

RELATIONSHIPS BETWEEN BELIEFS ON MENOPAUSE AND MENOPAUSAL SYMPTOMS. THE PROSPECTIVE STUDY WITH POLISH WOMEN



Introduction

Two types of approach towards menopause can be distinguished – the positive and the negative. In the first one menopausal transition is considered the natural phase in female life and its symptoms are interpreted as typical effects of hormonal changes. On the contrary, the negative approach considers menopausal transition as the marker of aging and loss of female attractiveness. It is believed that both types of approach can affect women's experiences during the transition (Ayers, Forshaw & Hunter, 2011; Nosek et al., 2010). A recent systematic review of studies looking at connection between menopausal symptoms' intensity and women's attitudes towards menopause confirmed such link in 10 out of 13 identified studies conducted worldwide (Ayers, Forshaw & Hunter, 2010).

It is still not clear what is the direction of identified connection. It is equally possible that women with very intensive symptoms consider menopause as a negative experience and thus express a negative attitude and that negative initial approach to menopause shapes the experiences and increases the intensity of reported symptoms.

Aim of the study

To confirm either of the two hypotheses:

1. The negative attitude towards menopause and beliefs related to menopausal transition increase the intensity of reported menopausal symptoms.
2. The intensity of experienced symptoms has an effect on menopause related beliefs and attitude.

Procedure

The sample

86 women aged 45-55 years (M=52.1 yrs; SD=2.09 yrs), educated (63% - 1st or 2nd degree, 37% - O/A level), professionally active (97%), in stable relationships (88%), with at least one child (93%). They did not use hormonal therapy during the study period.

Measures

Menopause Symptoms List (MSL) – designed by J. Perz (1997), Polish version by E. Bielawska-Batorowicz (2004). MSL includes 3 types of menopausal symptoms: vasomotor, psychological and somatic and allows to record their intensity and frequency. Menopause Representation Questionnaire (MRQ) – designed by M. Hunter, I. O'Dea (2001), Polish version by E. Bielawska-Batorowicz (Ambroziak, Bielawska-Batorowicz, 2011). It includes beliefs such as: menopause has negative effects (NEG), brings relief (REL), is a new phase in life (NEW), short duration of the transition period (SH-T), long duration of the transition period (LG-T), one has control over menopause (CTRL).

Study design and analyses

Longitudinal, prospective study – both measures administered twice with 7 months interval (time 1 and time 2).

The time 1 – time 2 comparisons (t-test for dependent samples), 2 series of multiple regression analyses (stepwise):

- (1) time 1 beliefs' effect on time 2 symptoms, (2) time 1 symptoms' effect on time 2 beliefs.

Results

Change of menopausal symptoms and beliefs – time 1 and time 2 comparisons

From time 1 to time 2 the intensity and frequency of all symptoms increased significantly (Fig. 1).

