

UNVEILING THE SENSES AND MEANINGS OF THE CLIMACTERIC IN CORONARY WOMEN

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ABSTRACT

The climacteric is composed of specific symptoms that trigger on woman interactive processes and significant that influenciam your ID condition. The objective of understanding the meaning attributed to the women about menopause/menopausal and coronary heart disease. We used the symbolic interactionism backed in the content analysis method and the technique of focus groups in twenty-five (25) women. Identified five categories: Right ignorance; Aging and illness; Process of change; Feelings of disorder in the physical and emotional well-being and the menopause has linked with coronary heart disease. Women failed to express the climacteric phase as a deep vulnerability that favors the susceptibility to symptoms, disorder, and adaptation, manifested by biological and emotional malaise, associated with aging and diseases. Women have established a link between menopause and coronary heart disease, suggesting that heart disease is the cause and/or consequence of climacteric. The menopause and heart disease require more skilled attention that transcends the biological aspects of health care, promoting integral care and closer to their needs, including their singularities.

Keywords: Climacteric. Menopause. Coronary disease.

INTRODUCTION

Intercultural studies show that the perception of the climacteric varies between cultures both from experience during menopause and its social conception. The conception about the climacteric allows apprehending that the discourses reveal cultural perceptions varied according to the type of discourse⁽¹⁾.

Although climacteric is a natural phase of life, 60 to 80% of women report symptoms related to hypoestrogenism, especially vasomotor, genitourinary, sexual, joint, palpitation, fatigue, dizziness, headache, anxiety, irritability, insomnia, depression, among others. However, it is recognized that the quantity and intensity of climacteric symptomatology are related not only to the basal hormonal levels of each woman but also to the ethnic, cultural, social, psychological, affective and professional aspects⁽²⁻⁾. It is also assumed that with aging and the presence of comorbidity as a heart disease, the climacteric symptoms may increase and the level of satisfaction decrease. Also, the complaints can be intensified by atypical cardiac symptoms such as shoulder, back, arm pain and fatigue⁽⁴⁾.

The increased risk of coronary disease in women older than 50 years old seems to be related to

menopause, due to estrogenic deprivation, related to cardioprotection, besides being able to affect lipid metabolism and activation of coagulation and vasoactive mediators. However, the relationship between menopause and risk factor for the coronary disease is still unclear⁽⁵⁾. It is necessary to understand the related aspects that have repercussions in the lives of climacteric women, considering the presence of comorbidity, such as heart disease, as well as possible psychological problems, with the prospects of improving their quality of life and healthy aging⁽⁴⁾.

Also, it is known that there are differences between the genders, not only in the clinical manifestation of heart disease but also in the therapeutic approach or the way to respond to a cardiac event. Therefore, it is based on the principle of a close relationship between the perception of climacteric manifestations and symptoms and coronary heart disease since these episodes constitute important forms of expression of gender inequalities and access to health care.

The concern to develop this theme comes from the following questioning: *What meaning do coronary women attribute to menopause?* It is believed that studying this complex and multifaceted process, embedded in the biological, psychological, historical, social, cultural, and

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subjective dimensions of coronary climacteric women, can help us to understand how this phase of life happens - the climacteric. The objective was to understand the meaning attributed by women with coronary artery disease to climacteric/menopause.

METHODOLOGY

A study carried out in the university hospital of Maranhão with women diagnosed with the coronary disease and presenting climacteric symptomatology considering the Menopause Rating Scale- MRS⁽⁶⁾. The women were interviewed individually at the cardiology outpatient clinic of the referred hospital while they were waiting for the medical appointment when the researcher presented and invited them to identify the symptoms they recognized they had experienced in the last year (12 months). According to MRS, the following question was asked: *“Which of the following symptoms, and to what extent, would you say you felt them in the last 12 months?”* Data collection took place during the period of June and August 2013. The MRS, validated in Brazil, contains 11 items referring to climacteric symptoms being evaluated in degrees of intensity, with a graduation interval of 0.1 to 1.0.

The inclusion criteria were women between 45 and 65 years old, reference of climacteric symptoms and having coronary disease confirmed by coronary arteriography. Those of exclusion were speech difficulties; mental disorders and patients with hormone replacement therapy in the last five years.

Participants were also investigated for menopausal status and history of depression, and to do so, it was sought to identify a history of previous depressive episodes through the following question: *“Have you ever had depression or taken medication for depression?”* Of the total number of women contacted, three (03) were excluded due to having undergone oophorectomy and five (05) to hysterectomy. Eight women reported having had depression; all had treatment, 01 (one) remains in treatment. All the women identified climacteric symptoms in MRS. The women selected for the focus group were contacted by telephone and invited to continue participating in the study. Six (06) focus group sessions were held with a total participation of 25 women; being 3 to 6 per group. The groups are made in a reserved room respecting privacy; with a minimum duration of 50 minutes and a maximum of 1 hour and thirty-four minutes.

