

Perceptions of General Health, Social and Mental Well-being in Perimenopausal and Menopausal Women: A Pilot Study

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Background

Singapore is a rapidly aging society and it is important to understand the general health, mental and social well-being of menopausal women, to address gaps in care.

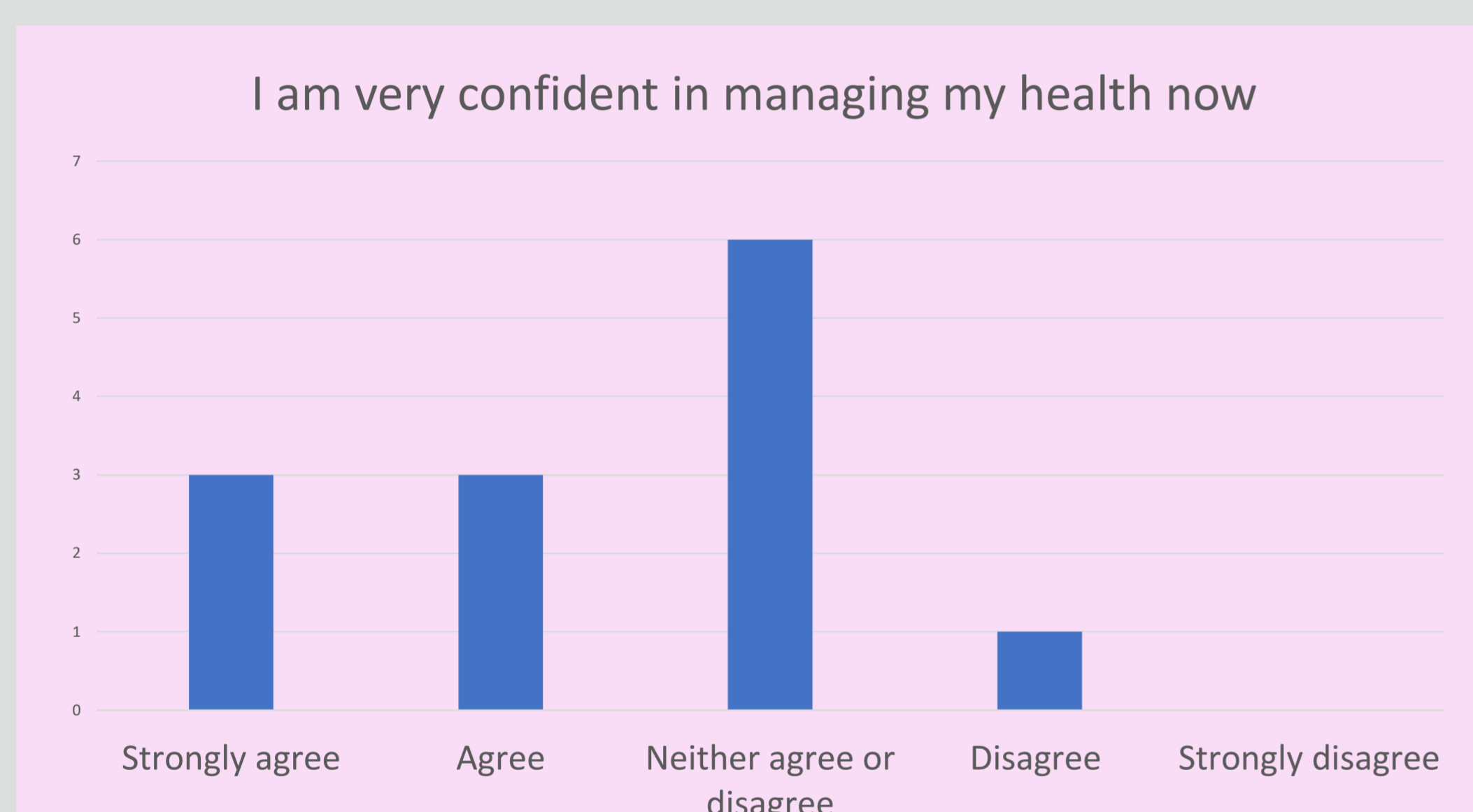
The aim of this study was to explore the confidence and satisfaction self-response questionnaire consisting of 7 items that identified participants' age, and explored the women's confidence and satisfaction levels in general health, social and mental well-being using a 5-point Likert scale, was administered to attendees at a menopause-interest group talk. The average age of the 13 participants was 53.7 years (range 46 to 68 years).