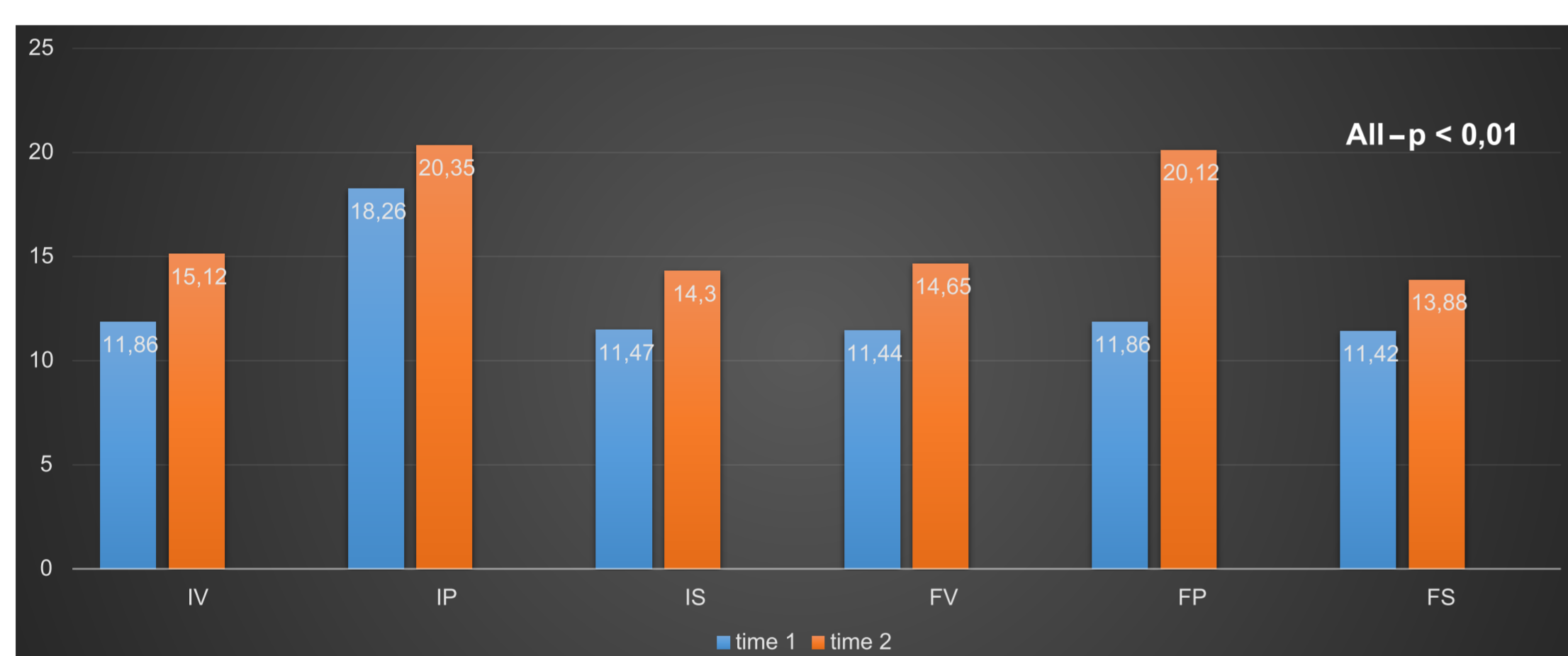


Fig. 1 – Comparison of time 1 and time 2 intensity (I) and frequency (F) of all types of menopausal symptoms (V – vasomotor, P – psychological, S – somatic) according to MSL scores

The change in beliefs was also observed – with time women were less convinced of negative effects of menopause, and more convinced of its long duration and controllability (Fig. 2).

