

Background

Menopause is often marked by symptoms like hot flushes, sleep disturbances, mood swings, and joint pain. Limited awareness and stigma hinder access to care, particularly in resource-limited settings. There is paucity of information regarding the adverse mental health impact of menopausal women in Nepal.

Objective

To report the population characteristics and mental health impact of menopause among Nepalese women.

Design

A quantitative survey was designed and conducted following ethical approvals from the Nepal Health Research Council and hospital's Institutional Review Boards.

Preliminary Results

Among the 50 female participants in the baseline investigation, the median age was 55.5 (IQR=51.0-60.7) years, and the average reported ages at menarche and entering menopause were 13(13-14) and 49(45-50) years, respectively. About 60% of the participants were at the post-menopausal stage, followed by 18% at the menopausal, 12% at the perimenopausal and 10% at the pre-menopausal stages. Majority (40%) belonged to the Brahmin/Chhetri ethnicity, and 74% followed the Hindu religion. 34% had not received a formal education, while 32% had undergraduate degrees or higher.

The mean±SD scores for the HADS, anxiety and depression were 11.4±5.5, 5.9±3.3 and 5.2±3.3, respectively. About 16(32%) of the respondents exhibited at least borderline abnormal scores in the anxiety domain of HADS and the depression domain, respectively.

The mean±SD GCSscore in the participants was 14.2±10.6. Specific subdomains scores were: psychological, 7.5±6.8; somatic (physical), 4.0±3.2; clinical anxiety, 4.0±3.8; clinical depression, 3.5 ± 3.2; and vasomotor symptoms, 1.9±1.5.

Conclusions

The interim findings of the Nepal's first study underscore the complex psychological and physical challenges experienced by women at varying menopausal phases of life. Expanding culturally sensitive healthcare services and education, including coping with mental health issues, can improve support for managing symptoms and treatment options effectively. Findings warrants studies with larger sample size to explore the causes of low GCS scores and correlations with the lower mean sub scores in all subdomains.

Interpretation & Implications

These findings reflect a significant mental health burden among menopausal and postmenopausal women in Nepal. The intersection of low educational attainment (34% had no formal education) and traditional gender roles (30% homemakers, 22% caregivers) may contribute to lower awareness and limited access to care. Cultural stigma around menopause and mental health likely worsens the underreporting and undertreatment of symptoms. Differences in symptom severity across menopausal stages emphasize the need for stage-specific education and support interventions.

Methods

We conducted investigator-delivered surveys in three tertiary hospitals in Kathmandu Valley, Nepal. The questionnaire included various socio-demographic information, lifestyle factors, and globally validated Hospital Anxiety and Depression Scale (HADS), Insomnia Severity Index Scale, Menopause Rating Scale, Greene Climacteric Scale (GCS), Health related quality of life, Quebec Pain Disability Scale, and Burnout Assessment Tool. Data were collected using an online Qualtrics XM platform in tablets. A descriptive interim analysis was carried out on the first 50 participants.

Discussion

- The majority of participants (60%) were postmenopausal, with the mean age of menopause at 47.16 years, aligning with regional patterns [1,2] but slightly earlier than Western norms [3].
- A high prevalence of psychological symptoms was observed. Findings are consistent with global studies reporting elevated HADS and GCS scores during menopause [4-6], but highlight Nepal's cultural nuances and healthcare barriers.
- Mental health concerns persisted into post-menopause, where the mean age was 58.6 years, suggesting symptoms may be prolonged or under-addressed.
- Small sample size (n=50) limits generalizability.
- The cross-sectional nature precludes causal inference.
- Potential reporting bias due to cultural taboos around mental health and menopause.

References

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