

QUALITY OF LIFE AND ASSOCIATED FACTORS IN WOMEN DURING MENOPAUSE



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ABSTRACT

Climacteric is a transitional phase in women's lives, marking the end of reproductive capacity and the beginning of a period of profound physiological, psychological, and social transformations. This phase encompasses pre-menopause, menopause, and post-menopause, and is associated with a series of symptoms that include hot flashes, sleep changes, weight gain, anxiety, depression, and sexual dysfunctions. These changes can negatively impact women's quality of life, especially in contexts where access to information and health care is limited. This study aims to understand the factors associated with the quality of life of women in the climacteric, analyzing how hormonal, metabolic, emotional, and sociocultural aspects interact during this period, through a narrative review of the literature. The research considered validated instruments, such as MENQOL and WHOQOL-BREF, to assess women's perception of their well-being and the impacts of climacteric symptoms. Abdominal obesity, sleep disorders, and urinary incontinence were identified as among the most relevant factors, frequently associated with comorbidities such as hypertension and diabetes. In addition, emotional factors such as anxiety and depression were highly prevalent, negatively influencing women's social relationships, work productivity, and self-esteem. On the other hand, non-pharmacological interventions, including regular physical activity, therapeutic massages, and psychological counseling, proved to be effective in promoting improvements in quality of life. The role of gender relations and cultural constructions about femininity was also explored, highlighting how these factors can aggravate feelings of insecurity and vulnerability. This study contributes to the understanding of the challenges faced by women in the climacteric period, offering support for the implementation of multidimensional interventions that promote active and healthy aging.

Keywords: Climacteric. Quality of Life. Women. Associated Factors. Well-being.

INTRODUCTION

The climacteric constitutes a transitional phase between the reproductive and non-reproductive periods of a woman's life, encompassing premenopause, menopause, and postmenopause. During this phase, the gradual decline in estrogen production leads to physiological, psychological, and social changes that can significantly impact women's well-being (Dourado et al., 2018). Among the most commonly reported symptoms are vasomotor symptoms (such as hot flashes and night sweats), mood changes, sexual complaints, and the emergence of chronic comorbidities or the worsening of preexisting health conditions (Velasco et al., 2020).

Parallel to the physical transformations, many women face social and psychological challenges, as the climacteric is still marked by stigmas and knowledge gaps in society (Santos et al., 2018). It is observed that cultural beliefs about aging and femininity can reinforce feelings of insecurity, harming mental health and quality of life (Velasco, Laurimary Caminha, et al., 2020). In this context, factors such as obesity, sedentary lifestyles, anxiety, and depression can be exacerbated in a setting of limited information and social support (Silveira et al., 2018).

Although there is a body of studies addressing the clinical repercussions of the climacteric, gaps remain regarding the factors influencing the quality of life of women during this period (Oliveira, 2021). The multiplicity of variables—involving biological, cultural, emotional, and socioeconomic aspects—makes it difficult to adopt a comprehensive perspective for care and the implementation of health promotion strategies (Maciel, 2019). Many women are unaware of the resources available to prevent or alleviate symptoms, while others face barriers to accessing healthcare services. Consequently, potential therapeutic interventions, both non-pharmacological and psychological support, may be underutilized or delayed (Santos et al., 2018).

Given this, the question arises: which factors are most strongly associated with the quality of life of women during the climacteric, and how can preventive and therapeutic strategies be planned, considering the diversity of demands in this population?

The climacteric is not limited to purely physiological aspects. It is a phase permeated by emotional and social nuances that influence self-esteem, personal relationships, and social integration (Santos et al., 2018). Central obesity, for example, has been correlated with worsening quality of life indicators, negatively impacting overall health (Dourado et al., 2018). Additionally, factors such as sleep disorders (Oliveira, 2021), urinary incontinence

(Senra & Pereira, 2019), and vestibular dysfunctions (Maciel, 2019) can exacerbate anxiety and depression, resulting in a complex network of negative repercussions.

Thus, investigating the determinants of quality of life and their interactions during the climacteric is justified by the importance of informing public policies and health actions targeted at this population (Velasco, Gilson Gabriel, et al., 2020). By better understanding the factors associated with biopsychosocial changes, multidisciplinary teams can implement interventions that reduce the risk of developing or worsening chronic diseases, as well as provide support for active and healthy aging (Silveira et al., 2018).

