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MENTAL DISORDER IN PRE AND POST MENOPAUSE WOMEN

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ABSTRACT

According the World Health Organization (WHO), the common mental disorder is more elevated in women than men mainly in the climacteric period, between 40 to 50 years and lasting until menopause. One from four people will develop some kind of mental disorder during life. It was realized an epidemiological research, of transversal character, quantitative and descriptive.It was used the socioeconomic questionnaire to identify the women profile that were in climacteric period, consisting of age, marital status, incoming, social class, education level, scholarity type, work. The Beck Depression and Anxiety Inventory and Lipp Stress Inventory were used to identify the prevalence of mental disorders. It was analyzed 147 women being 79 in the premenopausal and had mean age of 54 (3) years.Most of both groups was classified as class D.Both groups showed a high prevalence of mental disorder being 52 in premenopausal and 55 post menopauses confirming that the hormonal variation period caused by climacteric is important to the emergence of psychologic pathologies. There was a high prevalence of depression in the studied women with a very small difference between the groups. Once they will be spent years in this life phase, it is necessary to adopted strategies to minimize this commitment in this population because the deleterious effect of this disorder in the individual life.

INTRODUCTION

According the World Health Organization (WHO), the common mental disorder is more elevated in women than men mainly in the climacteric period, between 40 to 50 years and lasting until menopause. One from four people will develop some kind of mental disorder during life (Gaino *et al*, 2019) that is characterized by depressive symptoms, anxiety state and a group of unspecific somatic complains(Senicato, Azevedo, & Barros, 2018). It is estimated that depression became the first cause of morbidity in women in reproductive age of developing countries associated with health problems directly related to the climacteric and the symptoms and coming effect from the hormonal alteration that are characteristic from this period, as low self-esteem, hot flushes, irritability, weight increase and body fat accumulation (Bosworth *et al*., 2001a; Chedraui, Pérez-López, Morales, & Hidalgo, 2009a; Figueira

et al., 2019a). The losses caused by mental disorder in quality of life elapse of the functional commitment with work productivity decrease and social isolation, that conduct to the rise of health service utilization what produce elevated costs to the health system and to the individuals and their Family, and measurable deleterious effects, as the emotional suffering and familiar group. (Larroy, Quiroga-Garza, González-Castro, & Robles Sánchez, 2019a; Senicato *et al*., 2018; B. Y.-W. Su, Tung, & Chien, 2018). Early identification and diagnose of women with common mental disorder, as accompany and treat them contribute to improve the female quality of life and reduce the morbidity that can arise in the long progress of mental illness (Arruda, Brito, Rodrigues, & Soares, 2018; K. N. Rodrigues *et al*., 2018; Santana *et al*., 2019a; Silva *et al*., 2019). It is about animportant identification that culminate in positive effects to the control and reduction of deleterious sequel what improve the health and quality of life(Santana *et*

al., 2019a). Beyond the redoubled attention in women that presented some type of mental disorder, from menopause, it is need to reinforce increasingly the care with them to promote quality of life and allow living together with family and community. Thus, the present study aimed to identify the prevalence of common mental disorder in climacteric women.

MATERIAL AND METHODS

It was realized an epidemiological research, of transversal character, quantitative and descriptive. The research was realized in Vitoria da Conquista, Bahia, Brazil (latitude: 14° 51' 58', longitude: -40° 50' 22) that, according to Brazilian Institute of Geography and Statistic (2010), own approximately 320.129 inhabitants. The referred city is part of economic area of South-west and is 509 km from Salvador, the capital.   The present study is part of a larger one "Epidemiological Profile of obesity in the city of Vitoria da Conquista, Bahia". The sample was composed by 147 women with age range of 40 to 59 years. It was used the socioeconomic questionnaire to identify the women profile that were in climacteric period, consisting of age, marital status, incoming, social class, education level, scholarity type, work. The Beck Depression and Anxiety Inventory and Lipp Stress Inventory were used to identify the prevalence of mental disorders(David *et al*., 2019). The Beck Anxiety Inventory (BAI) was created by Beck, Epstein, Brown and Steer in the Center for CognitiveTherapy (CCT), in 1988, that described the instrument development and provides information about its psychometrics properties The scale was build based in several instruments of self-reported used in CCT to measure the anxiety aspects (N. Rodrigues *et al*., 2018).The BAI is a self-reported scale constituted of 21 items that measure the anxiety intensity and contains descriptive affirmations about the symptoms. The items should be evaluated by subject in a scale of four points, according to the Portuguese version of the Manual to Beck Scale, and reflect the level of crescent gravity from each symptom as: 1) "Absolutely no"; 2) "Lightly: it didn´t bother me a lot"; 3) "Moderately: it was very unpleasant, but I could stand it"; 4) "Gravely: I could hardly stand it" (N. Rodrigues *et al*., 2018).

