



## COMPARATIVE STUDY ON THE EFFECTS OF EXERCISE AND PSYCHOLOGICAL COUNSELLING IN WOMEN WITH MENOPAUSAL SYMPTOMS

Priya Kumari and Sanmuga Priya  
Assistant Professor, VISTAS, Thalambur

\*Corresponding Author Email: [priya.m23@gmail.com](mailto:priya.m23@gmail.com)

### ABSTRACT

Women are more prone than men to depression from puberty onwards with a specific exposure across menopausal transition. This study was aimed to document the comparison between exercise and psychological counselling in women menopausal symptom. This comparative study was done between exercise and psychological counselling among 40 women aged from 33-45 years and scored between 26-39 in MRS (menopause rating scale). They were grouped into GROUP A and GROUP B by which they are subjected to exercise and psychological counselling respectively for 3 weeks after which they are again graded with MRS.: The Pre-test value of group A was 45 and Post-test is 41.7. Hence the reduction of menopausal symptoms is 3.3. The Pre-test value of group B was 46.7 and Post-test is 45 Hence reduction of menopausal symptoms is 1.7. Therefore, there is a gradual decrease of menopausal symptoms in group A.

This study indicates that exercise can decrease the prevalence of menopausal symptoms in women around perimenopausal stage and help them to lead a life free from physical and mental stress.

### KEY WORDS

Menopause, perimenopause, psychological counselling, menopausal symptoms

### INTRODUCTION

Menopause literally means the “end of monthly cycles” from the Greek word pausis [pause] and men [month]. The word menopause was coined specifically for human females, where the end of fertility is traditionally indicated by the permanent stopping of monthly menstruations. Pre-menopause is a term used to mean the years leading up to the last period. Perimenopause means before and after the date of final episode of flow”. During this oestrogen levels average about 20-30. Higher than during pre-menopause often with wide fluctuations. These fluctuations cause many of the physical changes during perimenopause as well as menopause. The term postmenopausal describes women who have not experienced any menstrual flow for a minimum of 12 months identified by high FSH level. The menopause mechanism responsible for its

symptoms complex including chronic fatigue, fibromyalgia, depression, tension headache, sleep disturbances, irritability, cognitive changes and vasomotor dysfunctions. Women are more prone than Men to depression from puberty onwards with specific exposure across the menopausal transition. However, controversy still exists in considering fluctuations less of oestrogen as the specific etiologic factor contributing to depression in perimenopause and beyond. Women undergo both mental and physical stress during their peri menopausal symptoms an effective treatment has to be identified in order to overcome these menopausal symptoms.

### METHODOLOGY:

**STUDY DESIGN:** Comparative study

**STUDY SETTING:** This study was held among working women in “sacred heart group of schools” Sholinganallur.

**STUDY DURATION:** The study duration was 3weeks.

**SAMPLE SIZE:** Sample size is as follows

- Total-40
- Group A-20
- Group B-20

**INCLUSION CRITERIA:** Women with menopausal symptoms aged from 33-45 years. Women falling between the range 26-39 in MRS.

**EXCLUSION CRITERIA;** Women under treatment for menopausal symptoms

Women undergone hysterectomy

Women with artificial menopause

**OUTCOME MEASURES:**

Menopause Rating Scale.

Utian Quality of Life Scale.

**MATERIALS USED**

- Spymomanometer
- Inch tape, weight machine

**PROCEDURE:**

Initially it was started with basic assessment of blood pressure and BMI. After which the samples are provided with MRS and asked to fill it which has scorings for the prevalence and severance of menopausal symptoms. Then the valid subjects who scored between 26-39 are selected. They were divided into two groups. Group A and Group B comprising of 20 members in each. Group A is provided with an exercise protocol for 3 times a week for 3 weeks.

Warm up	10-15m	Basic gymnastics
Core session	30-40m	Aerobics exercise Floor exercise, Routines
Session Closing	5-10	Breathing and strengthening exercise

Total session extended between 45-55m. And the Group B is subjected to psychological counselling for 3 sessions which was done under the Utain Quality of Life Scale [UQOL]. After 3 weeks of treatment with Exercise and psychological counselling for Group A and Group B respectively. The females are again provided with MRS for assessment. And the increase or decrease in menopausal symptoms.

**DATA ANALYSIS:**

**GROUP A:**

P value and statistical significance:

P value equals 0.0473

By conventional criteria this difference is considered to be statistically significant.

Confidence interval:

The mean of pre-test minus post-test equals 3.23

95% confidence interval of this difference from 0.042-6.42.

