

Nursing diagnoses in the climacteric and menopause period



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ABSTRACT

INTRODUCTION: The transition from the reproductive phase to the non-reproductive phase is considered a period with several changes. These changes can be metabolic and hormonal that have great reflections on the physiological and psychosocial aspect of this woman's life, that is, she goes through physical and psychological changes. The symptoms in these phases are connected to biological, psychological and social factors, they present themselves in a unique way, varying according to the personal experiences of each woman. It is important in this non-reproductive phase of the woman that she can receive adequate care according to her needs. **OBJECTIVE:** To list the main nursing diagnoses, as well as nursing interventions in women's health during climacteric and menopause. **METHODOLOGY:** This was an integrative literature review; the following databases were used to obtain data collection and selection of articles: Latin American and Caribbean

Health Sciences Literature (LILACS), BDEF nursing (Brazil), Scientific Electronic Library Online (SCIELO) and Ministry of Health. The descriptors were Climacteric, Nursing, Care, Quality of life. The included articles published in full; in Portuguese, English and Spanish; published in the last 05 years and the articles excluded dissertations, theses and that did not answer the guiding question of the research. **RESULTS:** Applying the established criteria, nineteen (19) scientific articles were obtained for the integrative review. In the nursing consultation, it is possible to list the nursing diagnoses, which will increase the safety of women and improve the quality of care. Among the nursing diagnoses, we listed: Altered sexuality patterns; Knowledge deficit; Body image disorder; Sleep pattern disorder: Low self-esteem; Anxiety; Impaired skin integrity; Altered Comfort Risk for control; ineffective therapeutic regimen; Altered health maintenance and altered nutrition: risk greater than bodily needs. **FINAL CONSIDERATIONS:** The identification of nursing diagnoses contributes to the planning and execution of a nursing care plan directed to each woman, which is essential to obtain better quality of care. Some unhealthy symptoms reported by women in the non-reproductive phase can be relieved by nursing interventions that encourage changes in habits, such as quitting smoking, quitting alcohol, blood pressure control, weight control, healthy eating, restful sleep, leisure, and better self-esteem.

Keywords: Climacteric, Nursing, Care, Quality of life.

1 INTRODUCTION

With aging, women tend to lose part of the stimulating follicles that are released by the ovaries until menarche, the follicles are reduced, initiating an event called ovarian failure, originating menstrual irregularities, characterizing amenorrhea. Menstrual irregularity, the transitional phase between the reproductive and non-reproductive periods, is called climacteric, and can be divided into



two periods: pre-menopause and post-menopause. The first is called the reproductive period before menopause, postmenopause is defined as the period of time after the last menstruation¹.

The decrease or absence in the production of sex hormones causes several physiological changes in various organs and generates signs and symptoms that are called menopausal syndrome. This period is characterized by intense heat waves, known as "fogochos"; that cause discomfort, decreased sexual desire, emotional symptoms followed by mood swings, depression, and anxiety².

Several studies have shown that women consume insufficient vitamins A, C and D and nutrients such as iron and calcium, which impacts, along with the decrease in hormones such as estrogen in this phase, increase the susceptibility of women to the signs and symptoms of premenopause and menopause. The lack of these nutrients and the absence of the hormone also contributes to the emergence of chronic degenerative diseases (NCDs) such as obesity, diabetes mellitus, heart disease and osteoporosis. According to the Ministry of Health (2008), published data reflect that the symptoms and problems of women in this phase result from endocrine events of climacteric and menopause, both social and personal¹.

In addition, studies carried out in recent years suggest that menopause has come to be considered as a physiological condition of women, which can lead to consequences that can be treated through hormone replacement therapy as well as physical activities and associated with an adequate and healthy diet. Physical activity, healthy eating and sun exposure also prevent coronary and musculoskeletal diseases².

Women's misinformation about the different stages of life can harm their well-being, in addition to associating the climacteric with the disease, they also lose their quality of life, have losses in their sexual and affective lives and consequently in their mental health. It is a fact that some symptoms can be relieved, in addition to drug therapy, it is necessary to prepare the professionals who deal with the situation so that they offer welcoming, qualified listening and present care alternatives that provide not only improvement of the symptoms, but also recover the self-esteem and quality of life of these women^{1,3}.

Thus, this research is justified by the fact that this situation has resulted in a growing interest in issues related to climacteric, menopause and the possible implications for women's health and quality of life, since the profile of the Brazilian population has been changing over the years. In view of the problem presented, the study aims to elucidate the competencies of nurses in nursing care in women's health in the climacteric period^{4,5}.

Within this context, the following question arises: Do nurses develop adequate follow-up and support at this stage of life? At this moment, several physiological, psychological and social changes occur that interfere with the woman's quality of life.



2 OBJECTIVE

List the main nursing diagnoses, as well as nursing interventions in women's health in climacteric and menopause.

3 METHODOLOGY

The integrative literature review is considered the construction of a broad analysis of the literature, contributing to discussions on research methods and results, as well as reflections on future studies. It is considered a valuable method in the field of nursing, and allows the synthesis of multiple published studies and allows considerations regarding a particular area of study⁶.

In order to obtain data collection and selection of articles, a bibliographic survey was carried out on the portal of the Virtual Health Library (VHL), which contains the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), BDEFN nursing (Brazil), Scientific Electronic Library Online (SCIELO) and Ministry of Health. A search of the articles was carried out using the descriptors in Portuguese according to DeCS (Descriptors in Health Sciences): Climacteric, Nursing, Care, Quality of life. The inclusion criteria were: National and international articles; Articles in Portuguese, English and Spanish; Articles published in full; Articles published in the last 05 years (2017 to 2022); Articles available for free online; Articles in which the text was complete and Articles related to the theme and proposed objectives. Exclusion criteria: Duplicate articles; Dissertations and theses.

