

Socio-Demographic Profile of Patients Presenting With Postmenopausal Bleeding in Gynaecology OPD of A Tertiary Hospital

Dr. Lata Rajoria^{1*}, Dr. Sarika Yadav^{2*}, Dr. Sonal Agrawal³ Dr. Lila Vyas⁴

¹Professor And Head of Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur, India

²Resident Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur, India

³Resident Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur, India

⁴Professor and Unit Head Department of Obstetrics and Gynaecology, SMS Medical College, Jaipur, India

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***Corresponding author**

Dr Sarika Yadav

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Abstract: Post-menopausal bleeding accounts for 9-10 % of gynaecological complain. Certain socio-demographic characteristics may delay the investigations to rule out endometrial cancer. Our aim was to study socio-demographic and other associated factors in women presenting with postmenopausal bleeding. This prospective study was done in department of obstetrics and gynaecology in SMS medical college & hospital, Jaipur. The participants were 102 women presented with post-menopausal bleeding between 2015-2017. Information was collected about different demographic factors like age, socio-economic status, parity, BMI, medical disorder, time between bleeding and presentation to hospital, etc. The collected data was put in the master chart and data analyzed. 45 % female were in age group 50-55 yrs. 73.5% female were from medium socio-economic class. Maximum females (68 %) were with parity 2 to 3. 60 % females were overweight (BMI-25-29.9). 70 % females were hypertensive and 40 % were diabetic. Time of presentation to hospital after bleeding was 1 week to 1 month in 19.6 %, 1 month to 6 month in 24.5 %. 90 % of patients with carcinoma endometrium present with postmenopausal bleeding, thus requiring immediate investigation. Lack of awareness could lead to a very late presentation of most of patients, so education at community level is required to reduce this time lapse for early diagnosis and management.

Keywords: Menopause, postmenopausal bleeding, endometrial cancer.

INTRODUCTION

Menopause is defined as absence of menstrual period for 1 year. The average age of menopause is 51.4 yrs[1]. In India it ranges from 45-50 yrs[2].

Any bleeding occurring after menopause is called as postmenopausal bleeding. The definition of PMB and what is clinically significant is however varied. It is recommended that any vaginal bleeding that occurs 6 months after the last period (presumed menopause) should be investigated [3].

With increasing life expectancy a healthy 50 yrs old women spends 40% of her life in postmenopausal state. During this prolonged period women are vulnerable to various conditions, of which one of prime importance is postmenopausal bleeding [4, 5]. Postmenopausal bleeding accounts for 5% of gynaecological practice. Investigations should exclude malignancy and premalignant condition and diagnose benign conditions that need treatment [6].

Risk factors identification is thus significant for prompt investigation and diagnosis and management of the condition. In this study we aimed to demonstrate the various socio demographic factors and other related factors of women presenting with post- menopausal bleeding at tertiary level centre.

MATERIALS AND METHODS

This study was a cross sectional study conducted in Gynecology department of a tertiary care centre in Jaipur, Rajasthan. The study period was one and half year from February 2016 to August 2017. 102 women presenting with postmenopausal bleeding were included in this study. Patients with obvious cause of bleeding from cervix and vagina, patients on anticoagulant therapy and with bleeding dyscrasias were excluded from this study. After obtaining informed consent data was obtained regarding age, residence, socioeconomic status, literacy, parity, time interval between bleeding and reporting, etc. Data was put in master chart and results analysed.

RESULTS AND DISCUSSION

Table-1: Sociodemographic profile of patients

Age group(in yrs)	Number	Percentage (%)
45 – 49	16	15.69
50 – 54	46	45.09
55 – 59	20	19.60
60 – 64	10	9.81
65 – 70	10	9.81
Total	102	100.00
Residence		
Rural	41	40.20
Urban	61	59.80
Total	102	100.00
Literacy		
Illiterate	48	47.07
Primary	24	23.53
Middle	15	14.70
Higher Secondary	10	9.80
Graduates and above	5	4.90
Total	102	100.00
Socio-economic Status		
Low	20	19.60
Medium	75	73.53
High	7	6.87
Total	102	100.00
Parity		
0 – 1	11	10.78
2 – 3	70	68.64
4 or more	21	20.58
Total	102	100.00

