

Urogenital symptoms in postmenopausal women: a hospital-based prevalence study

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Abstract

Objectives. To determine the prevalence of urogenital symptoms (vaginal dryness, dyspareunia, urinary incontinence) and assess patient's consultation rate and desire for treatment.

Design and Methods. This study was prospective descriptive study, performed with the participation of 125 women who presented in menopausal clinic, Srinagarind Hospital. Women completed the questionnaire including questions about their demographic properties and were interviewed by pre-validated questionnaire and in-depth interview to determine the prevalence of urogenital symptoms, consultation rate and patient's desire for treatment. Results. The mean age of the participants was 57.1 years. Vaginal dryness was found to be the most common postmenopausal urogenital symptoms (71.2%), followed by urinary incontinence (62.4%) and dyspareunia (52.0%). The consultation rates were 62.2% in vaginal dryness, 46.2% in dyspareunia and 38.5% in urinary incontinence. Patient's desire for treatment was 66.7% in vaginal dryness, 62.1% in dyspareunia and 53.8% in urinary incontinence.

Conclusions. Urogenital symptoms are highly prevalent. Physicians need to improve patient-physician communication and increase their attention to these symptoms and their patient's attitudes to improve patient's quality of life.

Introduction

The interest in menopausal problems has increased in recent years, due to expansion of human life-span. Women are spending more than one-third of their lives in menopausal period.^{1,2} Urogenital (UG) symptoms are one of the most common symptoms of menopause. These symptoms include vaginal dryness, itching, dyspareunia and urinary incontinence (UI).^{2,5} Women's health initiative study (WHI) showed that the prevalence of vaginal dryness

was 27.0%, irritation 18.6% and vaginal discharge 11.1%.³ Although UG symptoms are common among menopausal symptoms, there are relatively few studies on this subject in the literature compared with other symptoms⁴ even though UG symptoms can be relieved rapidly after local estrogen administration.⁵ UG symptoms do not pose direct threat to life but have negative impact on quality of life (QOL) such as personal distress and discomfort.⁶ Previous studies showed that many affected individuals fail to report this condition to their physicians and often endure the inconvenience and unpleasantness of symptoms for many years.⁷ This may be because they are embarrassed or possibly because of the mistaken opinion that effective treatment is not available or UG symptoms are only the normal aging process.⁷ The primary objective of this study was to assess the prevalence of UG symptoms (vaginal dryness, dyspareunia, urinary incontinence) and the secondary objective was to assess patient's consultation rate and their desire for treatment. To guide future effort to reduce their impact on QOL, we also tried to find out women's believes about the etiology of symptoms and strategies for coping with symptoms in order to understand how these believes and attitudes might influence their discussion with health care providers.

Materials and Methods

This prospective descriptive study was performed in menopausal clinic, Department of Obstetrics and Gynecology, Srinagarind hospital from July 2010 to October 2010. A total of 125 women who matched with the definition of natural or surgical menopause were recruited in the study and completed questionnaires via a face-to-face interview. (Natural menopause was defined as the women who did not have menstruation for at least 1 year. Surgical menopause was defined as menopause after bilateral oophorectomy with or without hysterectomy). The questionnaire contained questions about their demographic data including age, age of menopause, weight, height, number of pregnancies and births, route of delivery, marital status, educational level and income via open-ended questions. Urogenital symptoms assessment included vaginal dryness, dyspareunia, and urinary incontinence. Each symptom was assessed by asking whether it had occurred within the past 4 weeks and assessed the prevalence, severity (mild symptom defined as symptom less than twice a week, moderate symptom as symptom between 3-5 days/week and severe symptom as more than 6 days/week.), impact on QOL (based on ICIQ questionnaires⁸), patient's atti-

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tudes (in-depth interview), patient's knowledge, patient's consultation rate, previous treatment (hormone therapy) and patient desire for treatment of each UG symptoms. Data were analyzed by computerized program (SPSS 10.0), the χ^2 -test was the statistical test of choice. A value of $P < 0.05$ was set as the significance criterion. The data were presented as mean \pm SD or percentage. All study procedures were approved by the Human ethical committee of faculty of medicine Khon Kaen University.

