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**STUDY OF PROBLEMS
AMONG
PERIMENOPAUSAL WOMEN
AT
MATERNITY HOSPITAL.**

SUBMITTED BY GROUP E

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STUDY OF PROBLEMS AMONG PERIMENOPAUSAL WOMEN AT MATERNITY HOSPITAL

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Climacteric refers to the period of decreasing ovarian function beginning as early as the age of 40. It is characterized by decreased fertility and progressive tissue atrophy and ageing from decreased estrogen production. Climacteric culminates in menopause, which is defined as the cessation of menstruation. The menopause is that point in time when permanent cessation of menstruation occurs following the loss of ovarian activity. The perimenopause is the period immediately before and after the menopause. The climacteric is broader term indicating the period of of time when a woman passes through a transition from the reproductive stage of her life. The mean age of the menopause is quoted as around 50 years .(Amudson & Diers,1973) in various studies. Similar studies done in TUTH has shown the mean age of menopause in Nepalese women as 47 years.(Giri K,et al;2001). The median age of natural menopause is 51 years in US with a range of 45 to 55 years (1). The perimenopause is the phase in which the women undergoing climacteric changes reaches menopause. Perimenopausal symptoms generally occur between age of 45 to 55 years and usually last 4 to 5 years.It is a time of fluctuation of hormonal levels in a woman.

The age of menopause does not appear to be related to the age of menarche,socio-economic factors,race,poverly,weight and height. In some studies it has been associated with cigarette smoking , which lowers the age of menopause.(Frie,1980;Wilson et al,1985).

The basic feature of menopause is the depletion of ovarian follicles .This leads to the inability of the ovaries to respond to gonadotropins and a decrease in ovarian production of estrogen , progesterone , and androstenedione. In the perimenopausal years preceding menopause, women have lower estradiol levels and higher follicle stimulating hormone levels. Women in this age group have anovulation or oligovulation. Even when ovulation occurs, the quality of ovum decreases as a woman ages. This results in decrease in fertilization and an increase in the incidence of chromosomal abnormalities in the embryo when fertilization does occurs.

Besides this, decreased progesterone production by the ovum results in shorter menstrual cycles and irregular bleeding. Whereas, postmenopausal women have elevated gonadotropins and decreased estrogens, progesterone, and androgens from both the adrenals and ovaries.

It has been now widely recognized now that menopause is a very important landmark in a middle-aged women's life. Menopause has effects on different system of women's life ranging from musculoskeletal system, cardiovascular system, reproductive system nervous system to the psychological state of the woman. Also, many of the changes affecting these women can be modified or prevented with therapy or changing the life-style in them. The mainstay of therapy remains the appropriate use of estrogen as menopause is preceded by a period of progressive decline in estrogen level. Perimenopausal women have symptoms which is due to the hormonal imbalance in them. Besides, they also suffer from age related problems. During this period a variety of symptoms are noted which are characterized as followings:

1. Abnormal uterine bleeding.
2. Vasomotor symptoms:
 - i. Hot flush / flash
 - ii. Day /night sweat
 - iii. Palpitation
 - iv. Giddiness
3. Somatic symptoms :
 - i. Decreased visual acuity
 - ii. Body pain
 - iii. Joint pain
 - iv. Muscle cramps
 - v. Chest pain
 - vi. Tingling of feet
 - vii. Numbness of feet
 - viii. Swelling of feet
 - ix. Dry skin
 - x. Burning during micturition
 - xi. Uterine prolapse
 - xii. White discharge per vaginum
 - xiii. Headache
4. Emotional and Psychological events:
 - i. Irritability
 - ii. Lack of concentration
 - iii. Depression

- iv. Loss of memory
 - v. Sleeplessness
5. Sexual dysfunctions:
- i. Loss of sexual desire (libido)
 - ii. Vaginal dryness

1. Abnormal Uterine Bleeding

In perimenopausal women disturbances in menstrual pattern include anovulation and reduced fertility, decreased flow, hypermenorrhea and irregular frequency of menses.