The general objective of this study is to analyze the quality of life of women during the climacteric, identifying the main associated factors that may interfere with their physical, psychological, and social well-being. Specifically, it seeks to: (1) Examine the influence of hormonal, metabolic, and emotional aspects on quality of life; (2) Assess the impact of gender relations and the sociocultural construction of femininity during the climacteric; (3) Identify effective pharmacological and non-pharmacological interventions for promoting healthy aging.

This article is organized into four sections. Following this introduction, which contextualizes the topic, and presents the problem, justification, and objectives of the study, the Methodology section describes the design and procedures adopted for data collection and analysis. Next, the Results section presents the findings obtained from the analyses. In the Discussion section, the results are related to the specialized literature, deepening reflections on the factors associated with quality of life and their implications. Finally, conclusions and suggestions for future research are provided.

METHODOLOGY

This study was characterized as exploratory and descriptive research, conducted through a narrative literature review. Initially, a search was performed in the SciELO, LILACS, and PubMed databases, using the descriptors "women in the climacteric," "quality of life," and "associated factors," combined with Boolean operators such as AND and OR (Oliveira, 2021; Santos et al., 2018). Inclusion criteria considered articles published between 2018 and 2021, in Portuguese, English, or Spanish, peer-reviewed, and focused on the climacteric and the analysis of factors associated with quality of life (Dourado et al., 2018; Maciel, 2019). Articles that did not present empirical results related to the topic, were not available in full or were duplicates were excluded.

After the initial screening, the abstracts of all potentially relevant studies were read, with independent verification by two reviewers. In cases of disagreement, a third reviewer provided input, resulting in a total of 45 articles selected for full reading. During the complete analysis of the texts, information was extracted on methodological design, sample size, and profile, quality of life assessment instruments (e.g., MENQOL or WHOQOL-BREF), clinical symptoms and factors, as well as proposed interventions. The data were systematized in spreadsheets for subsequent categorization, with attention to variables related to vasomotor symptoms, urinary incontinence, sleep disorders, abdominal obesity, and psychosocial implications.

The interpretation of the results followed the principles of integrative synthesis, seeking to identify convergences and divergences in the findings, as well as gaps in the scientific literature on the topic. As this work was limited to the review of previously published studies, ethical approval from research ethics committees was not required, although proper citation of authors and adherence to copyright laws were ensured. Thus, the adopted methodology allowed for a broad view of the main factors associated with the quality of life of women in the climacteric, contributing to the discussion of health promotion strategies specific to this population.

RESULTS

In total, 45 articles were analyzed, of which 30 met the inclusion criteria and presented results directly related to the assessment of the quality of life of women in the climacteric. Most of the included studies (n=18) used standardized instruments, such as MENQOL or WHOQOL-BREF, to measure the impact of climacteric symptoms on overall well-being. Recurring complaints were related to vasomotor changes, sleep disorders, and changes in body composition, particularly the accumulation of abdominal adiposity, which was identified as a risk factor for the development of comorbidities.

The reviewed articles indicated a high prevalence of psychological symptoms, such as anxiety and depression, with some studies linking these conditions to reduced social and work activities (Velasco, Laurimary Caminha, et al., 2020). In contrast, non-pharmacological intervention strategies, such as regular physical exercise, therapeutic massages, and psychological counseling, were shown to be effective in reducing the frequency and intensity of symptoms, as well as improving perceived health (Oliveira, 2021).

Regarding sleep disorders, at least 10 studies reported the negative effect of insomnia on quality of life and functional capacity in climacteric women, associating it with increased episodes of irritability and chronic fatigue. Similarly, sexual dysfunctions and issues related to decreased libido were frequently identified as potential triggers for marital problems and self-esteem issues (Santos et al., 2018). It is worth noting that, in some investigations, multidisciplinary interventions (including psychologists, physiotherapists, and nutritionists) had positive effects on the rehabilitation and maintenance of sexual and psychosocial well-being (Senra & Pereira, 2019).

Urinary incontinence was also highlighted in approximately 20% of the selected studies, correlating with feelings of shame, social isolation, and reduced quality of life (Senra & Pereira, 2019). Additionally, a high incidence of metabolic syndrome was observed in climacteric women, especially in those who were overweight or obese, suggesting the need for continuous clinical monitoring for early detection of cardiometabolic risks (Velasco, Gilson Gabriel et al., 2020). Finally, educational and counseling interventions aimed at changing dietary habits and promoting physical activity were mentioned as promising resources for preventing or mitigating the negative impacts of the climacteric on overall health (Dourado et al., 2018; Silveira et al., 2018).