When searching the databases, combinations with the following descriptors were necessary: Climacteric, Nursing, Care, Quality of life. All articles that met the inclusion criteria were submitted to pre-selection to assess their relevance to the study objectives, in the following order: Reading of the title, abstract and, if in doubt, the full article was read to verify whether they met the research objectives.

The selected articles were analyzed through content analysis, which consisted of a set of communication analysis techniques, which use objective and systematic procedures to interpret and describe the content of the message, qualitative or non-qualitative indicators with intention to draw conclusions from existing knowledge, enriching the reading of the collected data and leading to a logical result.

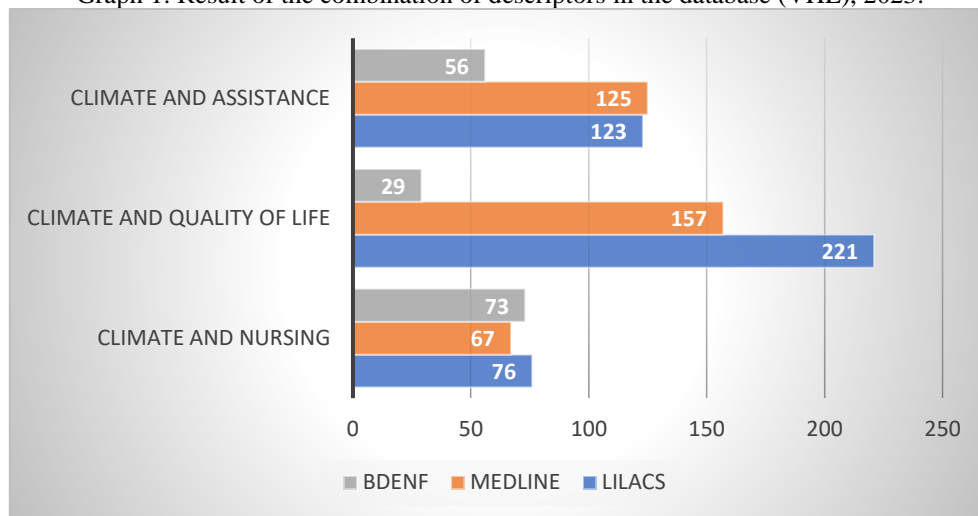
4 RESULTS

In order to find a resolution to the guiding question, "What are the competencies of nurses in nursing care in women's health in climacteric, menopause?", we conducted scientific research through the integrative review method through existing literature.



As a basis for the survey of articles and data that support us, theoretical references available in the following databases were used: portal of the Virtual Health Library (VHL/BIREME) which contains the following databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SCIELO) and the Ministry of Health Portal. A search of the articles was carried out using the descriptors in Portuguese according to DeCS (Descriptors in Health Sciences): Climacteric, Nursing, Care, Quality of life. Thus, the following quantities of articles were obtained through the VHL, according to the use of DeCS separated by "and", as shown in the Graphs below.

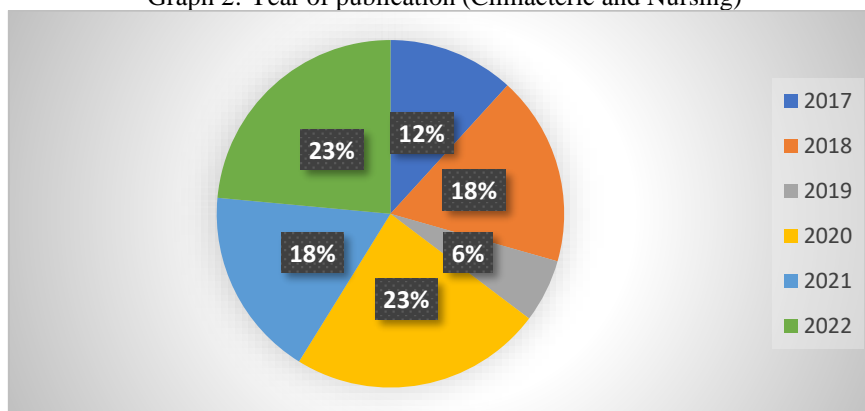
Graph 1: Result of the combination of descriptors in the database (VHL), 2023.



Source: Authors (2023)

The publications of the last 05 years were established as the time frame of our review, according to the inclusion and exclusion criteria of the articles.

Graph 2: Year of publication (Climacteric and Nursing)

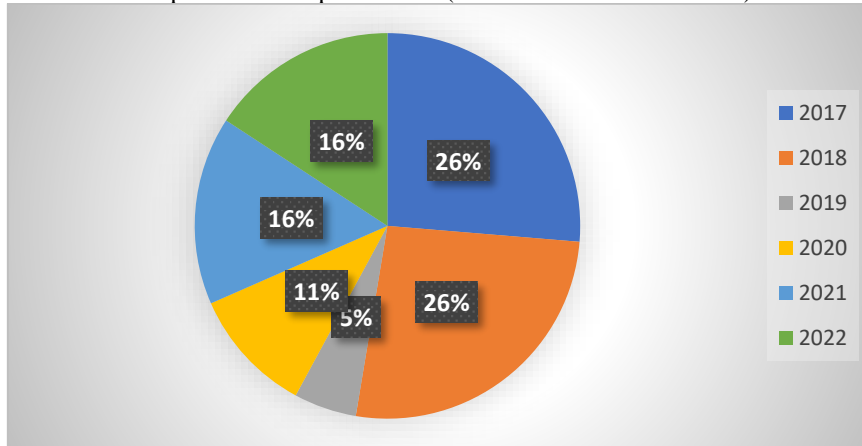


Source: Authors (2023)



It can be seen that there has been an increase in scientific production in recent years. The years 2022 and 2020 were the years 2022 and 2020, where there was a greater production of scientific articles; followed by the years 2021 and 2018.