They were guided by a research team consisting of the researcher, a psychologist, and two nursing academics. All group sessions were recorded through audio recordings and transcribed in full. Discussions were driven by strategically timely questions: *What do you know about menopause/climacteric? What do menopause and climacteric mean to you? How is it for you to be in menopause/climacteric? Do you attribute any symptoms to climacteric/menopause? Do you think the menopause/climacteric interfered with heart disease?*

The success of a focal group is guided by its systematic planning, involving number of participants, assurance of ethical precepts, preparation of the environment, duration of the meeting and the correct delineation of the functions and preparation of the team responsible for the development of the focus group, highlighting the role of the mediator and the reporter⁽⁷⁾. It was based on the theoretical conceptions of Symbolic Interactionism backed by Bardin's method of content analysis⁽⁸⁾, being organized in pre-analysis, material exploration, treatment, inference, and interpretation. In the pre-analysis, the first activity was called “floating” reading, consisting in establishing contact with the expressed content and “sense nuclei” were identified that make up the communication. The clipping, aggregation, and enumeration allowed to apprehend the following categories: Certain ignorance; Aging and illness; Process of changes; Feelings of disorder in physical and emotional well-being and menopause are linked to coronary heart disease. The inference and interpretation were based on the readings referring to the themes of gender, feminine identity, climacteric, menopause, coronary disease, and symbolic interactionism.

The interactionist perspective was used to reveal the meanings that women attribute to the situations experienced (Menopause and coronary heart disease), valuing the language of the speech and the learned symbolic language of its behaviors in the interactive processes, with themselves and with the society in the diverse social contexts. In symbolic interactionism, the characteristics of language are predominantly related to interaction and culture, emphasizing the understanding of phenomena and valuing interpretations in social interaction processes⁽⁹⁾.

The study was approved by the Research Ethics

Committee of the University of São Paulo at Ribeirão Preto College of Nursing (EERP-USP) under number 293,900.

RESULTS AND DISCUSSION

Most women were in the older age group, with a mean age of 58 years old, with a stable union and low education, performing domestic services in their homes, Catholic, with a mean age of menarche at age 13, and with menopause at 45 years old. Among the participants, there was a maximum of three abortions and ten children.

When analyzing all the data obtained in the focus groups, it was observed that climacteric and menopause for the women studied were an unknown subject, but at the same time they were related to the aging process and illness, in which women underwent an intense process of changes capable of generating feelings of disorder in physical and emotional well-being, and associated with heart disease.

a) A lack of knowledge about the climacteric/menopause terms

Although it is a phase common to all, it was observed in this research that there was a certain lack of knowledge by some women about the term “climacteric” and “menopause”, most understand that this involves menstruation, as described in the lines:

I've heard of menopause, climacteric I do not understand anything. I had menopause at 43, I stopped menstruating, but I did not have much, I have a daughter who feels it, I do not feel anything. I did not have many things. When the blood comes down, the person has many pains in the leg, fever, when it does not go down, it gets trapped, it's the menopause. You have to have a treatment about it (P5).

[...] it is the end of our menstrual cycle that is coming, we have to prepare ourselves for that too, that this menstrual cycle will end and it will stop producing certain type of hormone that we have when menstruating. Then all this, it is the end of a phase to begin another (P19).

To tell the truth (smile) I do not understand anything, I only know that menopause is when we stop menstruating, I stopped at 48 (P24).

Women reported a relationship between climacteric and menopause, associating it with a hormonal alteration and aging.

The unawareness of climacteric has been observed in some studies⁽¹⁰⁻¹¹⁾. For example, a study carried out by 22 health professionals showed that in their perception, women seek health services mainly due to the typical symptoms and complaints of this phase, and doubts about a possible gestation. The level of women's knowledge is low, most are unaware of the real meaning of climacteric, and live in silence or provided with little information, and this lack of knowledge may be the cause of fear, anguish, and reaffirmation of a negative view about the climacteric and menopause.

The questions related to the meanings of climacteric, menopause, and perimenopause were presented to women as a mere accessory, reflecting the fragmentation and imprecision of the knowledge that until today is added to the theme. This fact necessarily obliges the researcher to move in a multidisciplinary, unstable or even very unknown field.

b) Aging and illness

It was observed that women can not define climacteric and usually express a negative connotation of menopause, adding even the notion of disease. This meaning of aging and illness is translated into complaints with different forms and intensity such as feelings of warmth, sadness, insomnia, and depression, including associating it with other diseases, such as diabetes. A conception of passage to a phase that has no turn is maintained, focusing much on the clinical manifestations of difficult acceptance and resistance, evoking feelings of impotence and discouragement.

The menopause for me was very uncomfortable, I had several problems, such as heat, agony, insomnia, even lack of appetite I had, but I did not have bleeding, not these things exaggerated,. When it stopped, it was all at once. Then I feel this terrible heat, I already tried, but I never took hormone, I do not want to. The menopause is this (P10).

I feel a lot of heat, sadness, depression because of age, old age, forgetting things, we get hot, instead of bringing joy, it brings sorrow to us, sometimes we even want to cry (P17).