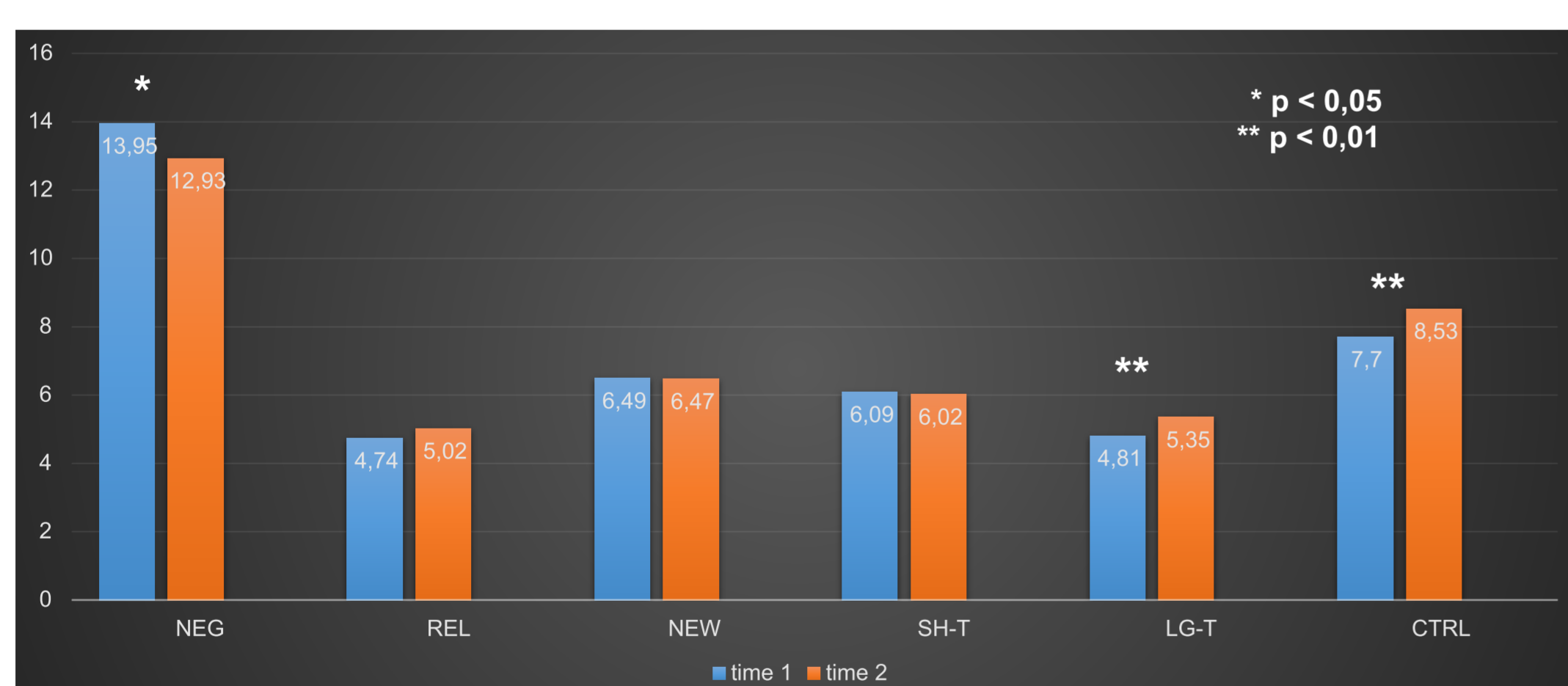


Fig. 2 - Comparison of time 1 and time 2 beliefs on menopause according to MRQ scores

Time 1 beliefs and time 2 symptoms

In all regression models time 1 belief of negative effects of menopause was either the only predictor of higher intensity and frequency of symptoms or entered the model together with the belief of short duration of menopausal transition (Fig. 3).

