlgrenska Academy, University of Gothenburg.

Rindner's doctoral thesis describes her study of middle-aged women. They often take on new challenges, undergo relationship changes, and work hard both at home and at work, with varying impacts on their health and [quality of life](#).

Mental and stress-related disorders are common among them, and many seek primary care. Nevertheless, women's knowledge of their own natural aging process is often limited.

Group and one-on-one conversations

"I wanted to investigate whether symptoms related to the menopausal stage of life could be alleviated if information is offered about this transitional stage, and if support and treatment are provided during it," Rinder says.

She is clinically active in [community health](#) at the Södra Torget [medical center](#) in Borås, in the West Götaland region of southwest Sweden.

In a [randomized controlled trial](#), she examined whether group education or person-centered, one-on-one discussions on menopause-related topics might improve women's quality of life, and also reduce their mental, physical, and urogenital symptoms—that is, urinary tract problems and vaginal dryness.

The study included 368 women, aged 45–60, selected by drawing of lots to join one of four groups: a) group education, b) one-on-one conversations, c) both, or d) neither. The person-centered discussions had the most clearly positive long-term effect.

"This is a method of providing advice, support, and treatment in the menopausal phase of life that could be offered in primary care to improve women's health during this transitional stage," Rindner states.

Partner and education key factors

In another part of the thesis, she describes her study on symptoms and health-related quality of life in 131 women aged 45-55. The purpose was to find out how common and severe their problems were. A six-year longitudinal cohort study then showed that the physical and urogenital ailments decreased, while the mental problems persisted.

One powerful factor for good self-perceived health after six years was a well-functioning relationship with a partner, while higher education emerged as a risk factor for a deterioration in [mental health](#). Mental ill-health often arises in the wake of a reduced working life, with a heavy workload and unclear demands combined with working from home, in Rindner's view.

"We were surprised, but women with [higher education](#) evidently take more sick leave nowadays. Setting limits at the workplace can cause anxiety among people with career ambitions. Stress over a long period,

when there's no opportunity for recovery, can have repercussions on [health](#). Requirements to perform well both at work and at home, with no time to recuperate, can impair wellbeing at a very vulnerable period in one's life," she concludes.

More information: Women's health in midlife—a person-centered approach in primary care: effects on mental, somatic, and urogenital symptoms, and quality of life. hdl.handle.net/2077/67648

Lena Rindner et al, Prevalence of somatic and urogenital symptoms as well as psychological health in women aged 45 to 55 attending primary health care: a cross-sectional study, *BMC Women's Health* (2017). [DOI: 10.1186/s12905-017-0480-1](https://doi.org/10.1186/s12905-017-0480-1)

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Lena Rindner et al, Reducing menopausal symptoms for women during the menopause transition using group education in a primary health care setting—a randomized controlled trial, *Maturitas* (2017). [DOI: 10.1016/j.maturitas.2017.01.005](https://doi.org/10.1016/j.maturitas.2017.01.005)

Provided by University of Gothenburg

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