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, menopause is considered a natural phase in female life and its symptoms are interpreted as typical effects of hormonal changes. On the contrary, the negative approach considers menopause 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, Forsythe & Hunter, 2011; Noksh 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, Forsythe & 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 menopause 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 (N=52, 1 yr. SI:20±6.09 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.

Measure
Menopause Symptoms List (MIL) — designed by J. Perez (1997), Polish version by E. Bielawska-Batorowicz (2006). MIL includes 10 types of menopausal symptoms: vasomotor, psychological and somatic and allows to record their intensity and frequency. Menopause Representation Questionnaire (MRQ) — designed by M. Hunter, J. O’Dea (2001), Polish version by E. Bielawska-Batorowicz (Ambrozik, Bielawska-Batorowicz, 2013). It includes beliefs such as: menopause has negative effects (NEO), brings relief (REL), is a new phase in life (N/L), short duration of the transition period (SI-T), long duration of the transition period (I-L), one has control over menopause (CTRL).

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).

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).

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 its the new phase of life (Fig. 4).

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 (SI-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 (SI-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.

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

References


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