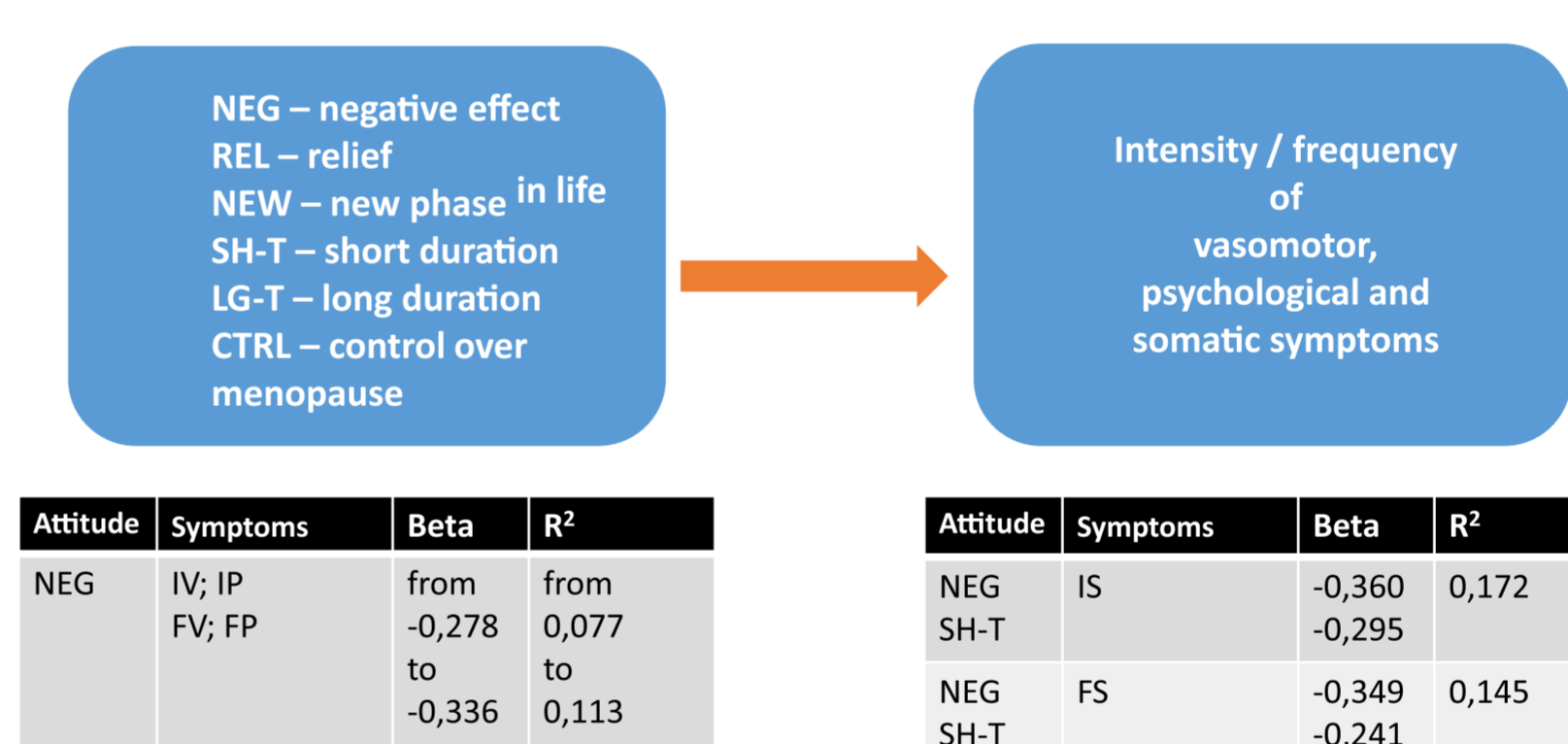


Fig. 3 – Beliefs of negative effect of menopause increase subsequent intensity and frequency of vasomotor and psychological symptoms (left table) and together with the belief of short duration of menopause the intensity and frequency of somatic symptoms (right table).

Time 1 symptoms time 2 beliefs

Time 1 symptoms predicted time 2 beliefs. The most significant effects were observed for intensity of psychological symptoms and intensity and frequency of vasomotor symptoms. More intensive psychological symptoms supported beliefs of negative effects of menopausal transition and its long duration. Intensity and frequency of vasomotor symptoms were linked to the beliefs of duration of the transition and to it as the new phase of life (Fig. 4).

