Profile of a Menopause Clinic in an Urban Population in Malaysia

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ABSTRACT

The object of this study is to determine the status of an urban Malaysian woman in her menopause age group with reference to her menopausal symptoms, lipid profile, breast, pelvis and bone. One hundred and sixty four women attending the Menopause Clinic of University Hospital, Kuala Lumpur who had not previously been on hormone replacement therapy were studied. Forty nine women were perimenopausal, 74 women were in early menopause (within 5 years of menopause) and 41 women were in late menopause (after 5 years of menopause). The most common symptoms were hot flushes (56%) and generalised tiredness (49%). Eighty four percent (84%) of women had high cholesterol levels. Serum triglycerides were highest in the late menopause group. There were 2 cases of intraductal carcinoma diagnosed on routine mammography, with 8 cases of fibrocystic breast disease and 7 cases of suspicious breast lumps. Routine ultrasound (pelvic and abdominal) revealed two women with ovarian cysts, 6 women with an endometrial thickness of more than 5 mm and 8 women with uterine fibroids. Eighty five women (51.8%) had mild osteoporosis while four women had moderate osteoporosis on dual photon measurements for bone mineral density. Menopause clinics should aim at investigating a woman in her menopause as a whole. Vasomotor symptoms were common in the urban Malaysian menopausal woman. There was a high incidence of lipid abnormalities. Routine mammography, pelvic ultrasound examinations and bone mineral density tests detected significant pathology and abnormalities.

Keywords: menopause, Malaysia, symptoms, cholesterol, triglycerides, bone mineral density, mammogram, pelvic ultrasound

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INTRODUCTION

Asian women are said to suffer less menopausal symptoms than their western counterparts. Reasons

vary from acclimatization to the local weather to a high intake of a soya based diet. Until quite recently, it was not the norm for a Malaysian woman to seek advice regarding symptoms during their transition into the menopause. Sweating, aches and pains, insomnia were said to be part of growing old and to be accepted gracefully.

The long term consequences of population aging are becoming a reality with only 45 men alive for every 100 women, by the age of 85 years⁽¹⁾. The life span of the Malaysian woman has increased from 71.6 years in 1980 to 74 years in 1995⁽²⁾. Two thirds of her life is now spent in the menopause. With increasing awareness and a desire to live a healthy life after menopause, many Malaysian women now make a voluntary attempt to attend menopause clinics.

The symptoms amongst the Thai women are well documented^(3,4). However, Malaysia being unique in its multi ethnic make up (Malays, Chinese & Indians), has scarcely any data on symptoms. The average age of menopause in the Malaysian women has been determined to be at 50.7 years⁽⁵⁾.

The Menopause Clinic in the University Hospital, Kuala Lumpur, Malaysia was set up in March 1996 and is now established as one of the foremost clinics in the country. Besides providing service to women facing menopause, it is also serves as a research clinic, attempting to determine the severity and effects of menopause in the country.

MATERIAL AND METHODS

The Menopause Clinic of the University Hospital, Kuala Lumpur serves both as a service and a research clinic. The data presented here are of 164 patients seen during a period of 18 months ie from March 1st 1996 to 31st August 1997. These patients were either in their perimenopausal or menopausal age group. None of these women had started hormone replacement previously. They attended the clinic for problems they felt were related to the menopause, information regarding possible hormone replacement use or general assessment of their health. Department of Obstetrics & Gynaecology, and Nuclear Medicine University Hospita Lembah Pantai Kuala Lumpur 591 Malaysia

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Fig. I Symptoms amongst menopausal women in Malaysia.



Table I. Menopause Status and number of hot flushes experienced daily.

Number of Hot Flushes	Perimenopausal	Early Menopause	Late Menopause	
1	15 (30%)	20 (27%)	20 (48%)	
2-4	14 (28%)	24 (32%)	12 (29%)	
>4	11 (22%)	30 (40%)	9 (21%)	

Table II. Symptoms of menopause in the various ethnic groups.

