



## An Observational Study of Women's Experience and Health Needs Related to Menopause at the Clinic of Complementary Medicine in Lucca, Tuscany Region, Italy

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### Abstract

**Introduction:** Menopause represents a delicate period which although can be experienced in a very subjective way, is generally characterized by a higher psycho-physical vulnerability. Women need to be supported during this period to maintain their well-being.

**Aims and Objectives:** The aim of the study is to look at women's experience and well-being related to menopause.

**Materials and Methods:** The project is a quantitative analytic observational study with comparison group. The study involved two different groups of women, between 45 and 60 years old, who are regular patients either of the traditional gynecology clinic (group 1) or the complementary medicine gynecology clinic (group 2) in the City of Lucca (Tuscany, Italy). Women were given two different questionnaires: the SF 12 questionnaire [2] and the "Survey on menopause experience" questionnaire.

**Results:** In both groups the mean score for mental functioning is below the score of 50, whereas physical functioning is above 50 (indicating a good health quality of life) only in group 2. Results of SF-12 show a statistically significant ( $p: 0,006$ ) increasing in mental well-being related to the progression of menopausal stage (perimenopause: mean: 34,48, SD: 8,2; menopause: mean: 40,36, SD: 9,1; post-menopause: mean: 48,1, SD: 10). Almost the totality of women declared to agree with the affirmation "Menopause is a normal part of a woman's life". Regarding the effectiveness of the last therapy used to treat menopause symptoms: 60% of group 1 and 90% of group 2 affirmed that "the last therapy did improve my symptoms". Regarding the information received by health care professionals about menopause: 5,9% of group 1 and 38,9% of group 2 was quite satisfied, compared to 35,3% of group 1 and 11,1% of group 2 which was not satisfied with the information received.

**Conclusion:** Women treated at the complementary medicine clinic report a better experience of menopause, a wider knowledge and a greater use of remedies to treat menopause symptoms and are generally more satisfied with the therapies used to treat menopause disorders

**Keywords:** Menopause; Complementary Medicine; Integrative Medicine; Women's Health

### Introduction

During their life women go through very different phases such as puberty, fertile age, pregnancy, puerperium and menopause. Each phase is defined by important changes and different women's needs. In particular, menopause determining the end of the fertile age, represents a delicate period which although can be experienced in very subjective way, is generally characterized by a higher psycho-physical vulnerability.

In 2012 women were recommended by World Health Organization (WHO) to prepare themselves for menopause, being a critical stage of their life, stressing on the importance of health promotion and illness prevention [1].

Integrative Medicine offers an opportunity to follow this recommendation offering an holistic view of the person, taking into consideration all factors that influence health, wellness, and disease. Furthermore, it also recognizes the importance of personal resources and empowerment in the healing process.

The Health Service in Tuscany offers Complementary Medicine (homeopathy, phytotherapy and acupuncture) within its services. Therefore, this provides an opportunity to study women's experience of Integrated Medicine in treating menopause related problems.

### Aim of the Study

The aim of the study is to look at self-referred well-being and experience of menopause of the recruited women.

## Materials and Methods

### Study design

The project is a quantitative observational study with comparison group.

### Study population

The study involved two different groups of women, between 45 and 60 years old, who are regular patients either of the traditional gynecology clinic or the complementary medicine gynecology clinic in the City of Lucca. Women who were patients of the traditional clinic were assigned to group 1, while women who were patients of the complementary gynecology clinic were assigned to group 2.

Inclusion criteria were: age between 45 and 60 years old, at least one previous access to the clinic and comprehension of Italian language.

### Data collection tools

Women were given two different questionnaires: the SF 12 questionnaire [2] and the “Survey on menopause experience” questionnaire. The SF-12 is survey with 12 questions that provide glimpses into mental and physical functioning and overall health-related-quality of life. The “Survey on menopause experience” is a questionnaire of 58 multiple choice questions which was administered over the phone and provide information about the general experience that women have of their menopause, the type of remedies used to control menopause symptoms as well as the quality of information received by health professions.