Below is the questionnaire administered:

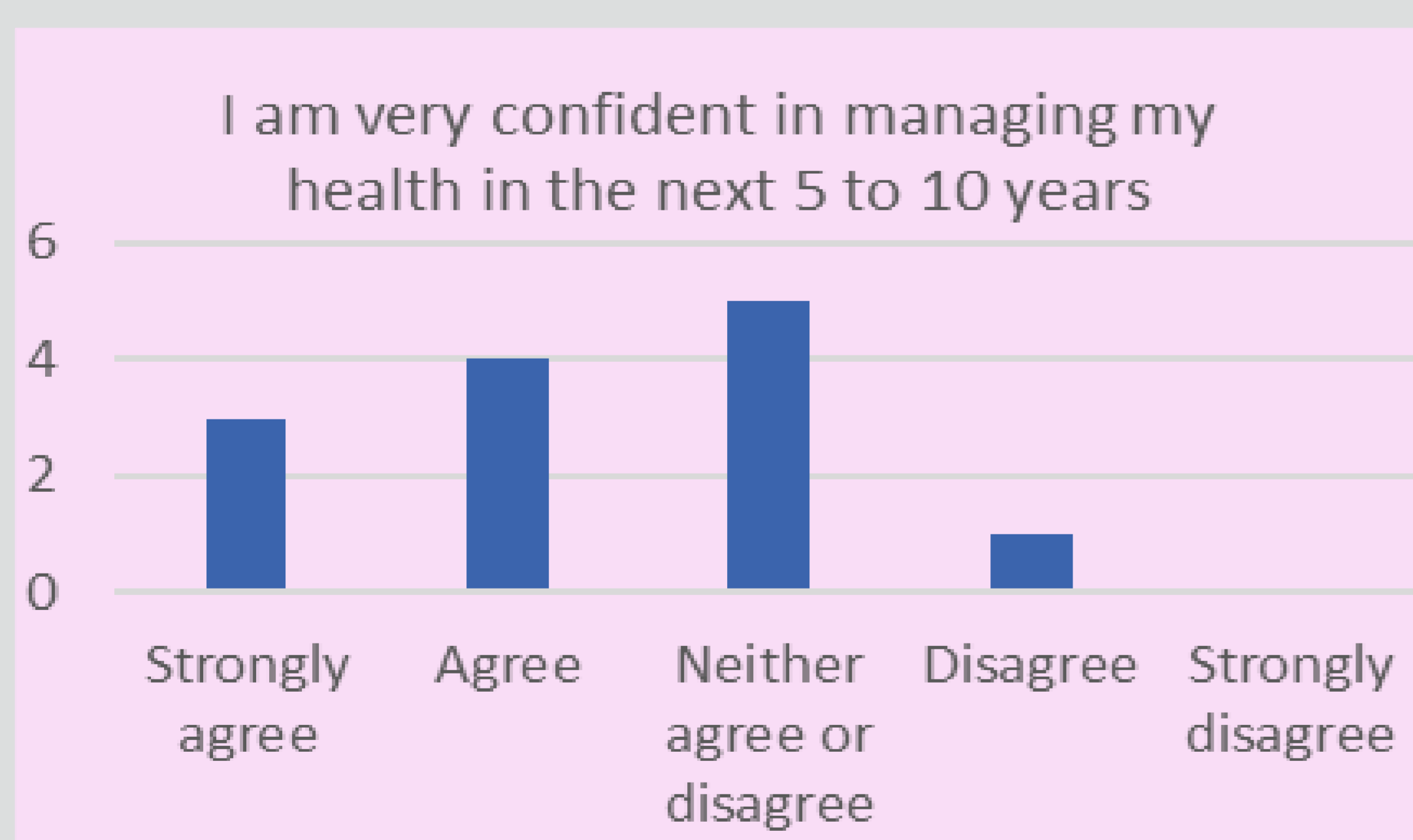
1. Age in years <input type="text"/>	2. I am very confident in managing my health now. Choose an option below: <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	3. I am very satisfied with my current mental health status. Choose an option below: <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	4. Overall, I am very satisfied with my general well-being now. Choose an option below: <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
	5. I am very confident in managing my health in the next 5 to 10 years. Choose an option below: <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	6. I am very satisfied with my current level of social engagement (social life). Choose an option below: <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neither agree or disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree	7. Please any comments (if any) about how you feel about your general well-being now: <input type="text"/>

