

# Women's health in the middle of life a person-centered approach in primary care.

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentlig försvaras i hörsal Torgny Segerstedt, Göteborgs Universitet, Göteborg, den 28 maj 2021, klockan 13:00

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## Avhandlingen baseras på följande delarbeten

- I. Rindner L, Strömme G, Nordeman L, Wigren M, Hange D, Gunnarsson R, Rembeck G. Prevalence of somatic and urogenital symptoms as well as psychological health in women aged 45 to 55 attending primary health care: a cross-sectional study. *BMC Womens Health*. 2017 Dec 8;17 (1):128.
- II. Rindner L, Strömme G, Nordeman L, Hange D, Gunnarsson R, Rembeck G. Reducing menopausal symptoms for women during the menopause transition using group education in a primary health care setting - a randomized controlled trial. *Maturitas* 2017 Apr;98: 14-19.
- III. Rindner L, Nordeman L, Strömme G, Prembeck Å, Svenningsson I, Hange D, Gunnarsson R, Rembeck G. Prognostic factors for future mental, physical, and urogenital health and work ability in women, 45–55 years. A six-year prospective longitudinal cohort study. *BMC Womens Health*. 2020. 20:171.
- IV. Rindner L, Nordeman L, Strömme G, Hange D, Gunnarsson R, Rembeck G. Effect of primary care education on mental health and quality of life in women 45-60 years with stress-related symptoms. A randomized controlled trial. (Manuscript)

# Women's health and quality of life in the middle of life – a person-centered approach in primary care

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## Abstract

Women, from 45-60, enter new challenges in life with various impacts on health and quality of life. Mental health and stress-related symptoms are common causes for attending primary health care (PHC) and long-term sick leave. Today there are few educational opportunities, support and care of the natural ageing and topics related to this transition period which often coincides with menopause transition (MT). Identification of prevalence of symptoms, prognostic factors and evaluating interventions for preventing mental health and long-term sick leave and improve quality of life further knowledge is motivated. The overall aim of this thesis was to obtain knowledge about, I) prevalence and severity of somatic, urogenital and psychological symptoms measured with the Menopause Rating Scale (MRS), II) the effect of group education intervention based on topics related to menopause transition, III) prognostic factors for health-related quality of life and work ability, and IV) the effect of group education or person-centered individual support in PCH on mental health, quality of life and sick leave in women aged 45-60 with stress-related symptoms.

**Study I:** One hundred and thirty-one women were included in this cross-sectional study. Data were obtained from two self-reported questionnaires, the MRS and the Montgomery-Asberg Depression Rating Scale (MADRS). The five most frequently reported MRS symptoms were: physical and mental exhaustion (73 %), depressive mood (66 %), sleep problems (66 %), hot flushes (66 %), muscle and joint problems and sexual problems (62 %). Moreover, more severe depression symptoms (MADRS) and increasing age were associated with more severe menopausal symptoms (MRS). These three factors were used to construct a nomogram for assessing the probability for severity of menopause symptoms.

**Study II:** This RCT, investigate if group education about menopause transition to women in PHC can improve women's menopausal symptoms and mental health. Midlife women (n=131), aged 45-55 years, were randomized to group education (n=64) or no intervention (n=67). The group education included two sessions with topics related to menopause transition. The MRS and MADRS were filled in at baseline and four months later. Main outcome were change in MRS and MADRS over the four months. The intervention group experienced a slight reduction in symptoms while the control group mostly experienced the opposite.

**Study III:** A 6-year longitudinal cohort study investigate prognostic factors for future mental, physical, and urogenital health as well as work ability in a population of women aged 45-55 years. Sixty-five percent (n = 71/110) of the women included in Study I could be followed up at 6 years. Prognostic factors for later health-related quality of life (SF36) and work ability were analysed. Living with a partner were associated to have a better chance to be in good health and having tertiary education was shown to be associated with poorer mental health after 6-years.

**Study IV:** This RCT with a two-factor design included 368 women evaluated the effect of group education as well as individual person-centred support in a PHC context on mental health issues and quality of life in women aged 45-60 with stress-related symptoms. The women were allocating in four groups and the effect of the interventions were followed up at 6 and 12 months after baseline.

**Conclusion:** The thesis has described and identified factors associated with the transition period in women between the ages of 45 and 60, identified prognostics factors for later work ability and quality of life as well as positive effects on health-related quality of life, physical, urogenital, and mental symptoms of a person-centered intervention using the district nurse competence and assignment in PHC.

**Keywords:** Women's health, menopause, mental health, Menopause Rating Sale, district nurse, education, health prevention, quality of life, local estrogen deficiency symptoms, primary care

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