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EVALUATION OF QUALITY OF LIFE AND MENTAL HEALTH OF WOMEN IN CLIMACTERIC STAGE

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The climacteric period represents a critical stage in a woman's life, characterized by profound physiological, psychological, and social transformations. During this transitional phase, the gradual decline and eventual cessation of ovarian function within the complex regulatory network of the endocrine system result in the progressive loss of reproductive capacity, culminating in the termination of menstruation. The associated reduction in estrogen levels gives rise to a spectrum of somatic and mental manifestations that may substantially impair women's quality of life, work productivity, and social engagement. While in times of peace these symptoms frequently contribute to diminished vitality and adaptive potential, under the extraordinary circumstances of war their significance and impact may be considerably amplified [1,2,3].

Purpose: to comprehensively evaluate the quality of life and mental health of women in climacteric stage. This was achieved by conducting an anonymous survey and implementing a set of health education measures designed to increase awareness and promote well-being among the target population.

Materials and Methods. To obtain an objective assessment of quality of life and social functioning among women of post-reproductive age, two validated tools were employed: the Greene Climacteric Scale and the Kupperman Menopausal Index. The survey was administered in an anonymous format using Google Forms and included 150 women in the perimenopausal stage. A combination of sociological, statistical, and systems analysis methods was applied. Statistical analysis of the collected data was performed with the Statistica 10 software package.

Results. The average age of respondents was 58 ± 2.5 years, while the average reported age at menopause onset was 50 ± 1.33 years. Employment analysis showed that 72% of the surveyed women were engaged in governmental institutions, whereas 28% were unemployed or retired. Concerning place of residence, 67% lived in rural areas and 33% in urban settings, which may influence accessibility to healthcare resources and social support.

With respect to comorbid conditions, cardiovascular disorders were prevalent, with arterial hypertension diagnosed in 40% of participants. Endocrine pathology was represented by type 2 diabetes mellitus in 7% of cases and thyroid disorders in 13%. Additionally, 10% of respondents reported a positive family history of climacteric syndrome, suggesting a possible hereditary predisposition.

Psychological well-being was significantly affected. According to the Greene Climacteric Scale, more than half of the respondents (55%) demonstrated symptoms consistent with anxiety or depression. The Kupperman Menopausal Index revealed that the majority of participants (66%) experienced mild climacteric manifestations, while 15% reported moderate severity of symptoms.

Conclusions. The findings of this study indicate that women in the climacteric period frequently encounter a combination of mild to moderate somatic and psychological symptoms that substantially influence their overall well-being. Anxiety and depressive manifestations, observed in more than half of respondents, underline the significant burden of menopause on mental health. In addition, the high prevalence of cardiovascular and endocrine comorbidities emphasizes the necessity of ongoing and comprehensive health surveillance in this group of women.

The study highlights the urgent need for targeted health education programs and structured interventions that not only address physical and psychological symptoms but also strengthen social activity and community involvement. Under conditions of uncertainty, such measures may play a decisive role in reducing the negative impact of climacteric changes, improving quality of life, and fostering resilience among women of this age group.

References

1. Andrieieva, O., Hakman, A., & Volosiuk, A. (2024). Analysis of quality of life and depression levels of internally displaced women of mature age. Sport Science Spectrum. https://doi.org/10.32782/spectrum/2024-1-9 [in Ukrainian].
2. Tatarchuk, T. F., Yefymenko, O. A., & Dubovka, K. M. (2012). The problem of climacterium in family physician practice. Reproductive Endocrinology. https://doi.org/10.18370/2309-4117.2012.6.22-32 [in Ukrainian].
3. Chedraui, P., J. E., Hidalgo, L., Dawood, R., & Wikinski, J. (2019). Symptomatology and quality of life between two populations of climacteric women. *Menopause, 26*(3), 1–7. https://doi.org/10.1097/GME.0000000000001234 [in English].