Results

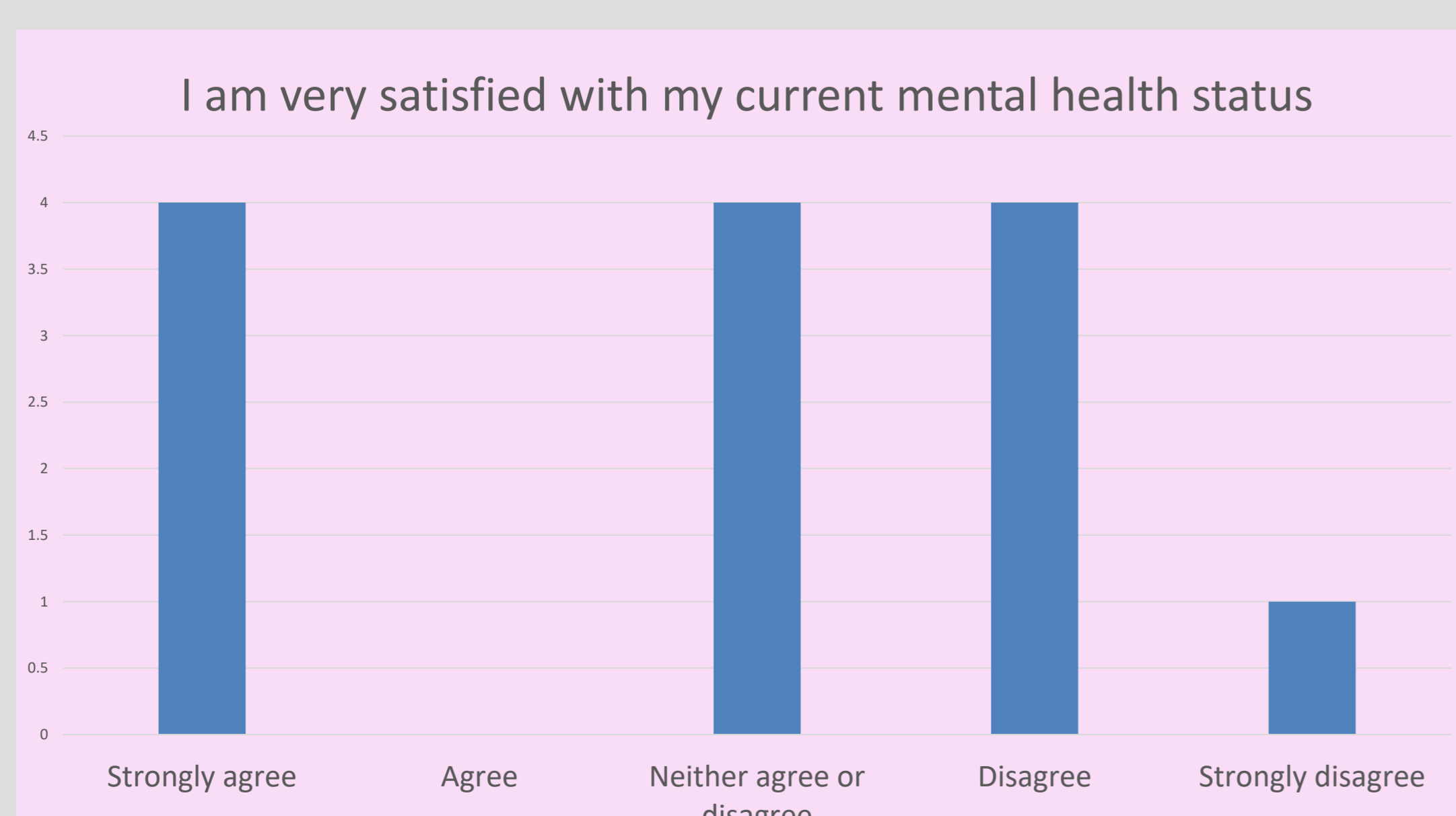
46% (n=6) of respondents were confident in managing their health currently, 46% (n=6) were neutral and 8% (n=1) were not.