### Ethical consideration

Participants were provided with a patient information leaflet and an informed consent form prior the start of the study. The study respects confidentiality and privacy of the individuals studied.

## Results and Discussion

The study sample included 41 women; 20 (group 1) were being treated at the traditional clinic and 21 (group 2) were being treated at the complementary medicine clinic.

### Characteristics of the sample

**Age:** The mean age of women who participated was 50 for group 1 (traditional clinic) and 53 for group 2 (complementary medicine clinic).

**Marital status:** In both groups the majority of women were married or cohabitant (65% in group 1 and 85% in group 2), 20% of group 1 was single versus 4,8% of group 2, whereas 15% of group 1 resulted divorced or separated compared to 9,5% of group 2.

**Qualification:** Women in group 2 had a higher qualification level where 28,6% had a degree and 66% had a diploma. While in group 1, 15% of women had a degree and 55% had a diploma; 30% of group one had a middle school diploma.

**Occupational status:** 10% of group 1 as well as 9,5% of group 2 referred to be a housewife, 81% of group 2 and 75% of group 1 had a job, while 15% of group 1 and 9,5% of group 2 resulted unoccupied.

**Onset of menopause:** Looking at the total of women who already were in menopause 94,1% of group 1 referred a spontaneous onset of menopause compared to 62,1% of group. 37,5% of women in group 1 had a surgical menopause. The mean age of menopause was 48 in group 1 and 50 in group 2.

### Results of SF-12 questionnaire

The mean score of physical function was 49 (SD 8,5) in group 1 and 52,2 (SD 7) in group 2 while the mean score for mental functioning was 42,7 (SD 10) in group 1 and 41 (SD 10,8) in group 2. In both groups the mean score for mental functioning is below the score of 50, whereas physical functioning is above 50 (indicating good health and quality of life) only in group 2. There are not statistically significant differences between the two groups for mental or physical components (p: 0,198; p: 0,580) (Table 1). In general women were likely to self-assess their health as poor (mostly for mental health component). Results of SF-12 show a statistically significant (p: 0,006) increasing in mental well-being related to the progression of menopausal stage (permenopause: mean: 34,48, SD: 8,2; menopause: mean: 40,36, SD: 9,1; post-menopause: mean: 48,1, SD: 10) (Figure 1). To test the significance a t test was used.

|                          | Group | N  | Mean   | SD     | P     |
|--------------------------|-------|----|--------|--------|-------|
| Physical Component Score | 1     | 20 | 49,09  | 8,532  | 0,198 |
|                          | 2     | 21 | 52,292 | 7,074  |       |
| Mental Component Score   | 1     | 20 | 42,786 | 10,088 | 0,59  |
|                          | 2     | 21 | 41,004 | 10,86  |       |

Table 1: SF-12 score.

### Results of “Survey on menopause experience” questionnaire

Almost the totality of women declared to agree with the affirmation “Menopause is a normal part of a woman’s life”; whereas 25% of group 1 and 38,1% of group 2 agreed with the statement “Menopause is a good experience for a woman”; on the contrary 50% of group 1 and 28 and of group 2 affirmed that “Menopause is a bad experience for a woman”. In both groups more than 90% of the participants reported that they have suffered from some