Results

The mean age of the participants was 57.1 years. The baseline clinical characteristics of 125 participated women were shown in Table 1 and demographic data in correlation with each urogenital symptom were shown in Table 2. The prevalence of each urogenital symptom and its severity were shown in Table 3. The most common reported urogenital symptom was vaginal dryness (71.2%), followed by urinary incontinence (62.4%), and dyspareunia (52.0%). The severity of vaginal dryness was shown in Table 3. From the patient with vaginal dryness, 41.0% weren't concerned with this symptom, 40.8% reported that vaginal dryness had no effect on daily living and 28.8% had

moderate to severe effect to their daily living (59.2%). Of those individuals with vaginal dryness, 62.2% had consulted a medical practitioner about their symptoms (Figure 1). The most common reason given by the participants for not seeking help was the belief that vaginal dryness was not the life threatening symptoms (66.7%) follows by the embarrassment (14.3%). Patients who had consulted a doctor were currently taking medication (60.7%), 56% of patients in this group had completely recovery, 12% had some relief from their symptom and 32% had no change in their symptom. Among 39.3% of patients currently not on medication, 66.7% wanted treatment and 33.3% did not want any treatment. For dyspareunia, the prevalence was 52% (mild symptom 23.2%, moderate symptom 20% and severe symptom 8.8 % in Table 2). With 53.7% of the participants had some adverse effects to their QOL and 53.8% of the women with dyspareunia did not speak to doctor due to mild symptom (48.8%) and embarrassment (31.7%). Regarding medical attention 55.2% had received treatment with 21.6% reporting complete recovery, partial recovery in 75.7% and no recovery 2.7%. Among 44.8% of participants currently not on medication, 62.1% wanted treatment and 37.9% did not want any treatment. When urinary symptoms were analyzed, the prevalence of urinary incontinence was 62.4% among these 42.8% having urge incontinence, 53.3% having stress incontinence and 3.8% having mixed urinary incontinence. According to points obtained from QOL instrument, UI had only mild impacts upon the QOL of women (no impact 65.4%, mild 24.4% and moderate to severe 10.2%). QOL was determined to be negatively affected most in sub-

domains of daily life activity, social embarrassment, avoidance and limiting behavior and psychosocial impacts. Of these groups, only 38.5% of patients with UI informed their symptoms to doctors, 31.3% received treatment with 61.5% reporting partially improved symptom and 19.4% were symptom free after treatment.

Approximately 20-40% of postmenopausal women worldwide experience this problem.^{7,8} Our overall 71.2% prevalence of vaginal dryness was higher than that reported previously.^{3,4,7,8} The higher prevalence reported in this study may reflect the method of data collection. Although our study was a descriptive study, data was collected not only from a pre-validated questionnaire but also from in-depth interviews so the participants were able to ask question if they didn't understand any point in the question. Another reason might be that the participants were the women in menopausal clinic so the prevalence might be higher than general population. For dyspareunia the overall prevalence rate of this study was 52% which was similar to a previous study by Molrudee *et*

Discussion

This study found that the urogenital symptoms had high prevalence (vaginal dryness 71.2%, dyspareunia 52.0% and UI 62.4%). Vaginal dryness is one of the most common problems in postmenopausal women.⁵

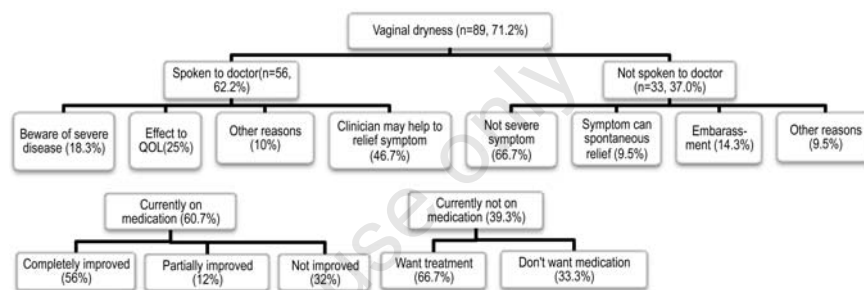


Figure 1. Prevalence of medical consultation and current medication in 89 women with vaginal dryness.