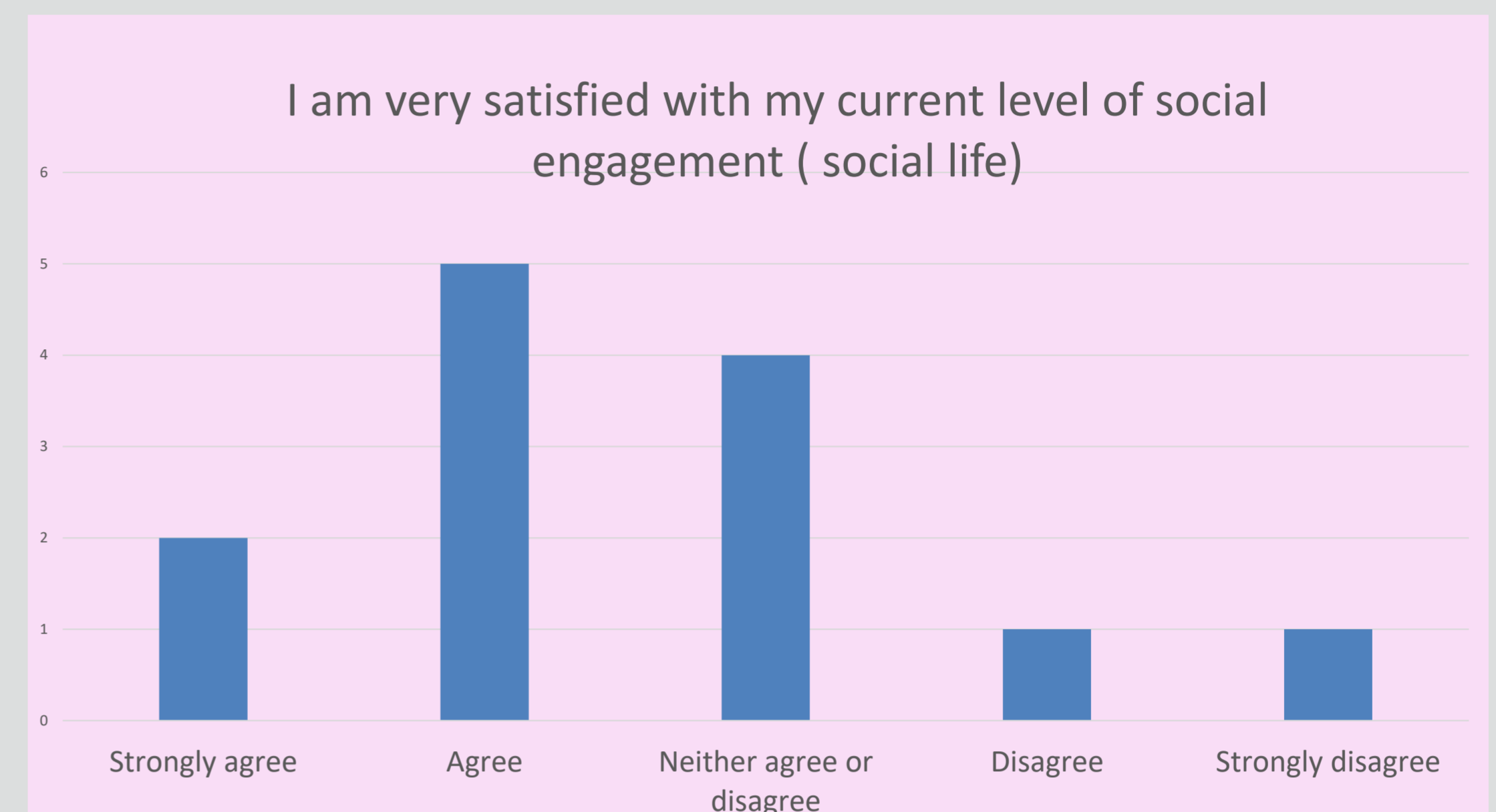
54% (n=7) were confident in managing their future health in the next 5 to 10 years, while 38% (n=5) were neutral and 8% (n=1) were not.