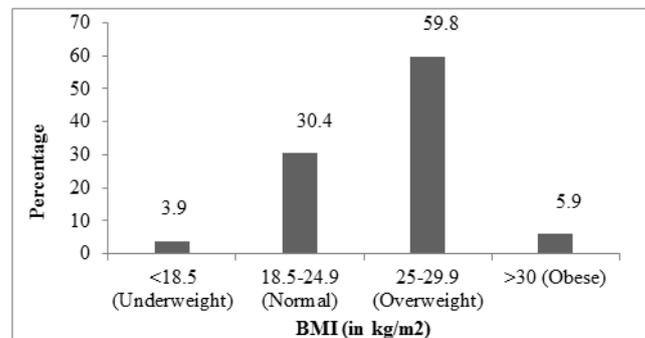


Fig-1: Distribution of cases according to BMI

Table-2: Distribution of Cases According to Medical Disorders

Medical Disorders	Number	Percentage
Diabetic	41	40.01
Diagnosed Diabetic	25	24.50
Newly Diagnosed Diabetic	16	15.68
Hypertensive	70	68.62
Diagnosed Hypertensive	50	49.01
Newly Diagnosed Hypertensive	20	19.60
Thyroid Disorder	10	9.80
Diagnosed Hypothyroid	10	9.80
Newly Diagnosed	0	0.00

Table-3: Distribution of Cases According to Regularity of Cycles

Regularity of Cycles	Number	Percentage
Regular	90	88.23
Irregular	12	11.77
Total	102	100.00

Table-4: Distribution of Cases According to Interval between Bleeding and Reporting

Interval Between Bleeding and Reporting	Number	Percentage
<1 week	10	9.80
1 week - 1 month	20	19.60
1 month - 6 months	25	24.50
6 - 12 months	25	24.50
>1 yr	22	21.60
Total	102	100.00

Majority of patients belonged to age group 50-54 yrs (45.09%), following which 19.6% were in age group 55-59 yrs and 15.69% were in 45-49 yrs and 9.81% in each 60-64 and 65-70 yrs age group. Mean age was 54.5 ± 5.87 yrs. The minimum time menopause and PMB was 1 yr and maximum was 30 yrs. The mean time since menopause was 5.83 yrs with the standard deviation of 5.24 yrs.

40.2% women had rural residence and 59.8 % had urban residence. The reason is obvious as ours is an urban hospital, draining mainly urban population. 23.53% of patients had gone to primary schools, 14.7% had gone to middle school, 10% to higher school and only 4.9% were post graduates.

Majority of cases belonged to middle socioeconomic class. As ours being a government hospital draws patient mainly from middle and lower socioeconomic class. Only 7% belonged to upper socio-economic class. Maximum patients in our study were multiparous. 68.64% were para 2-3. Para 4 or more were 20.58%, whereas para 0 or 1 were 10.78%.

Figure 1 shows that maximum number of patients (59.80%) with PMB were overweight (BMI = 25-29.9). 30.4% were with normal BMI (18.5-24.9). 5.8% of females were obese (BMI ≥ 30). And 3.9% were underweight (BMI < 18.5).

Table 2 shows that 41 (40.01%) of women were diabetic and 25 out of 41 were on treatment. The Majority of women 68.62% women were hypertensive and majority of women 50/70 (49.01% of total) were on treatment. 10 women (9.8%) were hypothyroid and all of them were on treatment.

Table 3 shows that 90 women with PMB had regular menstrual cycle before menopause and 12 women had irregular cycles before menopause.

DISCUSSION

Elfayomy AK *et al.* [7], in their study found that the patients were postmenopausal for 11.6 ± 8.4

yrs (range 1-31 yrs). Similar results were found in most of the earlier studies. Viswanathan M *et al.* [8] in their study had mean age of 55.4 yrs with SD of 6.4 yrs. The majority, 43% of the women belongs to less than sixty years of age, and 20% of the patients belong to 55-59 years of age group. The youngest patient was of 45 years of age and the oldest being 80 years of age. The results are similar to our study.

In their study Sonia A *et al.* [9] found that 62% were illiterate and 22% were educated upto primary school. Only 1 patient was post graduate. Lack of awareness may lead to ignorance of spotting or staining after the menopause with the result of presentation after long period.

Viswanathan M *et al.* [8] reported in their study that 83.3% cases belonged to middle socioeconomic class, similar to our study. Study of literature reveals that the incidence of post-menopausal bleeding increases with increase in socioeconomic status [13].

In their study Viswanathan M *et al.* [8] had 76.7% patients with parity 2 or 3 which was similar to our study. Tandulwadkar S [10]. In her study found that nullipara were 30%, primipara were 56.6%, multipara were 13.3%.

Obesity is another risk factor studied. Increased body mass index is one of the major risk factors for post- menopausal bleeding and hence malignancy [11-13]. Tandulwadkar S (2009)¹⁰ in their study found that, (Underweight) <18.5-6.6%, 18.5-24.9 (Healthy weight)-30%, 25-29.9 (Overweight)-50%, ≥30 (Obese)-13.3%. The results are similar to our study.