2. Vasomotor Symptoms

Also referred to as hot flashes or flushes, vasomotor symptoms are experienced by close to 85-95% of perimenopausal women. Approximately 10% of women experience vasomotor symptoms before menopause and upto 75% by postmenopausal women. Vasomotor symptoms are caused by relative decrease in estrogen levels rather than a specific level of estrogen. Patients of gonadal dystrophy and who produce no endogenous estrogen do not experience vasomotor symptoms unless they are given exogenous estrogen and then they are withdrawn. The cause of vasomotor symptoms is an alteration of the central thermoregulatory mechanism. The hot flush is a sudden transient sensation, ranging from warmth to intense heat that spreads over the face, scalp and anterior thorax. It is frequently associated with flushing of the skin followed by a chill lasting 30 seconds to several minutes. The frequency vary considerably among different patients, as well as from day to day in the same patient. The cause is supposed to be the declining level of estrogen leading to involvement of numerous neuroregulator causing norepinephrine activity and leutinizing hormone level surge, fall of adrenocorticotrophic hormone and growth hormone level prior to flush. The level of growth and adrenocorticotrophic hormone increases after the flush.

Hot flush tends to occur during rapid eye movement sleep. It is associated with difficulty in falling and maintaining sleep as well as early morning awakening. The other symptoms having somatic manifestations include fatigue, poor concentration, memory loss, anxiety, giddiness.

3. Somatic Symptoms:

Vaginal dryness and irritation, dysuria, and atrophic vaginitis are caused by decreased circulating estrogen. Atrophy of the vaginal epithelium can result in dyspareunia and vaginal bleeding. Furthermore, the support for the

uterus and urethra can be weakened ,resulting in uterine descent and stress urinary incontinence. Visual disturbances and dryness of eye are also seen in perimenopausal women.

4. Emotional and Psychological Event:

The perimenopausal women complain of irritability, depression, panic attacks and mood disturbances ,lack of concentration and sleep disturbance .

5. Sexual dysfunction:

Regarding sexuality,symptoms such as vaginal irritation, burning and pruritus all predisposes perimenopausal women to dyspareunia.The menopausal vagina lacks distensibility.Urinary symptoms such as frequency, urgency, dysuria ,nocturia and incontinence ,alongwith vasomotor and psychological events , age related problems in self or partner makes sexual dysfunction a pertinent feature of the middle aged women.

1.4 LIMITATION OF THE STUDY:

The study was hospital based . responses and satisfaction of responses of the participants for perimenopausal symptoms was not associated with objective parameters .The validity of perimenopausal symptoms was not confirmed . This study was hospital based .So, the study may not be true representative of the population.

1.2 RATIONALE / JUSTIFICATION OF THE STUDY:

Paropkar Shree Pancha Indra Rajyalaxmi Devi Maternity Hospital Thapathali; is the biggest hospital for women having tertiary level care in Nepal. With the improvement in general health status and increase in the longevity of women, there is increase in number of middle-aged women in Nepalese population. By virtue of the progressively increasing older population size the problems of the perimenopausal women has become a major health concern for the gynaecologists. In past no study had been done to know the prevalence and problems of perimenopausal women. Therefore, this study was done in women of 40-60 years who presented in gynaecologic outpatient department in Maternity Hospital from month of Asar to Asoj, 2059 B.S.; to know the age of menopause and to know the problems in perimenopausal women.

1.3 OBJECTIVES:

GENERAL: The study was carried with the aim to gather information on the problems faced by the perimenopausal women and its frequency.

SPECIFIC:

1. To determine the average age of the menopause.
2. To find out the prevalence of perimenopausal women and the frequency of their problems in the women of the study.
3. To know the association of age of menopause with age of menarche Race, height, weight and cigarette smoking.

1.4 LIMITATION OF THE STUDY :

The study was hospital based qualitative and cross-sectional. The responses of the participants for perimenopausal symptomatology was not assessed with objective parameters. The variability of perimenopausal symptoms makes the cross sectional study unsuitable. This study was hospital based. So, the study results may not be true representative of the Population.

II.METHODOLOGY

2.1 Research Design :

This was the hospital based cross-sectional study carried out in Maternity Hospital,Thapathali; in month of Asar to Asoj 2059 B.S.

2.2 Target Population:

The gynaecologic patient attending the outpatient department (excluding those who had come for pregnancy confirmation) belonging to 40 -60 years age were the target population of the study .

2.3 Sample Size:

The study was done in 314 women of 40-60 years age who attended the outpatient department in month of Asar to Asoj 2059 B.S. Analysis was done in 300 women

2.4 Sampling Technique:

The women taken for study were sampled by convenience purposive sampling technique .