	Malay		Chinese		Indians	
Hot Flushes	22	(75%)	65	(79%)	35	(66%)
Vaginal Dryness	18	(62%)	50	(60%)	42	(79%)
Tiredness	26	(89%)	48	(58%)	51	(96%)
Joint Pains	25	(86%)	36	(43%)	49	(92%)
Insomnia	15	(18.3%)	17	(29%)	16	(53%)
Headache	14	(17.1%)	12	(41.3%)	16	(30.2%)
Palpitations	15	(18.3%)	15	(51.7%)	16	(30.2%)
Bladder problems	14	(17.1%)	15	(51.7%)	13	(24.5%)

This group of women were made up of "walk-in" patients as well as referrals from general practitioners, orthopedic surgeons, cardiologists and breast surgeons.

Forty nine women (30%) were "perimenopausal", defined as having bleeding irregularities and symptoms prior to the last period. Seventy four women (45%) were within 5 years of their last period and were termed as "early menopause" while 41 women (25%) were in their "late menopause", or more than 5 years after menopause. Eighty two women (50%) were of Chinese origin while the rest were Malays (18%) and Indians (32%). In women who had had surgery (total abdominal hysterectomy and a bilateral salpingo-oophorectomy or only a bilateral salpingo-oophorectomy), the date of the operation was taken as the onset of menopause.

All these women had a detailed medical, surgical and drug history taken, including any family history of breast cancer and osteoporosis. Each patient was taken through a standard menopause symptoms questionnaire.

A general physical examination with special attention to the breasts, abdomen and pelvis was carried out. Pap smears were carried out if not already done in the previous year. Blood pressure readings were also recorded. A mammogram was routinely done. Each patient also had a transvaginal ultrasound (or abdominal where applicable) performed and this was followed by a bone mineral density measurement with a dual photon densitometer. Blood for fasting serum lipids (HDL, cholesterol) was then taken. Hormonal assays (FSH, LH, estradiol) were done for women who were still in their perimenopausal period.

RESULTS

Symptoms

The most common symptom was hot flushes (56%) which was defined as a sudden explosion of heat radiating from the upper chest to the face. The other significant symptoms were tiredness (53%), generalised heatiness all over the body (49%), vaginal dryness (46%), joint pains (45%), insomnia (35%), headache (32%), palpitations (28%) and bladder problems, such as frequency and stress incontinence (26%) (Fig. 1).

The incidence of hot flushes is significantly highest in the early menopause group when compared to the perimenopausal and late menopause group (p<0.001). Forty percent (40%) of women in this group experienced more than 4 flushes a day whilst 24 women (32%) had between two to four flushes a day (Table I).

The main symptom amongst the Chinese women were hot flushes (79%) (p<0.001). The Malay and Indian women complained more of generalised tiredness (p<0.001) and joint pains (p<0.001). Vaginal dryness, insomnia, headache, palpitations and bladder problems were common complaints in all three ethnic groups (Table II).

Lipid status

The normal serum cholesterol level is between 3.6 - 5.2 mmol/l. One hundred and thirty five women (84%) had fasting serum cholesterol levels of more than 5.2 mmol/l. Significant hypercholesterolemia (\geq 7 mmol/l) was found in 43 women; the majority of which were from the Indian ethnic group (39%) followed by the Chinese

(30%) and the Malays (17%) as seen in Table III and IV. However this was not statistically significant.

Serum cholesterol levels were also noted to be significantly higher in the late menopause group (64%) when compared to those women in the early menopause (55%) and perimenopause group (45%). (p<0.05).

There is a similar increase in the serum triglyceride levels. The incidence is 10% in the perimenopause group, 13% in early menopause, increasing significantly to 28% in the late menopause (p<0.01) (Table V).