menopause disorders (100% in group 1 and 94,4% of group 2). The most cited symptoms were flushing (87%), irritability (78%), weight gain (62,5%), sleeping disorders (56%). The most annoying symptoms were flushing, sleeping problems and irritability. The more used remedies in group 1 were: vitamins and minerals (60%), phytoestrogen (20%) and homeopathy (20%). While women in group 2 used: homeopathy (38%), vitamins and minerals (22,2%), acupuncture (16,7%), diet (5,6%), hormonal therapy (5,6), other therapy (phytotherapy, yoga, meditation, sun exposure, specific cream) (11%). Regarding the effectiveness of the last therapy used to treat menopause symptoms 10% of group 1 and 53,3% of group 2 reported that “the last used therapy resolved my symptoms”; conversely 60% of group 1 and 90% of group 2 affirmed that “the last therapy did improve my symptoms”; on the contrary 40% of group 1 agreed with the sentence “the last therapy did not change my symptoms”. In general women of group 2 were more satisfied with the last therapy used to treat menopause symptoms. With particular attention to the information received by health care professionals we observed that 85% of the women in group 1 and 81% of the women in group 2 referred to be informed about menopause. In particular 52,9% of group 1 and 50% in group 2 was very satisfied with the information received, while 5,9% of group 1 and 38,9% of group 2 was quite satisfied, compared to 35,3% of group 1 and 11,1% of group 2 which was not satisfied with the information received. Lastly women in group 1 tend to make contact with their GP more often (mean: 5,7, SD:4) than women in group 2 (mean: 2,6, SD: 2,7) (p: 0,007); by contrast women in group 1 tend to make contact fewer times (mean: 4,3, SD: 1,4) with their gynecologist than women in group 2 (mean: 5,5, SD: 1,43) (p: 0,008). To test the significance a t test was used. To test the significance a t test was used (Table 2).

|  | Group | N  | Mean  | SD    | P     |
|--|-------|----|-------|-------|-------|
| How many times have you contacted your GP in the last 5 years?           | 1     | 20 | 5,750 | 4,038 | 0,007 |
|  | 2     | 21 | 2,667 | 2,799 |       |
| How many times have you contacted your gynecologist in the last 5 years? | 1     | 20 | 4,300 | 1,455 | 0,008 |
|  | 2     | 21 | 5,571 | 1,434 |       |

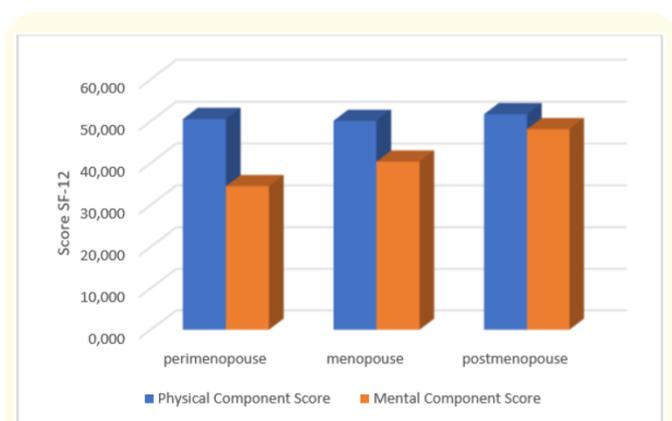
**Table 2:** Number of contacts with GP and gynecologist.

**Conclusion**

The study allowed collecting interesting data on women’s knowledge, attitudes and behavior during menopause. Particularly the study showed that the majority of the women consider menopause as a normal event of their life. However, women treated at the complementary medicine clinic report a better experience of menopause, a wider knowledge and a greater use of remedies to treat menopause symptoms and are generally more satisfied with the therapies used to treat menopause disorders. Also, women in this group reports to have received more information regarding alternative therapies to drugs and are more satisfied with the information received by health care professionals. Therefore, we can affirm that Complementary Medicine appears to be effective and safe in the treatment of menopause disorders as well as capable of empowering women during this particular period of their life. Integrative Medicine thanks to its salutogenic approach and holistic view of the person could be a real instrument to improve women’s quality of life (not only during menopause). The main women’s need emerged by this research seems to be the need of access to information. Information which needs to be clear, complete, timely, woman centered. The methodological limits of this study are the small sample size and the non-randomization. For this reason further research on this matter is recommended.

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**Figure 1:** Menopause stage and SF-12 score.

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