

Conflict of interest: The authors declare no conflict of interest.

Funding: CAPES - Finance Code 001.

Ethics committee approval: CAAE: 77325224.4.0000.5235.

Registration: NCT06338501.

<https://doi.org/10.1016/j.bjpt.2025.101396>

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IMPACT OF MENOPAUSAL SYMPTOMS ON THE QUALITY OF LIFE OF MIDDLE-AGED WOMEN

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Background: Menopause is characterized by the absence of menstruation for 12 consecutive months due to the reduction of estrogen and progesterone hormones, typically occurring between the ages of 45 and 55. This process can trigger physiological and psychological symptoms that significantly impact quality of life. It is essential to understand the impact that the intensity of these symptoms has on the daily lives of these women.

Objectives: To assess the quality of life of menopausal women and the symptoms related to this period.

Results: Menopause impacted the participants' quality of life, especially in the urogenital aspects and the total MRS score. Psychological symptoms were classified as moderate (5.93 ± 3.97), with 40% of participants presenting severe symptoms and 33.3% moderate symptoms. Somato-vegetative symptoms were also classified as moderate (7.40 ± 2.61), with 46.7% of participants reporting moderate symptoms and 33.3% severe symptoms. Urogenital symptoms were considered severe (3.40 ± 2.26), with 53.3% of participants falling into this classification. The total score had a general average of 16.73 ± 7.07 , also classified as severe. Most participants (66.7%) had severe symptoms, while 20% reported moderate symptoms and 13.3% mild symptoms. No participant was classified as asymptomatic or with minimal symptoms. However, according to the UQOL assessment, participants' quality of life was considered high, considering the total score average (79.13 ± 12.18) and the average of each assessed domain: occupational (26.13 ± 4.16), health (21.07 ± 5.23), emotional (22.40 ± 3.31), and sexual (9.53 ± 3.18). Although most participants presented a good quality of life, the study revealed great variability in the sample, with large standard deviations. Percentile analysis showed that in the 25th percentile, scores were low in most domains, while in the 50th and 75th percentiles, they were above the validated average. Although there was an overall tendency toward good quality of life, some participants still experienced challenges in specific aspects.

Conclusion: Menopause can affect women's quality of life, especially regarding urogenital symptoms and the total MRS score. On the other hand, the UQOL assessment indicates that many women still perceive their quality of life positively, with high scores in various domains. However, the wide variation in results shows that this experience is not the same for all women – while some cope well with the changes, others face challenges that impact their well-being.

Implications: Analyzing the intensity and impact of menopausal symptoms on women's quality of life allows for the development of interventions tailored to their specific needs. Furthermore, it guides the creation of support programs and health policies aimed at

minimizing the negative effects of menopause and promoting the well-being of this population.

Keywords: Menopause, Quality of life, Symptoms

Conflict of interest: The authors declare no conflict of interest.

Funding: Not applicable.

Ethics committee approval: No. 7.071.309.

Registration: Not applicable.

<https://doi.org/10.1016/j.bjpt.2025.101397>

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OCCURRENCE OF MENSTRUAL SYMPTOMS IN PERIMENOPAUSAL WOMEN: CROSS-SECTIONAL STUDY

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Background: Dysmenorrhea, characterized by abdominal pain or discomfort associated with the menstrual cycle, and other menstrual symptoms such as lower back pain, headaches, nausea, vomiting, fatigue, and diarrhea are frequently reported by women of reproductive age. Although widely studied in younger women, the occurrence of menstrual symptoms during perimenopause is still under-investigated, and there is limited knowledge about the continuation or worsening of these symptoms, highlighting the need for more research in this population.

Objectives: Investigate the occurrence of menstrual symptoms in perimenopausal women.

Methods: This is a cross-sectional study approved by the Research Ethics Committee. Data collection was performed using a structured questionnaire available on the Google Forms platform, focusing on aspects related to dysmenorrhea and menstrual symptoms. Menstrual pain was assessed using an 11-point Numeric Pain Scale (NPS), where 0 indicates no pain and 10 signifies the worst imaginable pain. The research dissemination occurred online through social media channels. The study included women in the perimenopausal period, aged 35 years or older. Exclusions applied to pregnant women, those who had not menstruated in the past year, or those reporting health conditions related to secondary dysmenorrhea (associated pelvic disease). Data were presented as mean, standard deviation, and percentage. An analysis was conducted to examine the association between reports of dysmenorrhea during adolescence and the perception of menstrual symptoms during perimenopause, with relative risk calculated. A significance level of 5% was considered.

Results: A total of 1,040 women participated in the study, with a mean age of 39.8 ± 4.1 years. The majority of participants (58.2%) were in a marital union. Among the study participants, 49.1% reported experiencing menstrual symptoms since adolescence; 34.5% were nulligravida, and among those who had given birth, 65% had undergone a cesarean section, 25% had a vaginal delivery, and 10% had experienced both types of childbirth. Over the past three months, the average dysmenorrhea intensity assessed by the Numerical Pain Scale (NPS) was 4.9 ± 3.0 , with 9.1% of participants reporting no pain, 26.7% reporting mild pain, 27.3% reporting moderate pain, and 35.9% reporting severe menstrual pain. A significant association was observed between a history of dysmenorrhea during adolescence and the occurrence of menstrual symptoms in perimenopause ($p = 0.03$). Women who experienced dysmenorrhea during adolescence had a 35% higher risk of developing menstrual