Viswanathan M *et al.* [8] in their study found that 48% of women were diabetic and 73.3% of total women were hypertensive and majority were on treatment at the time of diagnosis which was similar to our study.

Diabetes mellitus, increased body mass index and hypertension are triad of metabolic disorders that increase the incidence of postmenopausal bleeding and risk of carcinoma endometrium. Various studies have described the increased incidence of PMB and hence carcinoma Endometrium with Type 2 diabetes mellitus [11, 14]. Various models have been developed to study the risk factors in diagnosing carcinoma endometrium like DFAB and DEFAB (D- Diabetes Mellitus, F-Frequency of menstruation, A-Age, B-Body Mass Index, E-Endometrial thickness) [12].

In their study Sonia A [9] found that 48% of patients presented after 6 months of bleeding. Only 8% sought medical advice within a week. In our study 24.5% of people presented after 6 months of first episode of bleeding and another 24.5% came to hospital within 1 month and 6 months. Only 9.8% came within 1 week. 21.6% of patients came after 1 yr of first episode of bleeding. The results are similar to our study.

Samartzis S [15] found that the time-lapse between onset of bleeding and hospitalization with diagnosis was alarmingly long, it averages 19.2 weeks.

CONCLUSION

With increasing life expectancy, the numbers of patients with postmenopausal bleeding are expected to increase. This study identified the various risk factors associated with postmenopausal bleeding. Spreading awareness and education about the problem may lead to early reporting of this problem and identifying high risk factors in these patients may lead to an early diagnosis and management of these patients.

REFERENCES

1. Dewhurst J. Dewhurst's textbook of obstetrics and gynecology for postgraduates. 6th Edition and gynecology for postgraduates. 6th edition Blackwell publishing, New York, 1999; p 441.
2. Shaws textbook of gynaecology. 11th edition. Churchill Livingstone. New York, 1994; p53.
3. Reports of a WHO scientific group, research on the menopause in the 1990s, WHO tech rep series 1996; 866: 1-107.
4. Pacheco JC, Kempers RD. Etiology of postmenopausal bleeding. *Oster Gynecology*, 1968; 32: 40-6.
5. Mencaglia L, Perino A, Hamou J. Hysteroscopy in premenopausal and postmenopausal women with abnormal uterine bleeding. *J Reprod Med*, 1987; 32: 577-582.
6. Bradlow J, Coulter A, Brooks P. Patterns of referral. A study of referrals to out-patient clinics from general practitioners in the Oxford region. Oxford: Oxford Health Services Research Unit, 1992.
7. Elfayomy AK, Habib FA, Alkabalawy MA. Role of hysteroscopy in the detection of endometrial pathologies in women presenting with postmenopausal bleeding and thickened endometrium. *Arch Gynaecol Obstet*, 2012; 285: 839-843.
8. Viswanathan M, Daniel S, Shailaja M, Nazeema A. Socio-Demographic Profile of Patients with Postmenopausal Bleeding Attending Out-Patient Unit of a Tertiary Care Centre. *Sch J App Med Sci*, 2014; 2(2C): 681-684.
9. Sonia A, Bhupinder A, Marwaha MPS, Singh A. Epidemiological correlates of postmenopausal bleeding in a tertiary care hospital. *Indian Journal of Community Health*, April-June 2012; 24(2): 158-160.
10. Tandulwadkar S, Deshmukh P, Lodha P and Agarwal B. Hysteroscopy in Postmenopausal Bleeding. *J Gynecol Endosc Surg*, 2009 Jul-Dec; 1(2): 89-93.
11. Izetbegovic S, Stojkanovic G, Ribic N, Mehmedbasic E. Features of Postmenopausal Uterine Haemorrhage. *Medical Archives*, 2013; 67(6): 431.
12. Musonda P, Burbos N, Duncan TJ, Crocker SG, Morris EP, Nieto JJ. Comparing the performance of two clinical models in estimating the risk of endometrial cancer in symptomatic postmenopausal women. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 2011; 159(2): 433-438.
13. Schmandt RE, Iglesias DA, Co NN, Lu KH. Understanding obesity and endometrial cancer risk: opportunities for prevention. *American Journal of Obstetrics and Gynecology*, 2011; 205(6): 518-525.
14. Sun G, Kashyap SR. Cancer Risk in Type 2 Diabetes Mellitus: Metabolic Links and Therapeutic Considerations. *Journal of Nutrition and Metabolism*, 2011.
15. Samartzis S, Hauser GA. Postmenopausal bleeding (author's transl). *Geburtshilfe Frauenheilkd*, 1976 Apr; 36(4): 326-33.