Table 2. Demographic data in correlation with each urogenital symptom (vaginal dryness, dyspareunia and urinary incontinence).

Demographic data	Vaginal dryness		Dyspareunia		Urinary incontinence	
	Symptom	No symptom	Symptom	No symptom	Symptom	No symptom
Age (mean age (yr)±SD)	56.75±7.08	58.25±7.23	55.83±6.81	58.24±6.89	59.47±6.59	55.33±6.67
Age at menopause	47.39±4.96	47.38±4.97	47.42±4.61	47.48±5.34	48.43±4.47	46.69±4.75
Type of menopause						
Natural (%)	70.59	29.41	49.41	50.59	61.18	38.82
Surgical (%)	72.50	27.50	52.50	47.50	62.50	37.50
BMI (Kg/m ²)	23.43±3.36	24.78±3.79	22.95±3.32	24.83±3.79	24.38±3.24	23.66±4.24
Educational status (% symptom)						
Primary graduate school	61.54	38.46	48.72	51.28	66.67	33.33
High school graduate	76.47	23.53	41.18	58.82	47.06	52.94
University graduate	52.78	47.22	53.62	46.38	43.49	56.51

Table 3. Prevalence of vaginal dryness, dyspareunia, urinary incontinence and severity correlated with each symptoms.

Severity	Vaginal dryness		Dyspareunia		Urinary incontinence	
	Prevalence (%)	N (=125)	Prevalence (%)	N (=125)	Prevalence (%)	N (=125)
No symptom	28.8	36	48.0	60	37.6	47
With symptoms (95% CI)	71.2 (63.3-79.1)	89	52 (43.2-60.8)	65	62.4 (53.9-70.9)	78
Mild symptom	28.0	35	23.2	29	35.2	44
Mod. Symptom	29.6	37	20.0	25	13.6	17
Severe symptom	13.6	17	8.8	11	13.6	17

Table 1. Baseline clinical characteristics of participants.

Characteristic	N (=125)	%
Age group (year)		
≤49	15	12.0
50-59	60	48.0
≥60	50	40.0
Type of menopause		
Natural menopause	85	68.0
Surgical menopause	40	32.0
Marital status		
Married	99	79.2
Divorced/widow	26	20.8
Mode of delivery		
Vaginal route	94	84.7
C/S route	12	10.8
Both	5	4.5
Number of births		
0-2	74	59.2
≥3	51	40.8
Educational status		
Primary graduate school	39	31.2
High school graduate	26	20.8
University graduate	60	48.0

al.⁹ but different from the other literatures that reported dyspareunia increase until age 60 and then stable at a rate of only 10%.^{10,11} The difference might be due to the same reason as with vaginal dryness. UI rate in postmenopausal women was reported vary between 10% and 50% and stress UI was 48-60%.^{3,5,7,12} When compared with this study, the prevalence of UI and stress UI were similar to previous study.^{1,5,7,12} When evaluating the patient's attitude and QOL, at least 34.6% of participants with one or more UG symptom reported that their condi-

tion adversely affected their daily life. These findings clearly indicate that sufferers consider these symptoms to be bothersome and affect their well-being. The consultation rates in this study were higher than expected (vaginal dryness 62.2%, dyspareunia 46.2% and UI 38.5%). The main reason for consultation was on the belief that physician could help them to relief the symptoms (as high as 46.7% in vaginal dryness), the next reason was these symptoms effected to their QOL. In the other group, the main reasons for not seeking for medication

are not severe symptoms and symptoms can spontaneous relief. The others might be due to the embarrassment and misconception that their symptoms were only normal aging process. For individuals who had sought advice such as in vaginal symptom, 60.7% was currently receiving medication and as high as 56.0% had completely recovery from their symptoms indicating that these problems are treatable and patient will have better QOL if only physicians pay more attention to these symptoms. When evaluate in participants who sought for advice but currently not on medication, at least 53.8% wanted further treatment this data may reflect that physicians or even health care providers abandon or underestimate for these symptoms. Although our study was one in a few groups of study that concerned patient's consultation rate and prevalence of patient's seeking for medication in UG symptoms, but the limitations of this study were the populations in this study were in menopausal clinic so it can't reflect to all menopausal women and the method used to classify the type of UI by using a series of detailed questions and assessed the patients by clinical symptoms without any clinical examination and urodynamic investigation.