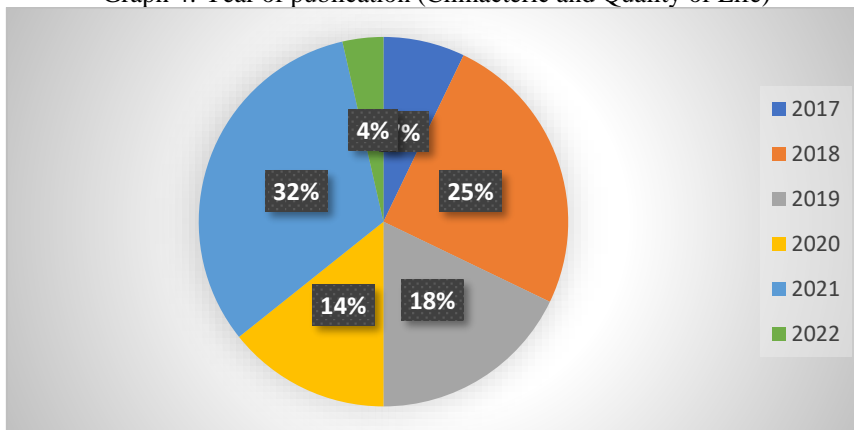
Graph 3: Year of publication (Climacteric and Assistance)



Source: Authors (2023)

With the descriptors Assistance and Climacteric, the years with the highest scientific productions were 2018 and 2017.

Graph 4: Year of publication (Climacteric and Quality of Life)

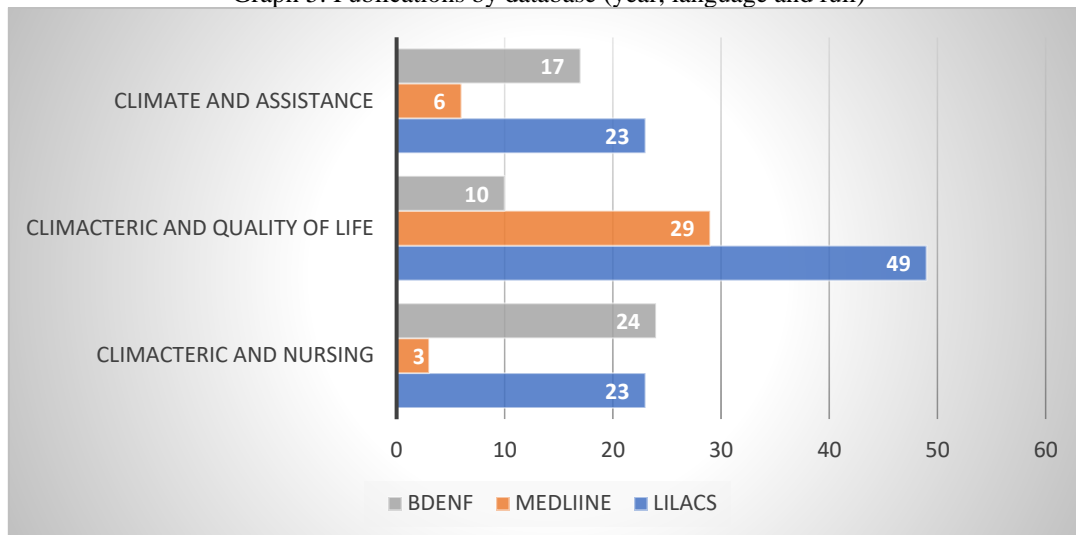


Source: Authors (2023)

With the descriptors Climacteric and Quality of Life, the years with the highest production were 2021 and 2018.



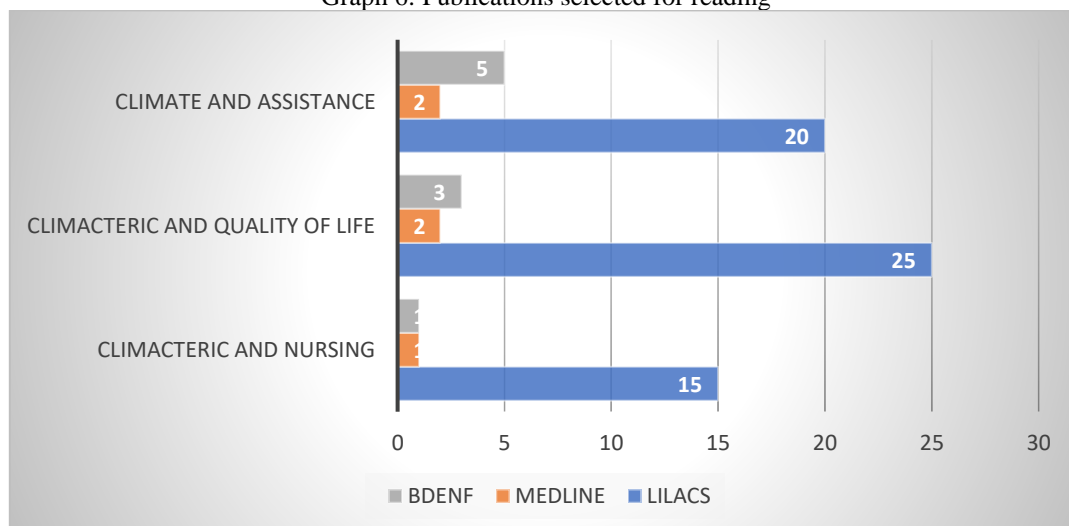
Graph 5: Publications by database (year, language and full)