2.5 Inclusion and Exclusion Criteria:

Any women of 40-60 years age who had attended the outpatient department of Maternity Hospital during the study period among the target population was included in the study. The exclusion criteria were :

- a. Pregnancy or related complication in women.
- b. Chronic medical, surgical or psychiatric patients.
- c. The patient refusal to participate in the study.

2.6 Screening Procedure:

The women who attended the outpatient department in the month of Asar to Asoj 2059 B.S. screened to know whether they belonged to 40-60 years age and they did not have the exclusion criteria .

2.7 Tools of Data Collection:

- i. Screening Proforma
- ii. Interview Schedule
- iii. Medical Record Form.

2.8 Data Collection Procedure :

The women who satisfied the inclusion criteria after getting screened were interviewed regarding their symptomology as per the schedule.

Out of the 314 women in whom the study was carried out ,14 were excluded because of following reasons :

Chronic Psychiatry Problem	i
Chronic Hypertension	2
Diabetes Mellitus	1
Incomplete Proforma	10.

2.9 Data Analysis:

Data processing was done manually to know the statistics of the demographic features of the middle aged women in the study group.

The data was analysed to know the age of menopause in those women.

From that the perimenopausal age group was estimated . Then ,the the frequency of perimenopausal symptomatology was studied.

2.10 Ethical Consideration:

The research proposal was approved by the research committee of Maternity Hospital .The patients were explained about the study and Their consent was taken.

III.RESULTS & OBSERVATIONS :

The observations of the study is tabulated and presented as followings:

Table 2:

Total number of women attending gynaecologic outpatient department (excluding those attending subfertility clinic) during the month of Asar-Asoj 2059 B.S. : 6290 .

Total number of women aged 40-60 years attending gynaecologic outpatient department (excluding those attendingsubfertility clinic) during the month of Asar-Asoj 2059 B.S. :1391 (22.1%).

Total number of new cases aged 40-60 years attending gynaecologic outpatient department (excluding those attendingsubfertility clinic) during the month of Asar-Asoj 2059 B.S. :727 (11.5%).

Table 1.

PERCENTAGE DISTRIBUTION OF WOMEN 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTHS OF ASAR TO ASOJ 2059 B.S. HAVING PERIMENOPAUSAL SYMPTOMS BY AGE GROUPS .

AGE AGROUPS (in years)	NUMBER OF WOMEN (n=300)
40- 44	117 (39%)
45-49	110(36.6%)
50-54	46(15.3%)
55-59	18(6%)
60	9 (3%)

Among the 300 women o 40-60 years aged women 117 (39%) were in the age group of 40-44 years; 110(36.6%) were in the age group 45-49 years; in 50-54 years age group there were 46 (15.3%) women ;18(6%) women belonged to 55-59 years age group and only 9 (3%) women were of 60 years.

Table 2:

PERCENTAGE DISTRIBUTION OF WOMEN 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTHS OF ASAR TO ASOJ 2059 B.S. HAVING PERIMENOPAUSAL SYMPTOMS BY THEIR MARITAL STATUS.

Marital Status	Number (n=300)
Married	273 (91%)
Unmarried	3 (1%)
Separated	5 (1.6%)
Widow	19 (6.4%)

Most (91%) of the women were married in the study ,6.4% participants Were widow , 1.6% separated and 3 (1%) were unmarried.

Table 3.:

PERCENTAGE DISTRIBUTION OF WOMEN 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTHS OF ASAR TO ASOJ 2059 B.S. HAVING PERIMENOPAUSAL SYMPTOMS BY THEIR AGE OF MENARCHE.

AGE OF MENARCHE (in years)	NUMBERS (n=300)
<11	3 (.01%)
12-13	56(18.7%)
14-15	137(45.7%)
16-17	72 (24%)
18-19	27 (9%)

Most of the women in the study (45.7%) reported to have the age of menarche between 14 to 15 years age. The range of age of menopause was 10 years; from 11 –20 years.

Table 4.:

PERCENTAGE DISTRIBUTION OF WOMEN 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTHS OF ASAR TO ASOJ 2059 B.S. HAVING PERIMENOPAUSAL SYMPTOMS BY THEIR AGE OF MENOPAUSE {n=81(27%)}.
 38.3
 77.7
 36.3
 67.6
 75.0

Age (in years)	Numbers (n=81)
< 39	2 (2.4%)
40-42	18(22.2%)
43-45	22(27.2%)
46-48	15(18.5%)
49-51	17(20.9%)
52-54	4 (4.9%)
55	3 (3.7%)

In the study 81 (27%) women were menopausal. Maximum number 22(27.2%) of the women attained their menopause in between 43-45 years.

