

Oral Presentation 4

O25

Attitudes and experiences of menopause amongst Macedonian women in Australia

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The South Eastern Sydney and Illawarra regions of NSW are home to a large concentration of Macedonian migrants. This project explored the attitudes of Macedonian women towards the menopause transition. The study design was based on qualitative methodology, using seven non-directive group discussions to gain insights into underlying attitudes. The method involved recruiting naturally existing social groups, meeting in their 'natural habitat' (e.g. a club). Groups were invited to engage in informal conversation about their experience of menopause, without the imposition of any structure. Participants ranged in age from 45 to 75. The groups were conducted by a Macedonian researcher trained and experienced in qualitative methodology.

The non-directive method generated wide-ranging discussion about menopause, HRT, complementary treatments as well as psycho-sexual and gender issues. Participants complained of a lack of information about menopause and felt there was a strong need for women to share their experiences with each other. Knowledge about HRT and complementary therapies was variable. Some women reported feeling more comfortable approaching Macedonian doctors. Deeply religious participants typically claimed that their spirituality helped them through this phase of life and that they were as likely to consult a priest as a doctor for help.

A recurring theme was that Macedonian men tended to regard their wives differently after menopause, sometimes treating them as 'non-sexual'. Women sometimes regarded this shift in male attitudes as a precipitating factor in domestic violence, extra-marital affairs and divorce. Some younger women felt that more frank discussion of menopause would help mitigate these problems.

Troublesome symptoms such as mood swings, urogenital symptoms and flushes were emphasised by those with more negative attitudes towards menopause. Positive attitudes included feeling calmer and more independent and mature after menopause.

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O26

Autoimmune Progesterone Dermatitis: an under-diagnosed allergy phenomenon

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Autoimmune Progesterone Dermatitis (AIPD) is a NIH classified rare condition in which allergic dermatitis to endogenous progesterone manifests in a wide spectrum of cyclic cutaneous eruptions. Rashes or even systemic anaphylaxis, begin in the premenstrual period during the luteal phase when progesterone levels peak. The rash subsides a few days into menses, with the decline of

progesterone levels or with suppression of ovulation by medical intervention. We present three cases of AIPD, each with unique clinical presentations and medical history of the disease. All three patients tested positive on a controlled intradermal injection test of progesterone, which is the standard method of AIPD diagnosis to date since clinical history alone can be equivocal. In this case report, we propose an approach and clinical considerations for any woman of reproductive age presenting with cyclic dermatitis related to menses. Most recent documentation states that only 70 cases of Autoimmune Progesterone Dermatitis have ever been reported. We propose that AIPD is a heavily under-diagnosed disease due the uncertainty of its pathogenesis and vague clinical presentations. However, with a standard diagnosis procedure and available treatment options for this relatively debilitating disease, AIPD should be a differential diagnosis in the minds of every physician in a primary care or emergency setting.

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Quality of life in middle-aged women with chronic somatic diseases

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Objective: The importance of information related to quality of life (QoL) in middle-aged women, measured by climacteric symptoms and self-perception of health, has been emphasized by previous studies. However, there is a lack of research systematically analyzing the impact of chronic diseases on these symptoms. Thus, our aim was to examine the associations between them.

Methods: Our study included 3252 women, aged 41–54 years. QoL was evaluated using the Women's Health Questionnaire (WHQ), of which we included seven symptom domains (vasomotor, sleep, depressive, anxiety/fears, cognitive, sexual, and menstrual). Self-perception of health was also assessed. The prevalence of various diseases (cardiovascular, neurological, sensory organ, bronchopulmonary, musculoskeletal, gastrointestinal, urological, dermatological, and thyroid disease, diabetes, and cancer) was recorded. The associations between the diseases and symptoms were defined with multivariate analyses, also adjusting for age, education, employment, BMI, smoking, use of hormone therapy, and mental health problems.

Results: QoL was lower in women with the diseases. After adjusting for confounding factors, vasomotor symptoms and sleep problems were associated only with gastrointestinal diseases, and lower sexual functioning only with diabetes. The remaining symptoms were associated with several diseases.

Conclusion: Vasomotor symptoms and sleep problems are quite specific to climacterium. However, other climacterium-related symptoms were associated with several diseases. Thus, it is important for health-care professionals to consider these associations when treating symptomatic middle-aged women, instead of exclusively focusing on hormonal imbalance.

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