Source: Authors (2023)

Thus, all articles that objectively guide the research, with availability in Portuguese, Brazilian nationality with the time frame mentioned above (2017 – 2022), were included. We do not include journals, interviews, reviews, monographs and incomplete articles that do not correspond to the topic covered or that are outside the time frame. Chart 3 shows availability by base according to the use of language, period, and full-text filters.

Graph 6: Publications selected for reading



Source: Authors (2022)

When searching the databases, combinations were necessary with the descriptors: climacteric AND nursing, climacteric AND care, climacteric AND quality of life. All articles that met the inclusion criteria were submitted to pre-selection to assess their relevance to the study objectives, in the following order:



Reading of the title, abstract and, if in doubt, the full article was read to verify whether they met the objectives of the research. The selected articles were analyzed through content analysis, which consists of a set of communication analysis techniques, which use objective and systematic procedures to interpret and describe the content of the message, qualitative or non-qualitative indicators with the intention of drawing conclusions from existing knowledge, enriching the reading of the collected data and leading to a logical result. In order to analyze the content, the articles go through stages that consist of:

- Phase 1 – Pre-analysis (organization of the material to be analyzed in order to make it operational);
- Phase 2 - Exploration of the material (this is an important stage, because it allows or does not allow the richness of the interpretations and conclusions) and
- Phase 3 - Treatment of results, inference and interpretation.

Based on the descriptors, climacteric or nursing, 11 scientific articles were found. On the other hand, 10 scientific articles were found with the descriptors, climacteric and assistance, and 12 articles with the descriptors climacteric and quality of life. Considering the inclusion criteria, 33 articles were selected and, after reading the titles and abstracts, 5 that did not correspond to the theme studied were excluded and 9 were duplicated. Thus, this integrative review found 19 scientific articles.

For the organization and extraction of the data, as well as the analysis of the articles, an instrument was created containing data on the year of publication, name of the authors and title of the article, type of research, objective, results and conclusion of the study. In a second, more in-depth reading of the article, it was possible to verify the level of evidence and to carry out the analysis and synthesis of the studies seeking answers to the study question, in order to obtain a broad approach to the theme.

Frame 1: Articles selected for analysis with the descriptors climacteric and nursing (2023)

No.	title	Objectives	method	conclusion
1	Evaluation of cardiovascular risk in female teachers at the end of the reproductive period	OBJECTIVE: To evaluate the cardiovascular risk in female professors of higher education at the end of the reproductive period.	This is a quantitative, cross-sectional study conducted at a private university in southern Brazil in September 2018. Teachers in the climacteric or menopause (over 44 years of age, with cholesterol levels in the last year and who knew their systolic blood pressure) were included. Sociodemographic and clinical data were collected using a structured questionnaire; cardiovascular risk (CVR) was measured using the Framingha score.	There is a significant relationship between menopause and increased CVR, which is another risk factor for women.
2	Profile of climacteric	OBJECTIVE: To identify the	This is a cross-sectional descriptive exploratory	Climacteric women need a space to verbalize their feelings



	women in the Family Health Strategy in the interior of São Paulo.	sociodemographic, obstetric, gynecological, health and lifestyle profiles of climacteric women treated in the primary health care network, through the application of a questionnaire, Hamilton Anxiety and Depression scales, and the Kupperman and Blatt Menopausal Index.	experience report developed by undergraduate students in Medicine and Nursing. The participants were aged between 45 and 60 years, attended in four units of the Family Health Strategy.	and doubts in relation to the climacteric and to have access to attentive listening by trained professionals, aiming at comprehensive health care with problem-solving capacity.
3	Prevalence and intensity of climacteric symptoms in women with coronary artery disease	To analyze climacteric symptoms in women with coronary artery disease.	Forty (40) women from the Cardiology Outpatient Clinic of the Hospital of the Federal University of Maranhão participated in the study. The Menopause Rating Scale was used. This study was approved by the Research Ethics Committee of the University of São Paulo at Ribeirão Preto College of Nursing, under number 293,900.	Climacteric symptoms seem to be confused with age-related problems and are perceived more strongly in the presence of diseases, including coronary artery disease.
4	Perceptions and feelings about body changes in climacteric women	To know the perceptions and feelings about the body changes of climacteric women in a city of Rio Grande do Sul.	Exploratory-descriptive qualitative research carried out with 16 women, in September and October 2018, in public spaces in Porto Alegre/RS, through semi-structured interviews and whose information underwent thematic analysis.	Women have little information about climacteric; The nurse is responsible for clarifying its phases, offering emotional support and indicating physical activities that can alleviate its signs and symptoms.
5	Women's perception of climacteric consultations	OBJECTIVE: To describe the perception of the nursing consultation in the Climacteric from the perspective of women treated in Primary Care.	This is a qualitative descriptive study with an intentional approach carried out in a School Health Unit in the municipality of Caruaru-PE, during the period of April and May 2021. A total of 7 women who used the service during the climacteric phase were interviewed.	It is concluded that women feel good when going through the climacteric consultation made by nursing, as it brings a feeling of relief and understanding. Nursing consultation is a key element in health care, meeting the PNAISM proposal and offering a better quality of life for climacteric women (AU)
5	Climacteric and menopause: knowledge and conducts of nurses working in Primary Health Care	To identify the knowledge and conduct of nurses in Primary Health Care about climacteric and menopause.	This is an exploratory descriptive study with a qualitative approach, carried out with 15 nurses from the municipality of Pesqueira, Pernambuco State, Brazil. Data were collected through semi-structured interviews and analyzed using the Bardin method.	Knowledge about climacteric is limited in the nurses' practices in the approach to women who are going through this phase. In an attempt to minimize the gaps related to professional lack of knowledge, it is relevant to continue studies on care for this public.
6	Care needs of climacteric women with hypertension:	To understand the care needs of climacteric women with	Qualitative research developed in 21 Family Health Units (USFs), during April and June 2019. Participants were 15 women aged	The climacteric is experienced differently and the needs of women demonstrate different possibilities for improving care.



