

Psychiatric Symptomatology in Climacterium

Pages with reference to book, From 33 To 34

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Abstract

A study of Psychiatric Symptomatology in 20 women in Climacterium is presented. Apart from the vasomotor symptoms they complained of sadness, nervousness, insomnia, headache, irritability and anorexia. None of them had any such complaints before. The menstruation, pregnancies and puerperae of these women were uneventful.

Characteristics of a flush have been documented. The cultural beliefs as reported by the patients concerning the effects of menopause on women's health have been described (JPMA 34 33, 1984).

Introduction

Psychiatric symptoms are considered to be a part of the climacteric syndrome by the majority of workers in the field. Some of them consider these to be the direct result of hormonal imbalance (Furuhjelm and Feder-Preybergh, 1976) while others believe them to be a consequence of the vasomotor and other somatic complaints (Russel de Alvare, 1977). The usually reported symptoms are fatigue and depression (Jaszmann, 1973), nervousness, irritability, sleep difficulties, depression, impaired memory and decreased libido (Furuhjelm and Feder-Preybergh, 1976) and decreased energy with a tendency towards nervous exhaustion (Kopera, 1973/ Culturally determined expectations of the effects of menopause have been considered to be etiologically important (Van Keep and Humphrey, 1976).

Material and Methods

Most of the 20 patients had reported to psychiatric clinic or outdoor while some were referred from Gynaecology Department of Khyber Teaching Hospital, Peshawar. The patients and where necessary and possible the relatives were interviewed and the findings recorded on a proforma. Women in the climacteric age group with or without the cessation of menses presenting with the characteristic vasomotor symptoms were included in the study.

Results

The age of the patients ranged from 35 to 55 years. Sixty five percent of the patients had menopause 1-5 years prior to the consultation while 15% were still menstruating (Table I).

Table 1**Age and Duration of Menopause.**

Age

Average:	46	years
Minimum:	35	years
Maximum:	55	years

Duration after menopause:

Menses still on	15%	(3 patients)
Amenorrhoea from 1-5 years	65%	(13 patients)
Amenorrhoea above 5 years	20%	(4 patients)

The most commonly reported symptoms were sadness and nervousness (90%) followed by insomnia and headaches (80%). Irritability was reported in 70% and 50% had anorexia (Table-II).

Table II

Common Psychiatric Symptoms.

Sadness	95%	(19 patients)
Nervousness	90%	(18 patients)
Insomnia	85%	(17 patients)
Headaches	85%	(17 patients)
Irritability	70%	(14 patients)
Anorexia	50%	(10 patients)

None of them had any past history of such complaints. 80% reported frank flushes with sweating while the remaining 20% felt a wave of warmth moving on the body accompanied by sweating but no obvious redness of face or trunk. Some characteristics of a flush are presented in Table-III.

Table III

Characteristic of a Flush.

		%	No. of patients
Frank Flushes		80	(16 patients)
Frequency	1-5 days	50	
	above 5 days	13	
	not ascertained	37	
Duration	1-5 minutes	65	
	above 5 minutes	25	
	not ascertained	10	
Direction of spread	from head	37.5	
	down-wards		
	from feet up-wards	43.5%	
	others	10	

The menstruation, pregnancies and puerperia of these women had been uneventful. Furuhejlin and Preybergh (1976) have reported memory defects but these were not found in the present study.

Discussion

The attention to the mental state of a woman in climacterium is crucial because in a vast majority of cases she is the mother of children either in adolescence or in early adulthood. Her mental health is going to have far reaching repercussions on the psychological wellbeing of her family and even the next generation. On her mood, temper, perception of herself and her environment, will hinge the happiness of the family. This is specially true in cultures like ours where extended family system still survives. As regards working woman it is in this period that she achieves the highest level of responsibility. On her well-being will depend the health of the institution, organization or department which she heads.

In the Western culture the gloomier and darker side of the picture has been emphasised. To them,

menopause means the end! of youth, beauty, vigour, even femininity (Vankeep and Humphrey, 1976). The usual fear expressed is that she has lost attraction for husband or that her life has become empty with growing up and moving away of the children. In the subcontinental culture, the situation is not all that depressing. While there may be some fears regarding physical effects of the menopause, middle age for a woman in this culture may be the best part of her life. It may bring her freedom, status and authority. There may be some regrets regarding loss of vitality and youthful charm but the maturity of the years brings a flowering of personality. This may be the reason why none of our patients expressed any such anxieties. The cultural beliefs held about the effects of menopause are that it leads to diminution of vision and abdominal distension.

Different women describe the feeling of a flush differently. Usually they feel hot and like to take off their chadar, dopatta, any heavy clothing, unbutton their shirt or more typically throw away the blanket at night. Some may pour water on their head or wash their face. The duration of a flush has been said to be a few seconds (Russel de Alvare, 1977) but the duration reported by majority of our patients is between 1-5 minutes.

The fact that psychiatric symptoms are important part of the climacteric symptomatology should be kept in mind by the non-psychiatric doctors. Whether hormones alone will control the psychiatric symptoms or psychotropic medication is also indicated remains to be investigated. This will need collaborative studies by psychiatrists and gynaecologists.

References

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