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«Πολυκεντρική συγχρονική μελέτη αξιολόγησης της ποιότητας
ζωής και των προσδιοριστικών παραγόντων της σε
περιεμμηνοπαυσιακές και μετεμμηνοπαυσιακές γυναίκες»

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ΠΑΤΡΑ

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Περίληψη

Σκοπός: Η εμμηνόπαυση αν και αποτελεί ένα φυσιολογικό βιολογικό γεγονός, δεν παύει να σηματοδοτεί μια σημαντική μετάβαση στη ζωή των γυναικών, με πολλές οργανικές και ψυχολογικές αλλαγές που μπορεί να επιδράσουν καταλυτικά στην ποιότητα ζωής τους. Σκοπός της συγκεκριμένης μελέτης παρατήρησης ήταν η αξιολόγηση της ποιότητας ζωής σε περιεμμηνοπαυσιακές και μετεμμηνοπαυσιακές γυναίκες και η συσχέτιση της με τα κλιμακτηριακά συμπτώματα και την αυτοεκτίμηση. Επιπρόσθετα, σκοπός ήταν να εντοπιστούν εκείνοι οι προσδιοριστικοί παράγοντες που μπορεί να συσχετίζονται με την ποιότητα ζωής τους (κοινωνικοδημογραφικοί, κλινικοί). Τέλος, να διερευνηθεί το επίπεδο ενημέρωσης που λαμβάνουν οι γυναίκες για τα συμπτώματα/επιπτώσεις της εμμηνόπαυσης, αλλά και οι τρόποι διαχείρισης (φαρμακευτική αγωγή, αλλαγή τρόπου ζωής)

Υλικό και μέθοδος: Πρόκειται για συγχρονική μελέτη παρατήρησης. Το αρχικό δείγμα αποτέλεσαν 300 εμμηνοπαυσιακές γυναίκες, ηλικίας 45-65 ετών και η συλλογή των δεδομένων πραγματοποιήθηκε από τον Δεκέμβριο 2023 ως Ιανουάριο 2024. Το τελικό δείγμα μελέτης, αφού αφαιρέθηκαν τα περιστατικά που δεν πληρούσαν τα κριτήρια, διαμορφώθηκε στα 278 περιστατικά (33,1% περιεμμηνοπαυσιακές και 66,9% μετεμμηνοπαυσιακές). Η συλλογή δεδομένων πραγματοποιήθηκε στο εξωτερικό γυναικολογικό ιατρείο του Ναυτικού Νοσοκομείου Αθηνών και στα ιδιωτικά ιατρεία γυναικολόγων της Αθήνας και της επαρχίας. Ως μέσα συλλογής χρησιμοποιήθηκε ένα ερωτηματολόγιο δημογραφικών στοιχείων και οι κλίμακες ποιότητας ζωής UTIAN, κλιμακτηριακών συμπτωμάτων GREEN και αυτοεκτίμησης Rosenberg. Για την στατιστική ανάλυση χρησιμοποιήθηκε το πρόγραμμα SPSS 26.0. Για τον έλεγχο της σχέσης δυο ποσοτικών μεταβλητών χρησιμοποιήθηκε ο συντελεστής συσχέτισης του Spearman, για την εύρεση ανεξάρτητων παραγόντων που σχετίζονται με τις κλίμακες ποιότητας ζωής (UTIAN) και συμπτωμάτων εμμηνόπαυσης (Green) έγινε ανάλυση γραμμικής παλινδρόμησης (linear regression analysis) και για την εύρεση ανεξάρτητων παραγόντων που σχετίζονται με την λήψη ορμονικής θεραπείας έγινε ανάλυση λογαριθμιστικής παλινδρόμησης (logistic regression analysis).

Αποτελέσματα: Τα κλιμακτηριακά συμπτώματα και η αυτοεκτίμηση, τόσο όταν αξιολογούνταν ως μονομεταβλητές, όσο και στην πολυπαραγοντική ανάλυση, βρέθηκε ότι επηρέαζαν στατιστικά σημαντικά όλες τις διαστάσεις και τη συνολική κλίμακα ποιότητας ζωής ($p < 0,001$). Όσον αφορά την επίδραση των διάφορων

προσδιοριστικών παραγόντων στην τελική πολυπαραγοντική στατιστική ανάλυση, διαπιστώθηκε ότι μόνο η καλύτερη αυτό-αξιολόγηση της υγείας, καθώς και η στήριξη από το οικογενειακό και κοινωνικό περιβάλλον σχετιζόταν με καλύτερη ποιότητα ζωής στη συνολική κλίμακα, ενώ αντίθετα οι υπέρβαρες/παχύσαρκες είχαν χειρότερη συνολική ΠΖ. Ωστόσο, σημαντικό προγνωστικό ρόλο έπαιξαν κι άλλοι παράγοντες, όπως το κάπνισμα, ο έγγαμος βίος, η διαφοροποίηση της άσκησης και διατροφής, η τακτική επίσκεψη στον γυναικολόγο για προληπτικές εξετάσεις, η ικανοποίηση από το οικονομικό και βιοτικό επίπεδο, η πληροφόρηση από την επιστημονική κοινότητα για την εμμηνόπαυση. Όσον αφορά τον τρόπο διαχείρισης της εμμηνόπαυσης ήταν μικρά τα ποσοστά που τροποποίησαν τον τρόπο ζωής τους (άσκηση, διατροφή) ή αναζήτησαν βοήθεια από ειδικούς ή έλαβαν θεραπεία ορμονικής υποκατάστασης, γεγονός που αναδεικνύει το κενό που υπάρχει στον τομέα της διαχείρισης, τόσο από τους επαγγελματίες υγείας όσο και από τις ίδιες τις γυναίκες.