	possibilities for nurses' work	Systemic Arterial Hypertension (SAH).	between 40 and 69 years, with a self-reported diagnosis of SAH, who were admitted to the USFs, and who reported not using hormonal contraceptives. A semi-structured interview was used, followed by the construction and return of narratives, with participatory analysis.	This identification allows nurses to develop individualized care adapted to women's demands.
7	Influence of excessive impairment on the quality of life and climacteric symptoms of nursing professionals	To describe the general characteristics of nursing professionals and to evaluate how excessive impairment can influence the perception of climacteric symptoms and the quality of life of these women.	This is an analytical cross-sectional study that evaluated 152 nursing assistants and technicians, aged 40 years or older, in 3 hospitals in the interior of the state of São Paulo. In 2017, sociodemographic data were collected and the Blatt-Kupperman Menopausal Index, Women's Health Questionnaire, Medical Outcome Study 36-item short form Health Survey and Effort Reward Imbalance instruments were applied. Descriptive analysis and network analysis were performed	The presence of excessive impairment seems to influence a negative perception of climacteric symptoms and a worse quality of life.

Source: Authors (2023).

Frame 2: Articles selected for analysis with the descriptors nursing

No.	title	Objectives	method	conclusion
1	More than "hormonal effects": primary care professionals' conceptions of climate change in Santiago, Chile	This article seeks to discover how professionals conceive sexuality in women in the climatic phase, emphasizing aspects related to sexual health, sexual desire and sexuality problems.	Qualitative approach based on Grounded Theory. Ten in-depth interviews were conducted with professionals from two Family Health Centers (CESFAM) in the southern sector of Santiago.	Practitioners take critical positions on the role of health institutions and programs, on work constraints in health facilities (e.g., materials, time, etc.), and on job training. This article promotes the formulation of health policies in this area, as well as the revision of health career curricula.
2	Diagnosis and referral flow in the Unified Health System for climacteric women	To identify health diagnoses and the referral flow of climacteric women.	This is a cross-sectional study conducted at the Women's Health Outpatient Clinic of the University Hospital of the University of São Paulo, a reference in gynecology and training for Family and Community Medicine residents, between 2017 and 2018. The sample was carried out from 274 medical records of women attended, and sociodemographic and clinical information, gynecological diagnoses and distribution of health services (primary, secondary and tertiary) were processed. The chi-square	Climacteric and postmenopausal women over 50 years of age and smokers diagnosed with non-inflammatory disorders of the female genital tract and inflammatory disorders, as well as breast diseases, were the most directed to the surgical outpatient clinic in medium and high complexity.



			test and odds ratio were used for statistics.	
3	Ethical and social aspects of female sexuality in climacteric and postmenopausal periods	To determine the ethical and social aspects of women's sexuality in climacteric and menopause.	A cross-sectional descriptive study was conducted with women aged between 40 and 64 years who participated in the consultation on climacteric and menopause in the Municipality of Playa. The study was conducted between July 1, 2017 and September 30, 2018. Age, climacteric stage, marital status, main self-reported symptoms and social factors.	Most patients have doubts, as well as symptoms related to sexuality, and do not make appointments for these reasons. The ethical aspect is of great importance to these women, so it is recommended that they receive sexuality counseling when they come for consultation, regardless of the reason for their visit.
4	Influence of the Mapuche ethnic group on the indication of menopausal hormone therapy according to the application of the Quality of Life Scale (MRS) in the rural population of Araucanía	To relate the indications of the Mapuche ethnic group and the climacteric symptoms of menopausal hormone therapy (HTM) in a population of the rural sector of Boyeco, La Araucanía region.	Observational study carried out on rural women in sanitary control at CESFAM Boyeco between October 2016 and January 2017. None of the participants evaluated were receiving MHT. For the study, the number of Mapuche surnames was considered. The instrument validated for the Chilean population, the "MRS Scale" (Menopause Rating Scale), was used, which allows the differentiation of the different symptomatic domains of the climacteric.	Mapuche patients have greater symptoms in the somatic and psychological domains, especially those under 50 years of age. All women under 50 years of age required therapy, with no statistically significant variation by ethnicity.
5	Demands of climacteric women in the Family Health Strategy: a descriptive study	To know the main demands of climacteric women, attended in Primary Health Care, based on the reports of health professionals.	This is a descriptive study with a qualitative approach developed in a Family Health Strategy unit in the city of Rio de Janeiro. Through a semi-structured interview script, 17 health professionals, including physicians and nurses, were interviewed, concluding the data collection with the use of the theoretical saturation sampling technique. The interviews were treated through thematic-categorical content analysis.	It is recommended that professionals update their concepts and aspects related to climacteric, so that their actions can fully serve these women. PRACTICAL IMPLICATIONS: Health care should consider issues in the field of sexuality in order to contribute to the sexual health of women in the climacteric phase.
6	Experiencing climacteric: perceptions and experiences of women treated in primary care	To apprehend the perceptions of women who experience climacteric.	This is an exploratory descriptive study with a qualitative approach, carried out in the Basic Health Unit of a municipality in the Northwest of Paraná. Data were collected through semi-structured interviews with 16 women in December 2016 and submitted to thematic content analysis.	Welcoming and comprehensive care for women should be part of the care routine of professionals, especially in Primary Care, providing opportunities for knowledge of particular needs and the planning of care actions.

