Background

The menopausal period can affect the quality of life significantly, usually in terms of vasomotor and sexual symptoms. Different menopausal symptoms can influence women's physical and mental health. Different sociodemographic and lifestyle factors can be related to the gravity of their symptoms. Therefore health counselling can improve the quality of life in (peri-)menopausal women. [1,2]
The WHO (2022) suggests that (future) health care providers may not be adequately trained to recognise climacteric symptoms and counsel menopausal women. Physiological menopause is not a part of the current curricula of many pre-service health care providers. Raising awareness and facilitating access to health promotion interventions are needed to adequately support healthy aging and good quality of life of women.

Aim(s)

This study aims to determine if a tailor-made, evidence-based health promotion and lifestyle change plan, in a menopausal consult (with a student midwife), decreases (peri-)menopausal symptoms in Flemish and Dutch women.

Methods

A prospective cohort pre- and post-study of the climacteric symptoms according to the Greene Climacteric Scale (GCS) in Flanders and the Netherlands was conducted. From February 2018 until February 2023 each first year Bachelor midwifery student collected data on one (peri-) menopausal woman as part of an assignment which involved patient history taking, clinical observations and climacteric symptoms. Supported by lecturers-researchers, each student developed a tailored health promotion and lifestyle plan addressing the main complaints of the woman they interviewed. Non-parametric statistics for both influencing factors and pre-post score analysis were performed.

Results

For 325 menopausal women pre-intervention data were collected, of which 182 provided post-intervention GCS-scores. The pre-intervention univariate data analysis revealed that women living in Flanders (p .031), in an urban environment (p .007), with a diet without vegetables (p .004), not drinking any alcohol (p<.001), using antidepressants (p .007) and with a history of depression/burn-out (p<.001) had higher total GCS- scores. Overall, total GCS scores decreased significantly between pre and post measures. The mean total GCS pre-intervention score was 18,25 (SD±8,53) compared to a post-intervention score of 15,87 (SD±7,57) (p <.001). Which resulted into a small effect size (Cohen's d= .42, 95%CI=.27-.58).
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Discussion

A tailor-made health promotion and lifestyle plan can decrease climacteric symptoms in women in physiological menopause. Our findings should be handled with caution due to its preliminary nature and small effect size. Nevertheless, even with novice experience in data collection and communication of a tailor-made plan, students showed an added value to research and accessible care.

Implications and future perspectives

Health care educational programmes can contribute to awareness, knowledge building and access to lifestyle support regarding physiological menopause by implementing research-based projects.

References

1. Abedzadeh Kalahroudi M. Strategies for Improvement Quality of Life in Menopause. Nurs Midwifery Stud. 2013 Jun;2(2):240–1.
2. World Health Organization. Menopause: Key facts [Internet]. Menopause. 2022 [cited 2023 Jun 29]. Available from: https://www.who.int/news-room/fact-sheets/detail/menopause