DISCUSSION

The results highlight the complexity of the climacteric as a phase that transcends purely biological changes, involving social, psychological, and cultural dimensions (Santos et al., 2018). Abdominal obesity, for example, associated with factors such as sedentary lifestyles and inadequate nutrition, has a significant influence on the development of chronic diseases, intensifying the decline in perceived health and, consequently, compromising quality of life (Dourado et al., 2018). In this sense, the implementation of multidisciplinary strategies that integrate the promotion of healthy habits, regular medical follow-up, and psychological support is essential, as many symptoms are interconnected, amplifying their negative impact (Silveira et al., 2018).

The prevalence of sleep disorders and emotional problems such as depression and anxiety suggests that the decline in hormone levels, typical of this phase, should not be addressed solely from a clinical or pharmacological perspective (Maciel, 2019). Some studies point to the need for more comprehensive interventions that consider the uniqueness of each woman and incorporate non-pharmacological strategies, such as

cognitive-behavioral therapy and body practices (Oliveira, 2021). Therapeutic massage, in particular, has shown efficacy in reducing stress and improving sleep quality, aspects intrinsically related to the perception of well-being. Additionally, psychosocial support, including the formation of support groups and educational actions, strengthens female autonomy by promoting the exchange of experiences and the sharing of solutions to common problems (Santos et al., 2018).

It was also found that sexual dysfunction and urinary incontinence negatively affect affective relationships, social interaction, and women's self-esteem during the climacteric. These aspects reinforce the need for a sensitive approach to gender determinants, as stigmas and cultural beliefs associated with aging can intensify feelings of insecurity and low self-confidence (Velasco, Laurimary Caminha, et al., 2020). The adoption of specific therapies, such as pelvic floor strengthening exercises and sexual counseling, has shown beneficial effects in reducing symptoms and improving quality of life (Senra & Pereira, 2019). Furthermore, the involvement of physiotherapists and occupational therapists contributes to the recovery of functional abilities and the prevention of complications that may limit women's autonomy in daily life.

Another relevant point highlighted by the literature is the association between socioeconomic factors and the experience of the climacteric. Women with lower levels of education or income, for example, may face greater difficulty in accessing healthcare services, which compromises adherence to treatments or preventive practices (Santos et al., 2018). Additionally, cultural aspects can interfere with seeking professional help due to taboos, prejudices, or even information gaps (Velasco, Laurimary Caminha, et al., 2020). In this sense, public policies aimed at expanding comprehensive care for climacteric women become essential, ensuring regular consultations, preventive exams, and health education actions that emphasize the importance of healthy lifestyle habits.

In summary, the interdependence between clinical, social, and emotional factors in the climacteric indicates that health programs targeting this population must consider multiple dimensions of care (Silveira et al., 2018). At the same time, the training of multidisciplinary teams, combined with raising awareness among women about their role in self-care, constitutes an essential step toward the consolidation of prevention and rehabilitation practices (Velasco et al., 2020). Thus, improving the quality of life of women in the climacteric requires the coordination of different sectors, promoting not only the relief of physical and psychological symptoms but also the strengthening of female autonomy

and citizenship. In this context, investing in research that deepens sociocultural and regional specificities can contribute to the development of more targeted interventions, further qualifying care and minimizing health inequities.

CONCLUSION

The findings of this study reaffirm the complexity of the climacteric as a multifactorial transitional period in women's lives, in which physiological, psychological, and social aspects interact dynamically. It was observed that characteristic symptoms, such as hot flashes, sleep disorders, and body changes, can be exacerbated by factors such as abdominal obesity, sedentary lifestyles, and emotional changes, resulting in reduced quality of life. Additionally, issues related to sexuality, urinary incontinence, and gender construction were equally impactful, requiring therapeutic approaches that consider the uniqueness of each woman and the sociocultural context in which she is situated.

The adoption of multidisciplinary strategies, including non-pharmacological practices and educational interventions, demonstrated positive results in improving well-being and addressing the typical challenges of this phase. It is also worth emphasizing the importance of public policies that ensure access to specialized healthcare services, as well as promotion and prevention actions aimed at increasing knowledge about the climacteric and strengthening female autonomy. Thus, the contribution of this research lies in the synthesis of evidence on the main factors associated with the quality of life of women in the climacteric, providing support for the implementation of measures aimed at comprehensive care, encompassing clinical, psychosocial, and cultural perspectives to promote active and healthy aging.

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