The mean age of menopause in the study was 45.7 years. The range of age of Natural menopause in these women was 15 years ;40-55 years. Two patients had their age below 30 years ;30 and 38 respectively. In both these women the menopause was surgical secondary to hysterectomy. Out of the 81 menopausal women 53 women were non smokers and 28 were smokers. The mean age for menopause in smokers 45.1 years as compared to 46.1 years in nonsmokers.

The body mass index (BMI in kg per square meter) had a range of 17.3 (15.2 –32.5). Twenty (24%) women had a BMI more than 25.5 and 22 (27.1%) of women had a BMI <19.5. The normal range of BMI is supposed to be between 19.5-25.5 kilogramme / square meter. (Thomas AE, et al; 1976). There was no relationship between age of menarche and age of menopause; Or between age of menopause and body mass index.

Table 5.:

FREQUENCY OF PERIMENOPAUSAL SYMPTOMATOLOGY IN WOMEN OF 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTH OF ASAR -ASOJ 2059 B.S. MATERNITY HOSPITAL.

Perimenopausal Symptoms	Frequency of women reporting Symptoms (n= 300)	
	Number	Percentage
Abnormal uterine bleeding.	115	38.3
Vasomotor symptoms:		
i. Hot flush / flash	231	77
ii. Day /night sweat	169	56.3
iii. Palpitation	203	67.6
iv. Giddiness	227	75.6
Somatic symptoms :		
i. Decreased visual acuity	252	84
ii. Body pain	214	71.3
iii. Joint pain	221	73.6
iv. Muscle cramps	165	55
v. Chest pain	107	35.6
vi. Tingling of feet	196	65.5
vii. Numbness of feet	121	40.3
viii. Swelling of feet	84	24
ix. Dry skin	81	27
x. Burning during micturition	174	58
xi. Uterine prolapse	138	46
xii. White discharge per vaginum	144	48
xiii. Headache	198	66

(continued...)

Table 5.:(continued)

FREQUENCY OF PERIMENOPAUSAL SYMPTOMATOLOGY IN WOMEN OF 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTH OF ASAR -ASOJ 2059 B.S. MATERNITY HOSPITAL (continued).

Perimenopausal Symptoms	Frequency of women reporting Symptoms (n= 300)	
	Number	Percentage
Emotional and Psychological events:		
i. Irritability	210	70
ii. Depression	181	60.3
iii. Lack of concentration	204	68
iv. Loss of memory	223	74.3
v. Sleeplessness	108	36
Sexual dysfunctions:		
i. Loss of sexual desire (libido)	210	70
ii. Vaginal dryness	164	54.6

The commonest perimenopausal symptoms reported by the women were decreased (84%), hot flushes (77%), giddiness (75%), loss of memory (74.3%), body pain (71.3%), numbness of feet (70.3%), irritability (70%), Loss of sexual desire (70%), lack of concentration (68%), palpitation (67.6%), headache (66%), tingling of feet (65.5%), depression (60.3%). Out of these 300 women, 115 women (38.3%) reported to have had abnormal uterine bleeding. These women were taken as perimenopausal women and the frequency of their symptomology was further noted which is tabulated as following:

Table 6.:

A COMPARISON OF FREQUENCY OF PERIMENOPAUSAL SYMPTOMATOLOGY IN PERIMENOPAUSAL WOMEN {n=115(38.3%) } WITH FREQUENCY OF PERIMENOPAUSAL SYMPTOMATOLOGY IN WOMEN OF 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTH OF ASAR –ASOJ 2059 B.S. MATERNITY HOSPITAL.

	PERIMENOPAUSAL WOMEN(n=115)	WOMEN AGED 40-60 YEARS (n=300)
Vasomotor symptoms:		
i. Hot flush / flash	99 (86.1%)	231(77%)
ii. Day /night sweat	68(59.1%)	169(56.3%)
iii. Palpitation	72(62.6%)	203(67.6%)
iv. Giddiness	90(78.3%)	227(75.6%)
Somatic symptoms :		
i. Decreased visual acuity	85(73.9%)	252(85%)
ii. Body pain	80(69.6%)	214(71.3%)
iii. Joint pain	81(70.4%)	221(73.6%)
iv. Muscle cramps	64(55.6%)	165(55%)
v. Chest pain	49(42.6%)	107(35.6%)
vi. Tingling of feet	76(66.1%)	196(65.5%)
vii. Numbness of feet	46(40%)	121(40.3%)
viii. Swelling of feet	34(29.6%)	84(28%)
ix. Dry skin	37(32.2%)	81(27%)
x. Burning during micturition	70(60.9%)	174(58%)
xi. Uterine prolapse	49(46%)	138(46%)
xii. White discharge per vagina	65(56.5%)	144(48%)
xiii. Headache	69(60%)	198(66%)

(continued....)