Source: Authors (2023)

Frame 3: Articles selected for analysis with the descriptors climacteric and quality of life

No.	Title	Objective	Method	Conclusion
1	Climacteric symptoms and quality of life using the	To determine the severity of climacteric symptoms in	This was a quantitative, descriptive, observational and correlational study of patients treated at the Las Moras Health	With a significance level of $p < 0.05$, it was demonstrated that during the climatological stage both tests show a positive



	Kupperman-Blatt index and the Cervantes scale	perimenopausal women using the Kupperman-Blatt index and the Cervantes Scale.	Center in the Department of Huánuco, District of Huánuco, Peru. The sample consisted of 60 women who met the inclusion criteria. The Kupperman-Blatt Menopausal Index and the Cervantes Quality of Life Scale were applied.	correlation between the intensity of symptoms measured with the Kupperman-Blatt Menopausal Index and the quality of life assessed with the Cervantes Scale (AU).
2	Prevalence of sexual dysfunctions in the climacteric period in a clinic specialized in women's health in Caruaru/PE	To verify the prevalence of sexual dysfunctions in climacteric women, contributing with evidence for professionals who deal with women's health.	This is a cross-sectional descriptive and analytical study, carried out at the specialized women's clinic in Caruaru/PE, with 99 women, aged 40 to 65 years, who had an active sexual life. The following questionnaires were evaluated: Sociodemographic, Women's Health Questionnaire, Female Sex Quotient and Female Sexual Function Index.	Most of them have good sexual performance, but they have a low quality of life and a high indicator of sexual dysfunctions. Thus, it is proposed to develop research, generating knowledge for professionals who deal with this theme, aiming at health and quality of life. (AU)
3	Women's knowledge of hormone replacement therapy	OBJECTIVE: To analyze the basic knowledge of women between 45 and 60 years of age in Curitiba-PR about hormone replacement therapy through a self-administered questionnaire.	This is a cross-sectional study with women between 45 and 60 years of age in Curitiba-PR on hormone replacement therapy using a self-administered questionnaire.	These data corroborate the premise that there is still a lack of guidance and measures aimed at the comprehensive care of climacteric women
4	Influence of excessive impairment on the quality of life and climacteric symptoms of nursing professionals	To describe the general characteristics of nursing professionals and to evaluate how excessive impairment can influence the perception of climacteric symptoms and the quality of life of these women.	This is an analytical cross-sectional study that evaluated 152 nursing assistants and technicians, aged 40 years or older, in 3 hospitals in the interior of the state of São Paulo. In 2017, sociodemographic data were collected and the Blatt-Kupperman Menopausal Index, Women's Health Questionnaire, Medical Outcome Study 36-item short form Health Survey and Effort Reward Imbalance instruments were applied. Descriptive analysis and network analysis were performed.	The presence of excessive impairment seems to influence a negative perception of climacteric symptoms and a worse quality of life.
5	Sexual function and quality of life in climacteric women	OBJECTIVE: To analyze the relationship between sexual function and quality of life in climacteric women.	This is an observational, cross-sectional, analytical study. Data collection was carried out with 20 climacteric women aged 38 to 60 years. Questionnaires containing sociodemographic data, the Female Sexual Function Index to assess sexual function, and the World Health Organization Quality of Life (WHOQOLBREF) were used to analyze quality of life.	It has been found that in women who have a reduced quality of life, the impacts of sexual dysfunction are greater. (AU)
6	The influence of climacteric	The objective of this study was to	This is a descriptive, quantitative, cross-sectional and	In the results, it can be observed that most of the women



	symptoms on women's health	describe the influence of climacteric symptoms on the quality of life of women in this phase of the reproductive cycle.	epidemiological study that began after a favorable opinion from the Ethics Committee under the number 1,655,600.	presented moderate to severe symptoms, totaling 60.9% according to the Kupperman and Blatt Index, and that most of the participants, 52.9%, presented mean response in the QSM above the general average of the population studied, which indicates that the symptoms experienced at this stage of life lead to changes in their quality of life.(AU)
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Source: Authors (2023)

5 DISCUSSION

5.1 BEHAVIORAL AND PHYSIOLOGICAL CHANGES DETERMINED BY THE FEMALE BIOLOGICAL CYCLE; CLIMACTERIC AND MENOPAUSE

The drop in the level of estrogen in the blood during the climacteric period leads to the woman having symptoms that vary according to each woman, the symptoms include ovarian failure, the termination of reproductive capacity, vasomotor instability, decreased psychological function, forgetfulness, urinary tract infections. Regarding cultural and ethnic differences, the severity and frequency of these symptoms vary in different countries⁷.