Mammogram

All women had a routine mammogram. Two cases of intraductal carcinoma were detected and referred to the surgical unit for further management. There were 8 cases of fibrocystic breast disease. Seven women underwent fine needle aspiration cytology for suspicious breast lumps, all of which were normal.

Ultrasound pelvis

Routine pelvic and abdominal ultrasound revealed 2 women with ovarian cysts measuring more than 5 cms in diameter. Both women elected to have a total abdominal hysterectomy and bilateral salpingo oophorectomy. The histopathology was normal (nonsecretory endometrium).

Six patients had an endometrial thickness of more than 5 mm. Endometrial sampling was then carried out, which did not reveal any abnormality (with normal endometrium).

Ultrasound examination revealed presence of fibroids in 8 women; in four women, the fibroids were less than 3 cms, and in the others, the fibroids measured between 4 - 5 cm.

These findings were also detected during the routine pelvic examination.

Bone mineral density

Bone mineral density with a dual photon absorptiometer was routinely carried out on all women at L2 of the lumbar spine. Mild osteoporosis was defined as bone mineral density of > 1 standard deviation below mean of young healthy women. Moderate osteoporosis was defined as bone mineral density of 1-2.5 standard deviations below the mean of young healthy women. Severe osteoporosis was defined as bone mineral density of > 2.5 standard deviations below mean of young healthy women.

Seventy five women (45.7%) were diagnosed to have normal bone mineral density while eighty five women (51.8%) had mild osteoporosis. Moderate osteoporosis was found in four women, all of whom were more than 10 years post menopausal.

Table III. Serum cholesterol levels (normal 3.6-5.2 mmol/l).

Serum cholesterol level	Number of women
<5.2 mmol/l	30 (18%)
5.2-6.9 mmol/l	92 (56%)
≥7 mmol/l	43 (28%)

Table IV. Distribution of serum cholesterol by ethnic group.

Ethnic group	<5.2 mmol/l	5.2-6.9 mmol/l	>7 mmol/l
Chinese	33 (40%)	25 (30%)	36 (30%)
Malays	11 (38%)	13 (45%)	5 (17%)
Indians	12 (23%)	14 (28%)	20 (39%)

Table V. Lipid Profile by menopause status.

Lipids	Perimenopause	Early Menopause	Late Menopause
High Cholesterol >5.2 mmol/l	22 (45%)	41 (55%)	26 (64%)
High Triglycerides	5 (10%)	10 (13%)	11 (28%)

DISCUSSION

Menopause with the end of monthly periods is welcomed by many Malaysian women. To the Muslims and Indians, it heralds a time for enhancing religious activities and pilgrimage. Other women regard this as a time of freedom from child bearing responsibilities and to enjoy activities which they were denied previously such as travelling and other leisure activities.

With increasing awareness towards menopause, especially in the urban area of Kuala Lumpur, more women now attend menopause clinics which are available in the government, private and university sectors.

The data presented here are of women attending the menopause clinic in Kuala Lumpur, the capital city of Malaysia. This group of women are unfortunately not a true representation of the normal Malaysian woman as they are from an urban population belonging to the middle and higher socio-economic groups. All these women have a minimum secondary school education. None of these women had ever been on any form of hormone replacement therapy previously.

Nevertheless, this study has given valuable insight to the status of an urban Malaysian woman approaching menopause with regard to her symptoms, cardiovascular, pelvic, breast and bone status.

The most frequent symptom experienced by these women was hot flushes (56%). This is in contrast to

previous local studies which have actually depicted a low incidence of hot flushes between 13 to 31%^(5,6). In Thailand⁽³⁾, the most common symptom experienced by their women were dizziness and tiredness, with only 26% of hot flushes. Women in the present study were asked to specifically describe each episode of hot flush in relation to site of the flush, radiation, length and frequency of each flush and the presence and absence of sweating at the end of each flush. The possibility of the women in this study being more aware of climacteric changes and thus recognizing these symptoms along with emphasis during questioning regarding the details of the hot flush, are probably contributory factors towards our higher figures.