Συμπεράσματα: Συμπερασματικά λοιπόν, υπάρχει αναγκαιότητα προγραμμάτων προαγωγής υγείας για την ενδυνάμωση, ευαισθητοποίηση και διεξοδική ενημέρωση των εμμηνοπαυσιακών γυναικών για τις επιπτώσεις της εμμηνόπαυσης, για το εύρος των θεραπευτικών επιλογών, αλλά και για την αναγκαιότητα υιοθέτησης ενός πιο υγιεινού τρόπου ζωής και πρακτικών αυτοφροντίδας που θα βοηθήσουν στη διαχείριση των συμπτωμάτων τους. Επιπρόσθετα, είναι πολύ σημαντικό η γυναίκα να λάβει την κατάλληλη στήριξη από την κοινωνία, την πολιτεία και την εργασία. Τέλος, πολύ καθοριστική είναι η εκπαίδευση και ενημέρωση όλων των επαγγελματιών υγείας που εμπλέκονται στην διαχείριση της εμμηνόπαυσης, προκειμένου να υπάρξει μια πολύπλευρη και διεπιστημονική προσέγγιση.

Λέξεις- κλειδιά: εμμηνόπαυση, κλιμακτηριακά συμπτώματα, αυτοεκτίμηση, ποιότητα ζωής, θεραπεία ορμονικής υποκατάστασης

Subject: Multicenter cross-sectional study of the quality of life and its determinants in perimenopausal and postmenopausal women

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Abstract

Aim: Although menopause is a normal biological event, it does not cease to mark an important transition in women's lives, with many organic and psychological changes that can have a catalytic effect on their quality of life. The purpose of this observational study was to evaluate the quality of life in perimenopausal and postmenopausal women and its correlation with climacteric symptoms and self-esteem. Additionally, the aim was to identify those determinants that may be associated with their quality of life (sociodemographic, clinical). Finally, to investigate the level of information that women receive about the symptoms/consequences of menopause, but also the ways of management (medication, lifestyle change)

Material and Method: This is a cross-sectional observational study. The initial sample consisted of 300 menopausal women, aged 45-65 years and data collection took place from December 2023 to January 2024. The final study sample, after removing the cases that did not meet the criteria, was 278 cases (33,1% perimenopausal and 66,9% postmenopausal). The data collection was carried out at the gynecological clinic of the Athens Naval Hospital and at private gynecological offices in Athens and rural areas. A demographic questionnaire and the UTIAN quality of life, GREEN climacteric symptoms and Rosenberg self-esteem scales were used as collection instruments. The SPSS 26.0 program was used for the statistical analysis. Spearman's correlation coefficient was used to test the relationship between two quantitative variables. A linear regression analysis was performed to find independent factors related to quality of life scales (UTIAN) and menopausal symptoms (Green) and a logarithmic regression analysis was performed to find independent factors related to the usage of hormone replacement therapy.

Results: Menopausal symptoms and self-esteem, both when evaluated as univariates and in multivariate analysis, were found to have a statistically significant effect on all dimensions and the overall quality of life scale ($p < 0,001$). Regarding the effect of the various determinants in the final multivariate statistical analysis, it was found that only better self-assessment of health, as well as support from the family and social environment were related to a better quality of life on the overall scale, while on the

contrary overweight/obese women had worse overall QoL. However, other factors played an important prognostic role, such as smoking, being married, differentiating exercise and diet, regular visits to the gynecologist for check-up, satisfaction with the financial and living standards, information from the scientific community about menopause. Regarding the ways menopause was managed, the percentages of women who modified their lifestyle (exercise, diet) or sought help from specialists or received hormone replacement therapy were small, which highlights the gap that exists in the field of management, both by health professionals as well as by the women themselves.

Conclusions: In conclusion, there is a need for health promotion programs to empower, sensitize and thoroughly inform menopausal women about the consequences of menopause, the range of treatment options, but also about the need to adopt a healthier lifestyle and self-care practices that will help them in managing their symptoms. In addition, it is very important that women receive appropriate support from society, the state and work. Finally, it is also decisive to educate and inform all health professionals involved in the management of menopause, in order to have a multidisciplinary approach.

Keywords: menopause, climacteric symptoms, self-esteem, quality of life, hormone replacement therapy

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