Table 6.: (continued)

A COMPARISON OF FREQUENCY OF PERIMENOPAUSAL SYMPTOMATOLOGY IN PERIMENOPAUSAL WOMEN {n=115(38.3%) } WITH FREQUENCY OF PERIMENOPAUSAL SYMPTOMATOLOGY IN WOMEN OF 40-60 YEARS AGE ATTENDING GYNAECOLOGIC OUTPATIENT DEPARTMENT IN MONTH OF ASAR –ASOJ 2059 B.S. MATERNITY HOSPITAL.

PERIMENOPAUSAL
WOMEN(n=115)

WOMEN AGED
40-60 YEARS
(n=300)

Emotional and Psychological events:

iii. Irritability	84(73%)	210(70%)
iv. Depression	78(67.8%)	181(60.3%)
iii. Lack of concentration	80(69.6%)	204(68%)
iv. Loss of memory	89(77.4%)	223(74.3%)
v. Sleeplessness	37(32.2%)	108(36%)

Sexual dysfunctions:

i. Loss of sexual desire (libido)	86(74.8%)	210(70%)
ii. Vaginal dryness	68(59%)	164(54.6%)

Among the perimenopausal women maximum number of women reported to have had hot flushes 99(86.1%). Other common symptoms reported were giddiness 90(78.3%), loss of memory 89(77.4%), loss of sexual desire (libido) 86(74.8%), decreased visual acuity 85 (73.1%), irritability 84 (73%), joint pain 81(70.4%), body pain 80 (69.6%), Lack of concentration 80(69.6%), tingling of feet 76(66.1%), burning during micturition 70(60.9%), palpitation 72(62.6%).

IV. REVIEW OF LITERATURE

The menopause is that point of time in woman's life when permanent cessation of menstruation occurs. The perimenopause is the period immediately before and after the menopause. During this phase of life a woman passes through a transition from the reproductive stage of life to the menopausal years—a period marked by waning ovarian function. In the Massachusetts Women's Health Study Women who reported menstrual irregularity were considered to be perimenopausal. The median age for the onset of the perimenopause was 47.5 years. Only 10% of women ceased menstruating abruptly with no period of prolonged irregularity. The perimenopausal transition was for most women 4 years. (Mackinlay SM, et al; 1992).

Based upon the cross-sectional studies the median age of the menopause has been estimated to be between 50-52 years. (Mackinlay S M ,et al; 1985). The median age of menopause in the Massachusetts Study was 51.3 years. In this study only current smoking could be identified as a cause of earlier menopause ; a shift of 1.5 years .The factors that did not affect the age of menopause included the use of oral contraceptives, socioeconomic status, marital status and age of menarche. Race , parity, and height have no influence on the age of menopause. (Mackinlay SM et al, 1992; Macmohan B; 1996).

Because of the contribution of the body fat to estrogen production ,thinner undernourished women experiences a slightly earlier menopause. (Weg RB; 1987).

The variability in menopausal reactions make the cross sectional study design unsuitable. In larger, longitudinal studies documentation can be made of normal variability of menopausal reaction. Changes in menstrual function in perimenopausal women are not symbols of some ominous changes. There are physiologic reasons for this.

The Massachusetts Women's Health Study provides us with data of 2570 middle aged women. It is the largest and most comprehensive prospective longitudinal study of women .This study provides a powerful argument that the menopause is not and should not be viewed as a negative experience by majority of women (Mackinlay SM; 1989.). The cessation of menstruation was perceived by these women to have almost no effect on subsequent physical and mental health. The women expressed either positive or neutral

feeling about the menopause. The exception in the study was the group of women who experienced surgical menopause. But, in these cases the reasons for the surgical procedure itself could be attributed for the negative impact on the women's health.

