某醫學中心婦產科門診 45-60 歲婦女更年期症狀與生活品質之關係

Relationship Between Menopause Symptoms and Quality of Life for Women 45-60 Years of Age at the Gynecology/Obstetrics Clinic in a Medical Center

中文摘要

本研究為一橫斷式設計之描述性研究，研究目的為：瞭解某醫學中心婦產科門診 45-60 歲婦女的更年期症狀與生活品質、探討人口學特質、更年期症狀與生活品質之關係及預測影響生活品質之可能因素。研究工具為一結構式問卷，內容包括：人口學基本資料、更年期症狀量表、泌尿道症狀子量表與生活品質量表。研究對象為：至台北市某醫學中心婦產科門診就診、年齡介於四十五至六十歲、有一項或一項以上更年期症狀之 138 位婦女。

受試婦女之平均停經年齡為 50.35（±3.269）歲，更年期症狀之平均得分為 19.50 ±10.0 (範圍=0-63)，發生率較多的前五項症狀依序為：感覺疲倦或缺少活力、性慾降低、肌肉關節痛、不容易入睡與注意力不容易集中。泌尿道症狀方面，約 82%之受試婦女有一項或一項以上之泌尿道症狀，平均得分為 1.93±1.79 (範圍= 0-9)。以 SF-36 台灣版測量八個層面之生活品質(範圍= 0-100)平均得分為：身體生理功能 78.09±17.16、因身體生理問題所導致的角色功能受限 58.15±43.05、身體疼痛 66.67±23.23、一般健康狀況 58.33±19.94、活力 54.16±19.50、社會功能 76.53 ±21.27、因情緒問題所導致的角色功能受限 69.08±39.18、心理健康 61.01±18.78。配偶、宗教信仰、職業、慢性病與賀荷爾蒙使用之有無與 SF-36 某些層面之生活品質有明顯相關；更年期症狀、泌尿道症狀與 SF-36 八個層面之生活品質呈現顯著負相關，更年期症狀或泌尿道症狀愈嚴重之受試者，生活品質愈差。更年期身體症狀為身體生理功能層面生活品質之重要預測因子；賀荷爾蒙使用與更年期身體症狀為身體疼痛層面生活品質之重要預測因子。一般健康狀況層面生活品質之重要預測因子為慢性病、更年期心理症狀與泌尿道症狀；活力層面生活品質之重要預測因子為更年期心理症狀。更年期心理與身體症狀為社會功能層面生活品質之重要預測因子；更年期心理症狀為心理健康層面生活品質之重要預測因子。

研究結果顯示更年期症狀之心理與身體症狀與六個層面之生活品質密切相關。醫療照護服務提供者及相關之醫療政策制定者，應針對重要之預測因子發展相關介入性措施，提供婦女需要之諮詢服務、運動治療或飲食療法，以改善婦女之更年期症狀及增進其生活品質。

英文摘要

This study was a cross-sectional, descriptive study. Research aims were: (a) investigating women’s menopause symptoms and quality of life (QOL), (b) exploring relationships between women’s individual characteristics, menopause symptoms and

QOL, and (c) identifying possible predictors of women's QOL among a sample of women 45-60 years of age. A structured questionnaire was used to collect information about women's individual characteristics, menopause symptoms, lower urinary tract symptoms (LUTS) and QOL. Sample of this study were 138 women 45-60 years of age who visited the gynecology/obstetrics clinic in a medical center and currently experienced one or more than one menopause symptom(s).

The mean age of menopause was 50.35±3.27 years for the women in this study. Mean value of the menopause symptoms was 19.50±10.00 (range = 0-63); feeling tired or lacking in energy, loss of interest in sex, muscle and joint pains, difficulty in sleeping, and difficulty in concentrating were the five menopause symptoms that women were more likely to experience. About 82% women experienced one or more than one LUTS, the mean value of LUTS was 1.93±1.79 (range = 0-9). The mean value of QOL (range = 0-100) measured by the SF-36 questionnaire in eight domains were: physical functioning 78.09±17.16, role limitations due to physical problems 58.15±43.05, bodily pain 66.67±23.23, general health perceptions 58.33±19.94, vitality 54.16±19.50, social functioning 76.53±21.27, role limitations due to emotional problems 69.08±39.18, and mental health 61.01±18.78. Spouse, religion, occupation, chronic disease(s), and hormone treatment were significantly related to women's QOL in several domains. Menopause symptom(s) and LUTS were significantly related to women's QOL at eight domains. Women who experienced severer menopause symptoms or LUTS reported lower QOL. Menopause somatic symptom(s) were a significant predictor of physical functioning QOL; hormone treatment and menopause somatic symptom(s) were significant predictors of bodily pain QOL. General health QOL was associated with chronic disease(s), menopause psychological symptom(s) and LUTS; vitality QOL was associated with menopause psychological symptom(s). Menopause psychological and somatic symptom(s) were related to social functioning QOL; menopause psychological symptom(s) was related to mental health QOL.

Study results demonstrated that menopause psychological and somatic symptom(s) were related to women's QOL in six domains. Health care providers and health-related policy decision makers should pay attention to these important predictors and generate related strategies or interventions. Counseling services or related exercise/diet treatments can be provided to this population to improve their menopause symptom(s) and QOL.