21 items, each one with four alternatives implying in crescents levels of depression gravity with scores of 0 to 3. The items was selected based in observations and reports of symptoms and actions more frequents in psychiatrist patients with depressive disorders (Santana *et al*., 2019b). The Lipp´s Adult Stress Symptoms Inventory (LASSI) pretended to identifty stress symptoms in a objective way evaluating the their types (somatic or psychological) and the phase found. The scale presented a four phase model of stress (alert, resistance, almost exhaustion and exhaustion) based initially in the three phase model (alert, resistance and exhaustion) of Selve, being an upgrading of the first model proposed (David *et al*., 2019). The listed symptoms in LASSI are typical of each phase. In the first frame, composed by twelve physical and three psychological symptoms, the patient points out with F1 or P1 the experienced symptoms in the last 24 hours. The second frame is composed by ten physical and five psychological symptoms, the patients score F2 or P2 in the experienced symptoms in the last week. The final square is composed by twelve physical and eleven psychological symptoms in which the patient should signalized with F3 or P3 the symptoms that experienced in the last month. Some symptoms that appear in the first square show up again in the third but in a different intensity. Totally, LASSI presented 37 items of somatic and 19 psychological nature being the symptoms repeated several time (David *et al*., 2019). The statistical analysis was realized in the software SPSS 25.0. It was realized the absolute and relative frequency of data, exposing the description and prevalence of findings. The project was approved by the Ethics and Research Committee with protocol 1.859.545 and all the participants was warned about the used methods and signed the informed consent form, according to Resolution 466/2012.

RESULTS AND DISCUSSION

It was analyzed 147 women being 79 in the premenopausal and had mean age of 54 (3) years. The majority of both group was classified as class D. The characterization of the sample can be better observed in Table 1. The social and physical environment, as well as the life conditions, education level and social class are fundamental to a good quality of life, being

Table 1. Climactic women Characterization

		Premenopausal		Post menopause	
Age	Mean and Standard deviation	44 ± 3		54 ± 3	
		N	%	N	%
Education	Complete Elementary	8	10,00	4	5,88
	Incomplete Elementary	18	22,50	28	41,18
	Complete High School	36	45,00	20	29,41
	Incomplete High School	2	2,50	4	5,88
	Complete Superior	16	20,00	12	17,65
Work	No	18	22,50	32	47,06
	Yes	62	77,50	36	52,94
Social Class	C	14	17,50	10	14,71
	D	44	55,00	40	58,82
	E	22	27,50	18	26,47
Marital Status	Married	52	65,00	40	58,82
	Single	28	35,00	28	41,18
Scholarity type	Private	6	7,50	8	11,76
	Public	74	92,50	60	88,24

The Beck Depression Inventory (BDI) is one of the first resource to measure the intensity of depression.It was developed with a symptomatic scale of depression to use with psychiatrics patients being many studies about its psychometrics properties realized in the following years to its publication (Santana *et al*., 2019b). It is a self-reported scale of

considered important risk factors to the emergence of mental disorder in diverse age and gender (Meira *et al*., 2019; Santana *et al*., 2019b), This way, the impact in climacteric women should be considered, because hormonal alterations from the period can exacerbate the effects caused by the social determinants providing the emergence of chronic involvement

as depression and anxiety disorder (Figueira *et al*., 2019b; Pérez-López, 2019). Both group showed a high prevalence of mental disorder being 52 in premenopausal and 55 post menopause confirming that the hormonal variation period caused by climacteric is important to the emergence of psychologic pathologies (Bosworth et al., 2001b; Chedraui, Pérez-López, Morales, & Hidalgo, 2009b; De Oliveira, Teixeira, Theodoro, & Branco, 2019; Larroy, Quiroga-Garza, González-Castro, & Robles Sánchez, 2019b). The probability of a man presented a severe depressive disorder vary from 5% to 12% and woman from 10% to 25% during their life (Figueira et al., 2019b).This shows that women exhibit more risk than men to develop depression and this can be particularly associated with the reproductive cycle (Figueira et al., 2019b; B. Y. W. Su, Tung, & Chien, 2018). The hormonal alterations in women, as climacteric symptoms complaints and others, are more frequently associated to psychic laments. Some comorbidities associated with menopause are metabolic syndrome, hypertension, cardiovascular disease, obesity, cancer, low bone mineralization, arthritis and neurodegenerative disorders (Yu et al., 2018). With the increasing in life expectancy, women spend one third of their lives in the menopause period, those with menopausal symptoms diagnosed have higher and pharmaceutical costs and shows lower productivity(Larroy et al., 2019b; Yanikkerem, Göker, Çakır, & Esmeray, 2018).Thus, in view of the high prevalence of depression in women, can be suggest that depression can be commonly associated to climacteric and the negative attitude in relation to the menopause is combined with the most frequent symptoms. Thus, climacteric should be more investigated, as well as your association with depression to establish humanized health programs (Chedraui et al., 2009b).

Final Considerations

There was a high prevalence of depression in the studied women with a very small difference between the groups. Once they will spent years in this life phase, it is necessary to adopted strategies to minimize this commitment in this population because the deleterious effect of this disorder in the individual life. Further studies are necessary to elucidate the principal symptoms associated with climacteric and the repercussion of the depression in the life of women in this period.

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