Most women in their perimenopausal age experience some change in sexual function . Common sexual complaints include loss of desire , decreased frequency of sexual activity, painful intercourse, diminished sexual response and dysfunction of the male partner. Ovarian hormone levels are among the factors that can affect sexual arousal , desire and frequency of sexual activity. (Sarrel PM, 1990) Menopausal women who do not receive hormone replacement therapy have more difficulty with vaginal lubrication and may experience vaginal irritation, soreness and burning with coitus at times. Use of vaginal lubricant may be helpful to them. As the vaginal epithelium becomes thinner and atrophic it becomes susceptible to trauma and abrasions. Less vaginal atrophy is noted in sexually active women compared to inactive women; presumably the activity maintains vaginal vasculature and circulation. The decline in sexual activity with ageing is influenced more by psychological and socio-cultural influences on women. It is now appreciated that important interactions between biology , psychology and culture do occur. Therefore , it is time to stress the normalcy of this life event. Menopause is not a pathologic condition , especially a hormone deficiency disease . Therefore, perimenopausal hormone therapy should be viewed as specific treatment for symptoms in the short term and preventive pharmacology in the long term. The clinician needs to become familiar with the facts related to the perimenopause . They should have an appropriate philosophy and attitude regarding perimenopausal phase of life. Medical intervention at this point of life should be regarded as an opportunity to provide and reinforce a programme of preventive health care such as family planning, control of body weight, cessation of smoking , control of alcohol, prevention of heart disease and osteoporosis, need to do regular exercise, maintenance mental well being (including sexuality), Cancer screening and treatment of urologic problems

V. DISCUSSION / CONCLUSION .:

In the Massachussetts' Study, women who reported the onset of menstrual irregularity were considered to be perimenopausal. The median age for the onset of the perimenopause was 47.5 years. Only 10 % of women ceased menstruating abruptly with no period of prolonged irregularity. The perimenopause transition for most women was approximately 4 years in duration. The age of perimenopause was taken as 45-55 years (Guidozzi F; 2002). The mean age of the menopause was 46.1 years in this study. The median age of menopause was found to be 45 years in this present study. The women aged 40 to 54 years who had not attained menopause were taken as perimenopausal. Their symptomology were compared with that of those postmenopausal women in the study who had attained menopause naturally. The perimenopausal phase of women's life is characterized by specific problems having following clinical manifestation which also includes the psychosomatic component.

Out of 300 women who took part in the study, 115 (38.3%) were taken as perimenopausal women.

Among the perimenopausal women maximum number of women reported to have had hot flushes 99(86.1%). Other common symptoms reported were giddiness 90(78.3%), loss of memory 89(77.4%), loss of sexual desire (libido) 86(74.8%), decreased visual acuity 85 (73.1%), irritability 84 (73%), joint pain 81(70.4%), body pain 80 (69.6%), Lack of concentration 80(69.6%), tingling of feet 76(66.1%), burning during micturition 70(60.9%), palpitation 72(62.6%).

Among the women of 40-60 years the frequency of perimenopausal symptoms decreased visual acuity(84%), hot flushes (77%), giddiness (75%), loss of sexual desire (70%), joint pain(73.6%), body pain (71.3%), numbness (70.3%), irritability (70%), palpitation (67.6%).

The variability in menopausal reaction makes the cross-sectional study design not unsuitable. More and larger longitudinal studies are needed to document what is normal and the variations around the normal. The changes in the menstrual function are not symbols of some ominous change. There

are good physiologic reason for changing menstrual function. The better understanding of the physiology will reinforce a normal healthy attitude towards the menopause . It is also important that the clinicians should be unbiased towards menopause.They should be familiar with the facts related to menopause. They should also have appropriate attitude and philosophy regarding this period of life.Medical intervention at this point of life should be regarded as an opportunity to provide and reinforce a program of preventive health care.The issues of preventive health care for women are familiar ones; namely, family planning, cessation of smoking, control of body weight and alcohol consumption, prevention of heart disease and osteoporosis,maintenance of mental well being (including sexuality), cancer screening , and treatment for urologic problems

The menopause serves a useful purpose . This physiologic event brings physician and patient together, providing the opportunity to enroll patients in a preventive health care program.

CONCLUSION.

1.The average age of the menopaouse in the study was found to be 45.7 years.The mean age of menopause in smokers was 45.1 years and that in non smokers was 46.1 years.

2.Out of 300 women in the study,115(38.3%) were perimenopausal women . Most of them reported having perimenopausal symptoms.

3.There was no association with age of menopause with age of menarche, race, body mass index. However, The mean age of perimenopause was found to be lower in smokers .

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