Intermediate values used in calculation:

t =2.0913

df=24

standard error of difference=1.545.

**GROUP B:**

P value and statistical significance:

P value is equals to 0.2519

By conventional criteria this difference is considered to be statistically not significant

Confidence interval:

The mean of pre-test minus post-test equals 1.77.

95% of confidence interval of this difference from -1.34 to 4.88.

Intermediate values used in calculation:

t=1.1740

df=24

standard error of difference =1.504

**RESULTS**

The P value of Group A is 0. 0473.Hence the reduction of menopausal symptoms is 3.23.

The P value of Group B is 0. 2519.Hence the reduction of menopausal symptoms is 1.77.

There is a gradual decrease of menopausal symptoms in Group A which was treated with exercise and a slight decrease of menopausal symptoms in Group B treated with psychological counselling, Therefore it is proved that exercise is effective than psychological counselling in reducing menopausal symptoms

---

**DISCUSSION:**

Exercise is more important than ever as you go through menopause. When you are going through menopause with all its uncomfortable symptoms, like hot flashes and mood swings- you may not feel very motivated to exercise but regular physical activity can actually make menopause symptoms more bearable says Lisa Avellino, a personal trainer and fitness director for the New York health and wellness centre in Harrison

“Women in menopause are often unsure of their health- they may not feel in control of their bodies” She says: Exercise is a great way to help regain some of that control”.

Aerobic exercises are activities that get your heart rate up and your lungs working harder, according to the American Heart Association. Walking, Bicycling, are good examples of cardio exercises. Cardio exercises burn a good amount of calories, helping to prevent weight gain-which many women experience during menopause.

Strength training, Muscle building exercise are particularly important for women going through menopause because they help slow the normal bone loss that can eventually lead to brittle bones according to the National Institutes of a Health. Strength training can also help preserve lean muscle, which often starts to dissipate in middle age,

Stretching and flexibility: Although it’s important to stretch your muscles before and after a workout session, it can also be done as a part of your daily routine. Avellino says it preserves your body range of motion and keeps your joints flexible. Symptoms occur in conjunction with changing hormones especially oestrogen and progesterone. Ovarian oestrogen levels fluctuate before eventually declining and progesterone levels decline as ovulation occur less.

---

**CONCLUSION:**

This study indicates that exercise can decrease the prevalence of menopausal symptoms in women around peri menopausal stage and help them to lead a life free from physical and mental stress.

---

**REFERENCES:**

1. Syeda fakhar batool.et al 2014 “perception of menopausal symptoms among educated versus non-educated women by using menopause rating scale”.
2. Emmanuel amabebe. Sonia I. Osayande 2014 “Relationship between menopausal sweating and body mass”
3. Jennifer Acosta scott, Rev by niya jones MD.2013 “The best exercise for menopause”.
4. Karina Giane Mendes et al 2013 “Menopausal status and metabolic syndrome in women in climacteric period treated at a clinic in southern brazil.”
5. S.L Jaffe et al 2013“Menopause cessation of menses vs menopause a primary brain disorder?”
6. Judith M. Rodriguez- villabos et al 2013.” Aerobic exercise programme on blood lipids in women between 40-55 yrs old”
7. Daley A et al 2009 “the rule of exercise in treatment of menstrual disorder the evidence”
8. Bruce E. blanie et al 2009 “Weight loss treatment and psychological wellbeing (in review and meta-analysis)
9. Mary Kathleen B et al 2009” Stress, quality of life and physical activity in women with varying degree of premenstrual symptomology.
10. Precilla Y .C Choi et al 2009” Psychological benefits of physical exercise. implications for women end the menstrual cycle”
11. Sue kim et al 2009 “Role of social determinants and life style on women metabolic risk during the premenopausal transtition results from a cohort study.”
12. Simoni T.bittar et al 2009 “Physical exercise with free weights and elastic bands can improve body compositions parameters in postmenopausal women :WEB protocol with a randomised control trail.”
13. Gavin jack et al 2008 “Menopause in the work place, what employees should be doing”
14. Indra jai Prakash et al 2008 “Menopause: a fresh look at the much misunderstand phenomenon”
15. Linda ganon et al 2008 “The potential role of exercise in the elevation of menstrual disorders and menopausal symptoms”.
16. Mandy High Tower B A.et al 2008 “Effects of exercise participation and menopausal pain and symptoms”

**\*Corresponding Author:**

**Priya Kumari\***

Email: [priya.m23@gmail.com](mailto:priya.m23@gmail.com)