Factors such as genetics, dietary habits, activity level, and daily exercise cause differences in the natural age of menopause in various communities. Low self-efficacy, extensive cultural conflicts and socioeconomic inequalities, inequalities in belief and gender, knowledge of the menopause process and stressors are the factors that can influence quality of life (QoL) during menopause⁵.

A large part of the female population has symptoms in the climacteric phase and menopause, and some of these symptoms are considered severe enough to have an impact on physical and mental health. These symptoms impact women's QoL and include hot flashes, vaginal dryness, joint pain, fatigue, lack of sleep, irritability, and depression. Many women experience an idiosyncratic set of such symptoms⁷.

Low economic status can be considered as one of the main factors contributing to increased severity of climacteric/menopausal symptoms or a longer duration of menopausal symptoms. Their finding is also similar to that reported by Alves et al. (2015)⁴, who state that nicotine dependence and smoking can cause the severity of menopausal symptoms among postmenopausal women who smoke. However, smoking has antiestrogenic properties, which can cause health risks associated with menopausal symptoms⁷.

A high level of physical activity can reduce the symptoms of menopause; as well as relaxation and meditation. Aerobic exercise induces weight loss and increases the severity of hot flashes and reduces the risk of memory problems. It should be noted that exercise and physical activity in this



group of women lead to increased social relationships, and aerobic exercise in a group leads to improved quality of life in women⁸.

Menopause hormone therapy (MHT) can effectively decrease these symptoms by decreasing or eliminating 80% to 90% of symptoms compared to other medical interventions. However, this therapy requires medical access and economic means that are not always available to all women, especially in areas of greater vulnerability. Even when patients have access to a doctor, doctors do not always know how to prescribe hormone replacement therapies or feel safe due to the increased risk of heart disease, breast cancer, endometrial cancer, and thromboembolic events such as stroke⁹.

Menopausal Latin American women scored higher on menopausal symptoms than American women. About 72% of Latin American women did not consult a doctor and preferred to accept the signs and symptoms of menopause as inevitable and immutable or as something they simply have to live with¹⁰.

It estimates that more than 70% of the population in the developing world still depends on complementary systems and alternative medicine¹⁴. Cultural practices, beliefs, and difficulty in access lead to self-care or home remedies. Even in a first-world urbanized area, 22.1% of women in a population-based survey reported using one of eight alternative therapies to improve menopausal symptoms¹¹.

Physical activity may not be considered when discussing "complementary and alternative medicine," but its broad spectrum of health benefits is well documented. We confirm that there is evidence of the efficacy of regular physical activity in the primary and secondary prevention of various diseases and reduction of the signs and consequences of menopause⁹.

Walking and yoga were effective in improving positive affect and quality of life related to the climacteric phase and menopause phase and reducing negative affect. Women who experienced decreases in menopausal symptoms during the study also experienced improvements in all positive mental health and quality of life outcomes and reductions in negative mental health outcomes. Women who exercise regularly report improved decreases in hot flashes¹².

Although physical activity has a positive impact on quality of life during the climacteric and menopause phases, few studies have been conducted on how to encourage sedentary women to practice activities at this stage of life¹². Women who do not practice physical activity will have an outcome, with physical symptoms more experienced and complained about, among other dimensions in the postmenopausal period and more frequently during this period, such as muscle and joint pain. It seems that factors such as reproductive hormones play an important role in this regard. As a result, drastic changes in hormones occur, including a severe reduction in estrogen, leading to physical symptoms during this period¹².



5.2 FACTORS ASSOCIATED WITH QUALITY OF LIFE IN CLIMACTERIC WOMEN

The WHO defines quality of life as "the individual's perception of his or her position in life in the context of the culture and value systems in which he or she lives and in relation to his or her goals, expectations, standards, and concerns." Quality of life is a phenomenon that affects an individual's physical health, psychological state, level of independence, social relationships and personal beliefs, and their relationship with the outstanding characteristics of their environment¹³.

Quality of life means playing a significant role in the conduct and evaluation of health interventions. A study on quality of life may mean a path to designing more effective rehabilitation programs. New developments in the medical and social sciences suggest that life expectancy has increased worldwide. Today, many women spend a third of their lives after menopause. Therefore, the quality of life of postmenopausal women is of great interest to public health^{12,13}.

As seen, menopause is an episode in a woman's life that has physical, psychological, cultural and social consequences, affecting QoL. The symptoms experienced during menopause and sociodemographic characteristics affect QoL in postmenopausal women. The primary effects of menopause are associated with decreased estrogen production¹⁴.

The main problems presented by postmenopausal women include vasomotor symptoms, urogenital atrophy, osteoporosis, cardiovascular diseases, cancer, insomnia, decreased cognitive function and sexual problems^{13,14}. Hormonal changes begin during the transition between climacteric and menopause and result in physiological changes and include various symptoms. The symptoms can be distressing, especially because they occur at a time when women play important roles in society, the family, and the workplace¹⁵.

Menopause-related conditions lead to reduced quality of life among women. Several studies have revealed a set of factors that may be associated with QoL. Contradictions can, however, be found in different studies; because they can be related to the cultural, social, economic and even political aspects in which women are inserted^{14,15}.

5.3 THE MAIN NURSING DIAGNOSES AND NURSING INTERVENTIONS IN CLIMACTERIC WOMEN'S HEALTH

Many women do not realize the need to seek assistance in the perimenopausal period; For a necessity arises when one sees a difference between the situation considered optimal and the actual situation observed. The felt need refers to the perception that people have about their health problems or what they want to receive from health services. Unlike a need that is not felt, there is a need that people do not perceive, but that must be satisfied in order to maintain, restore or improve their health¹⁶.