Hot flushes were mainly experienced in the early menopause with the majority (40%) experiencing more than 4 flushes a day. The number of hot flushes decreased with time and fewer women suffered from serious hot flushes in the late menopause (13%).

Dennestein⁽⁷⁾ noted that Asian women , with severe menopausal symptoms, as in this study, usually belonged to the higher socio-economic group, unlike their Western counterparts where the severe menopausal symptoms were in the lower socio-economic group. In our study, we also noted that Chinese women were more vocal regarding their problems of hot flushes as compared to the Malays and Indians, even though there was no significant difference in its incidence amongst the three ethnic groups. Generalised aches and pains seem to be a common problem in South East Asia and seem to be the one consistent major symptom suffered by women in this region⁽⁸⁾.

However, it was difficult to comment if these joint pains are all menopause related or due to rheumatic and/ or arthritic conditions.

Menopause causes an unfavourable change to the lipid profile⁽⁹⁾. In this study, even though the lipoprotein fractions (HDL, LDL) levels could not be determined, the high serum cholesterol in 84% of these women are an ominous sign. Besides menopause, western dietary influences and sedentary lifestyles are probably contributory to these high levels. Indian women are noted to have a significantly higher incidence of lipid abnormalities as compared to the Malays and Indians, despite previous local studies having not shown a significant ethnic difference in lipid abnormalities in both males and females⁽¹⁰⁾. Serum triglycerides seem to be also highest in the late menopause age group which again is consistent with other studies for women in this age group⁽⁹⁾.

Women with breast lesions were managed jointly with the breast clinic in the same hospital. Routine mammography is advocated to all women over 40, attending the clinic and especially prior to the onset of hormone replacement therapy. Two cases of intraductal carcinoma were diagnosed from the mammogram. These lesions had not been picked up on routine breast examination. Both patients subsequently underwent mastectomy and further chemotherapy. The eight women with fibrocystic breast disease were reassured that this was not a deterrent to the start of hormone replacement therapy⁽¹¹⁾. The seven women with suspicious breast lumps had a fine needle aspiration cytology carried out. All results were normal. Three women agreed to go on hormone replacement, whilst the others decided to defer treatment for the moment. All women were taught self breast examination. Emphasis was also given to routine yearly mammograms.

The importance of screening pelvic ultrasound in post menopausal women has been previously determined⁽¹²⁾. In this study, two cases of ovarian cysts and 8 cases of fibroids were detected. All these patients were asymptomatic. The women with ovarian cysts were advised to undergo a total abdominal hysterectomy with bilateral salpingo-oophorectomy. The histopathology was normal. The eight women with fibroids were started on hormone replacement therapy and had follow up pelvic ultrasound examinations done every three months. One woman experienced an increase in size of the fibroid from 4 cm x 4 cm to 8 cm x 10 cm over 4 months. Despite stopping hormone replacement therapy, she continued to bleed irregularly. Endometrial sampling was normal but she opted for a total abdominal hysterectomy and bilateral salpingo oophorectomy. She then continued on estrogen replacement therapy.

Endometrial sampling was advocated in all women with an endometrial thickness of more than 5 mm. All six patients who underwent this test had a normal endometrium.

Malaysia is a small country with a present population of 20 million. It has been estimated that by 2025, 4 million women in Malaysia would be over 60 years of age⁽¹³⁾. Osteoporosis thus is a potential major problem in this region. Bone mineral density in this study was determined with a dual photon densitometer. The results were taken against the standard western population as there was, at that time no local data available for comparison. All these patients were non smokers. Only 3 women consumed alcohol on a social basis. None were on steroids. Only 45.7% of women in this study had a normal bone density. Eighty five women (51.8%) attending the clinic had mild osteoporosis. The four patients with moderate osteoporosis were more than 10 years menopausal and not on any form of treatment. They opted for treatment with hormone replacement therapy.

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