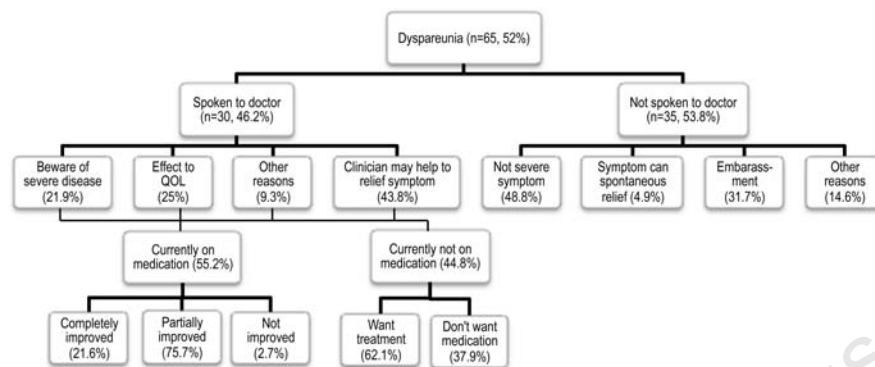


Figure 2. Prevalence of medical consultation and current medication in 65 women with dyspareunia.

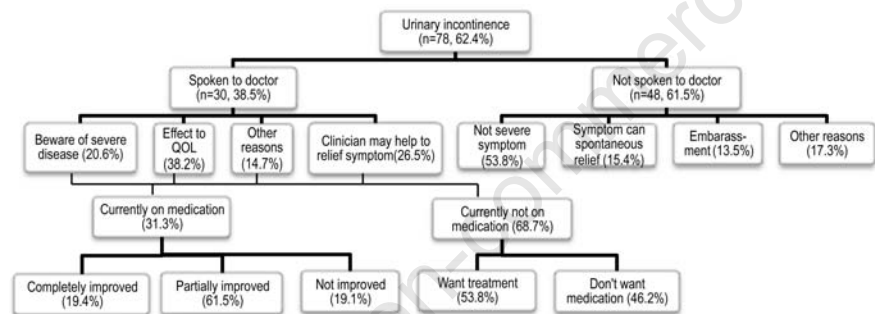


Figure 3. Prevalence of medical consultation and current medication in 78 women with urinary incontinence.

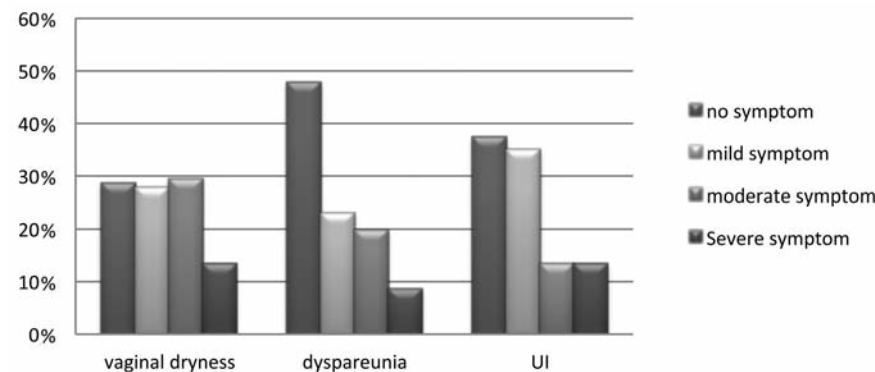


Figure 4. Prevalence of urogenital symptoms.

Conclusions

This study confirmed that urogenital symptoms are highly prevalent, our results suggest that physicians need to increase their attention to patient's urogenital symptoms and menopausal attitudes and general health believes. Improved patient-physician relationship may assist women in making decisions to discuss these symptoms with their physician to enhance their quality of life.

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