Most women don't realize the need for prevention or early detection of health problems. The act of non-prevention, in turn, represents a significant burden on health systems and society due to



high health care costs, decreased quality of life, and premature death¹. Women start to seek health services when they have symptoms that impact their quality of life².

A number of women in the climacteric phase experience important biological, psychological and social changes; 50-70% report climacteric symptoms, 45.6% depression and other mood and sleep disorders, 31.1% suffer from hypertension, 16.7% suffer from diabetes; The prevalence of hip fractures secondary to osteoporosis is 169 per 10,000 women-years, breast cancer is 27.4 per 100,000 women-years, and cervical cancer is 19.2 per 100,000 women-years¹⁷.

The situation can be aggravated if we consider that most women have little knowledge about climacteric and the necessary prevention measures, and the low incentive of health professionals to talk about the subject with women and encourage changes in behavior and healthy lifestyle practices¹⁷. The transition to the menopausal phase linked to the presence of clinical risk factors considerably affects women's lives, and technology-supported nursing intervention can be a promising, safe and low-cost non-pharmaceutical strategy to face this problem in health services. Nursing interventions include weight control, blood pressure control, encouragement of physical activity, and better quality of life³.

Health education emerges as a strategy in primary health care units, and it can also be carried out at fairs or spaces where we can talk about the climacteric with women and thus bring knowledge to the first level of care¹⁸. A study conducted with women who received nursing interventions and technological support, dietary re-education, physical activity, and individual counseling resulted in decreased blood pressure, decreased waist circumference, improved quality of life, and better levels of physical activity¹⁷.

The literature recommends that the design of interventions that use soft technologies and integrate a relevant theoretical basis, which makes it possible to understand and explain the barriers to health behaviors, using client-centered service design methodologies and persuasive systems design principles. However, there are few intervention studies that integrate the interaction between the components of climacteric and menopausal symptoms and quality of life in climacteric women in Latin America, evidencing the need to address this group of women¹⁹.

Frame 4 Keywords : Nursing diagnoses, nursing outcomes and nursing interventions in Climacteric and Menopause; São Paulo, 2023.

NURSING DIAGNOSES	EXPECTED RESULTS	NURSING INTERVENTIONS
Altered sexuality patterns	Increased libido and lubrication	Provide a therapeutic environment that is conducive to the client's sexual health including the psychological, emotional, social, cultural, spiritual components and not just the genitalia and their functioning
Knowledge deficit	Change in routine	Guide them to understand what a diaphragm is, how the intrauterine device (IUD) is inserted, how the pill is used, and whether the injectable hormone is reliable.



Body image disorder	Increased self-esteem	Orientations and changes in habits
Sleep pattern disturbance	Sleep Standardization	Investigate and observe the signs of fatigue and the presence of insomnia, important aspects to be observed in women;
Low self-esteem	Increased QoL	Leisure and sport
Anxiety	Emotional control	Coping/tolerance to stress, the client's reaction to a marital problem and a crisis.
Impaired skin integrity	Hydration	Guide for elimination, data on bowel movement, urination, perspiration/sweating, and vaginal elimination
Altered Comfort	Increased QoL	Listen to and provide guidance on the relationships between the patient and her partner, family, friends and children, as well as the existence of violence;
Risk for Ineffective Control of Therapeutic Regimen	Control and adapt the treatment	Assist in the process of understanding therapeutic support
Maintenance of altered health	Increased immune response	Performing breast self-examination, cervical-uterine examination, regular exercise programs
Altered nutrition: risk greater than body needs.	Changing eating habits	Weight control with good nutrition, low cholesterol diet, counseling on family planning, sexual practices, the importance of regular exercise, the consequences of alcohol and drug use

Source: Authors (2023)

6 FINAL THOUGHTS

The climacteric is another phase of a woman's life, and should be treated and respected. A phase with meanings, physiological, psychological and social changes. Every woman will experience it differently. And personal, social, cultural, economic and political aspects can influence this period that is unique to each woman.

Primary Health Care is the gateway to women's care in this phase, it is up to the nurse as a member of the health team to welcome these women, as they have the necessary theoretical and practical basis to enable the development of actions.

The studies indicate that there is a lack of empathy on the part of health professionals for qualified listening, humanization in care, knowledge, dissemination of preventive practices and application of treatments. Women seek care only after presenting symptoms, do not do prevention and feel ashamed of the process they are experiencing.

In the nursing consultation, it is possible to list the nursing diagnoses, which will increase the safety of women and improve the quality of care. Among the nursing diagnoses, we listed: Altered sexuality patterns; Knowledge deficit; Body image disorder; Sleep pattern disorder: Low self-esteem; Anxiety; Impaired skin integrity; Altered Comfort Risk for control; ineffective therapeutic regimen; Altered health maintenance and altered nutrition: risk greater than bodily needs.

The identification of nursing diagnoses contributes to the planning and execution of a nursing care plan directed to each woman, which is essential to obtain better quality of care.



The perimenopause phase is characterized by the decline of hormones that cause discomfort that can be relieved by nursing interventions that encourage changes in habits such as quitting smoking, quitting alcohol, blood pressure control, weight control, healthy eating, peaceful sleep, leisure, and better self-esteem.

In order to conclude and respond to the proposed objectives, a booklet was prepared with the purpose of clarifying women about the climacteric phase, the perimopause and menopause period, and the some prevention and quality of life measures in this non-reproductive phase.



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