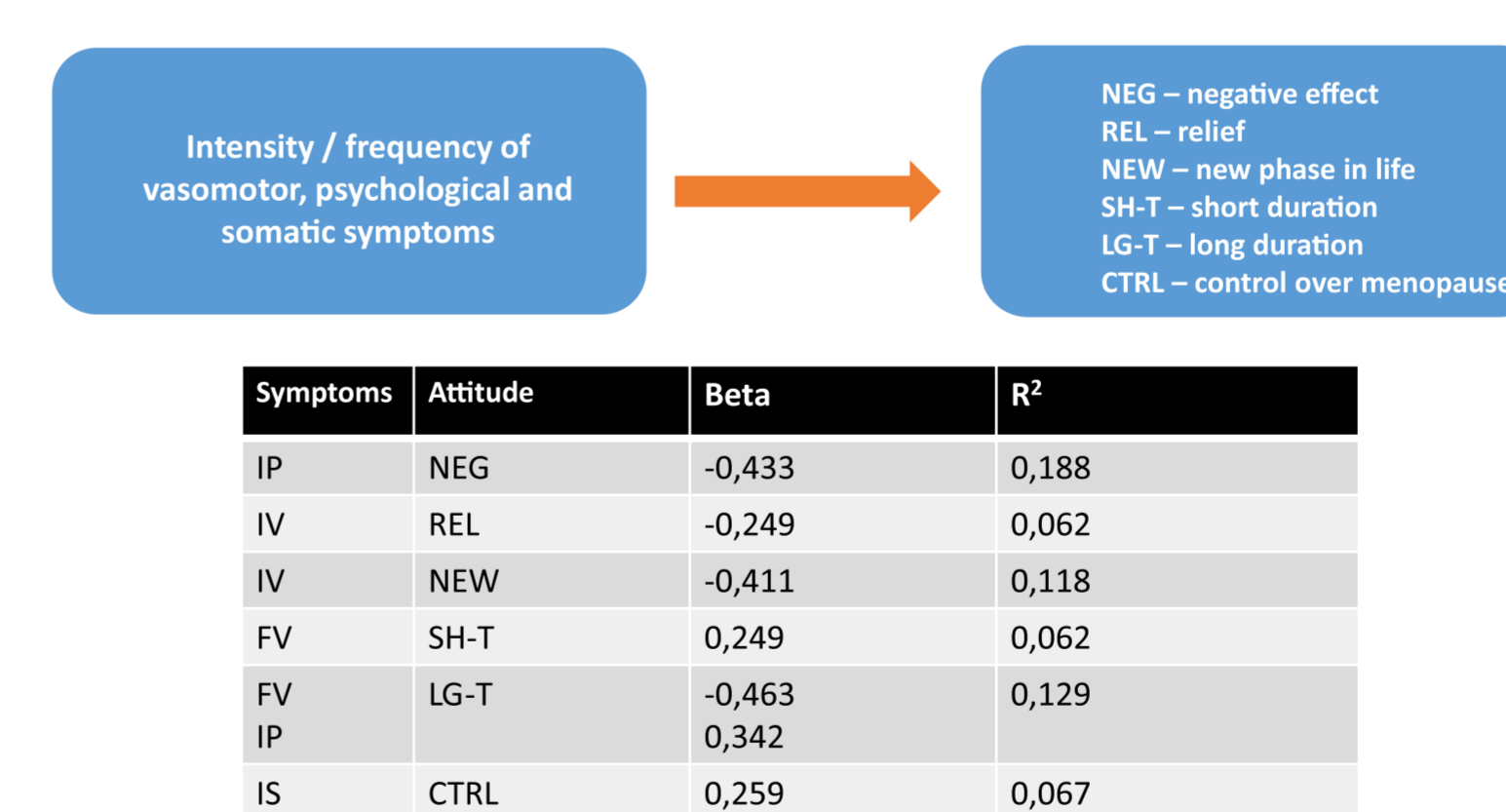


Fig. 4 – Symptoms as predictors of beliefs related to menopause

Conclusions and discussion

Beliefs on menopause affect symptoms intensity and frequency

Time 1 beliefs predicted time 2 symptoms and the most consistent predictors of time 2 symptoms were time 1 beliefs of negative consequences of menopause (NEG) and of short duration of menopausal transition (SH-T).

Symptoms intensity and frequency affect beliefs on menopause

Time 1 symptoms predicted time 2 beliefs, i.e. less intensive vasomotor symptoms were related to positive beliefs (REL, NEW) and less frequent vasomotor symptoms were linked to the beliefs of short duration of menopausal transition (SH-T). More intensive psychological symptoms were related to negative beliefs on menopause (NEG) and more intensive somatic symptoms helped to feel that menopausal transition was controllable (CTRL).

Symptoms and beliefs are interrelated

The pattern of relationship is more consistent when beliefs are analyzed as predictors of menopausal symptoms. Thus the presented results confirm the first of two hypotheses.

Universality of attitudes-symptoms link?

YES – most studies (including the one reported here) indicate the relationship of negative attitudes and intensive symptoms.

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