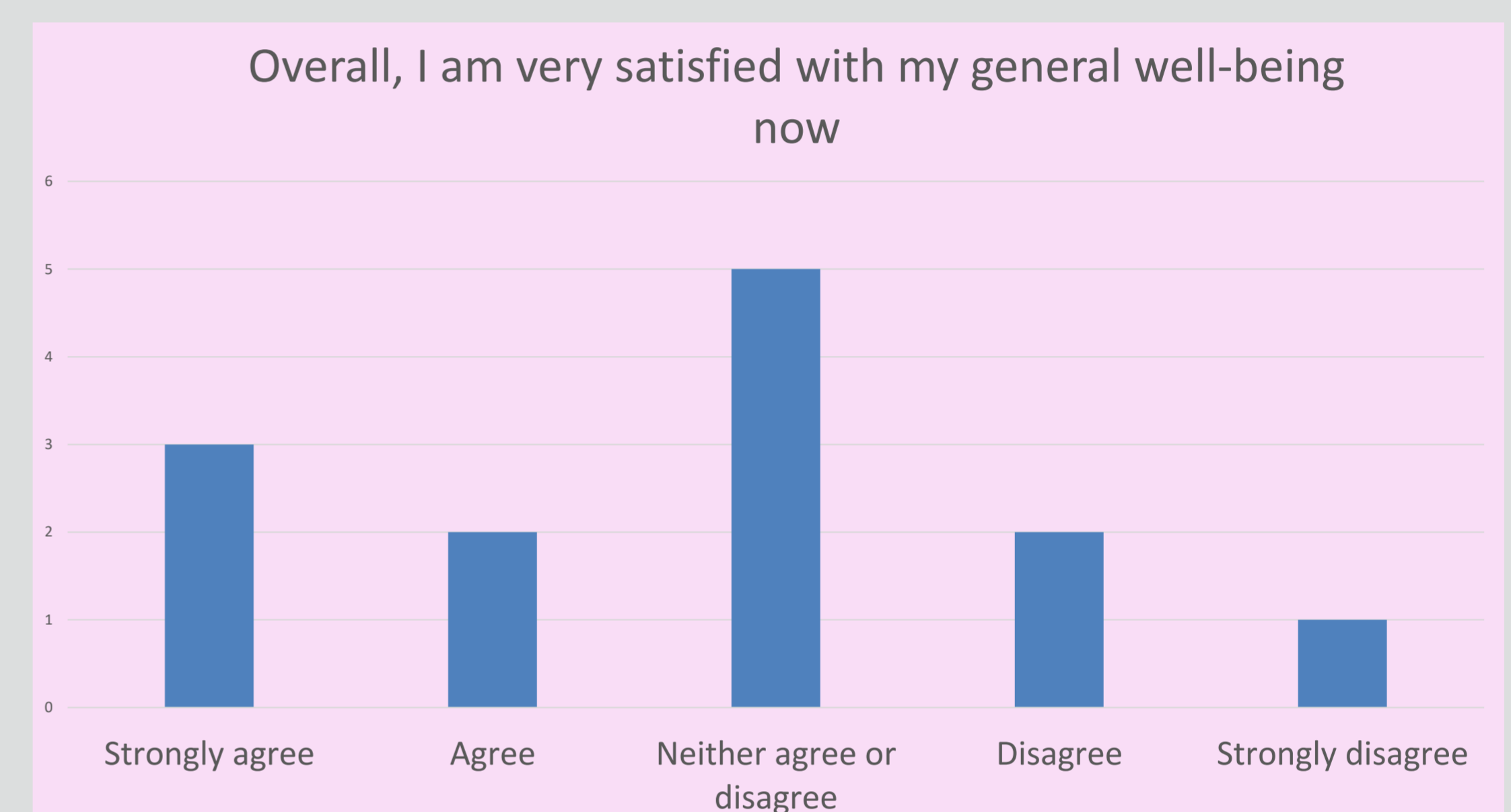
Only 31% (n=4) reported satisfaction with their current mental health status, 31% (n=4) were neutral and 38% (n=5) were dissatisfied.



54% (n=7) were satisfied with their current level of social engagement, 31% (n=4) were neutral and 15% (n=2) were dissatisfied.



38% (n=5) felt that they were satisfied their overall general well-being, 38% (n=5) and 24% (n=3) were dissatisfied.



Key themes and comments from the free text responses included: Concerns about low mood, health issues associated with menopause and reduced energy (these responses came from women <60 years old); and a desire to meet other women going through menopause as a means of support and to engage in more social activities.

Discussion

Observations from this study revealed poorer satisfaction in mental and general well-being compared to social well-being and confidence in managing health. Although lower scores were not associated with age, concerns of low mood and health were reported in those less than 60 years old. The Massachusetts Women's Health¹ study showed that negative attitudes prior to menopause, were subsequently related to symptom reporting during menopause.

Perhaps healthcare professionals can start conversations to explore attitudes, mental health challenges or sleep problems with younger mid-life women, before menopause symptoms develop. These conversations can be opportunistic in primary care settings and in preventive health care services. With better medical care, women live longer and it is now even more important to address quality of life in menopause and post-menopause women. It is shown that older women often experience significant mental health challenges and poorer QOL beyond midlife². For these women, healthcare providers should be mindful to screen for mental health issues like low mood, coping difficulties or poor sleep. Better public education on mental health particularly for older women should be explored in the community level.

There is room for improving health in perimenopausal and menopausal women. Community, employers and health promotion services can be engaged to identify specific issues. Strategies for mental health services should be further strengthened.

References:

1. NE Avis, SM McKinlay. A longitudinal analysis of women's attitudes toward the menopause: results from the Massachusetts Women's Health Study. *Maturitas* 1991 Mar;13(1):65-79.
2. Savannah Cooper, Victoria B Marshall, Carolyn B Becker, Andrea Z LaCroix, Pamela K Keel, Lisa S Kipela. Mental health and quality of life in post-menopausal women as a function of retrospective menopause symptom severity. *Menopause*. 2022 Jun 1;29(6):707-713.