For me it's not okay because I feel now that I'm diabetic. Before, I had nothing of these problems, after the menopause, they appeared. Everything appeared (P14).

For the women in this study, menopause is a process of aging and illness, usually taken as a bad experience reflected in the body and mind,

experienced by them or apprehended by interactions with family and friends. Every season of life is a cycle, a phase with its characteristics, never completely repeatable, in which appear potentialities, and when they do not find an environment or favorable situations, slowly fade, fade away, until they disappear⁽¹²⁾.

c) Process of changes

The recognition of the changes in the body, through symptoms and sensations, reflects the difficulties and malaise experienced, reinforce and signal menopause as a prelude to finitude, something in their lives such as gestating and giving birth, and the beginning of inclement weather in personal health. The women announce that they live this moment as a different period, marked negatively by the end of an important phase of their lives and they point out symptoms that do not have relation with the climacteric or the menopause and, probably, not even with the coronary disease, but with another alteration or health problem. The content of women's talk about the significance of menopause and climacteric reveals that they have a new way of thinking and acting that drives them to a distancing from their being. The issue of infertility and disability appears in their descriptions:

Menstruation is health for the woman, right, when the woman stops, there's a woman I see complaining that she feels a lot of menopause thing: headache, heat, a lot of body spike, numbness in the foot (P23).

I'm twenty-three years old, I stopped menstruating, so I became a man (smile). It's like being well (P20).

I think like this: that since I did not menstruate anymore, I think that this blood has nowhere to go, right, it circulates little, it thickens the blood (smile) that is my point of view, when I menstruated, I did not feel these things, I did not get tired, I always worked in the houses, cleaning, taking care of the children, the three children, I did not feel (P1).

The meaning of menopause is determined not only by the chronology and interruption of menstruation but also by the social and cultural condition in which the woman is inserted, as well as being part of a process affected by shared individual singularities. These expressions reinforce that in their imaginary negative meanings predominate on this phase, including associating it with other diseases. Changes related to this phase of the life cycle affect and affect women's feelings, the quality of their lives, family and group relationships. For

these women, menstruation is strongly related to gender identity and the concept of being healthy, well-being, youth, and vitality, as a symbol of feminine identity, fertility and procreation, valued characteristics in our culture.

Therefore, menopause is perceived and felt with reservations, they think and elaborate these meanings, based on cultural values, with negative signs, confusing existential values and concepts, especially when, throughout life, they were encouraged to face the reproductive capacity as the most important female function.

It is important to emphasize that climacteric women do not dissociate this phase from aging, and this period is now seen as a threat and loss of reproductive capacity, youth and femininity, now understood as an opportunity and possibility for renewal and fulfillment. The climacteric is part of the process of living, and there is difficulty separating it from the experiences of old age and the aging process. The idea remains that the woman, after the menopause, loses her youth and vigor, contributing to create ambiguities.

Finally, menopause is associated with the end of the reproductive cycle, and its concept is carried by images, words, gestures impregnated with pathological, negative or derogatory contents. It is considered a period of suspension of fertility and departure of the children, which contributes to the disqualification of the woman, with peculiarities, symptoms, experiences and individual implications, characterized as a process of physical, social, spiritual and emotional changes⁽¹³⁻¹⁴⁾.

This period of changes is based on the physiological demand of the female body in general, associated with changes in the maternal role. Taboos and prejudices permeate the conceptions about women in the climacteric. The very structure of the services does not consider the differences inherent in masculinities and femininities, nor do they consider the peculiarities of each's experiential situation. This social and historical body must be understood and attended in its different specificities. Health technologies have improved intervention techniques on the biological body without considering its cultural constituents. The effectiveness of preventive and therapeutic care depends on the body's understanding of its complexity. Thus, it is critical that the analyzes consider the plurality of experiences of women and men in health services and their correlations with the promotion of gender equity in health⁽¹⁵⁾.

d) Feelings of disorder in physical and emotional well-being

Feelings of disorder in physical and emotional well-being are observed. Emotional complaints such as sadness, irritability, crying and depression characterizes the existence of a physical and emotional exhaustion, with a meaning of psychological suffering. Women recognize the changes they have undergone and describe them as a negative experience. The testimonies reveal the perpetuation of myths as well as the idea that menopause and climacteric are processes filled with mystery, ambiguities, and contradictions, as they describe their symptoms and reaffirm the lack of knowledge and preparation necessary to deal with this new phase of life. The exacerbation of negative aspects of this phase can be originated by an erroneous concept, passed from generation to generation, or even by a reproduction of overvalued and not properly characteristic symptoms of that phase. Menopause is perceived as an event surrounded by uncertainty and ignorance, and this makes the experience of this phase more difficult.

In my case, the menopause began at 39 years old. I do not know what menstruation is now. That's the blood problem, right? The menopause, when we go early, we feel very bad because I felt that way, a lot of things in the skin, a lot of itching (P23).

I feel my hands numb. I do not know if it's related, I do not know, the spots on my leg I think it's from menopause, because when I started menopause, it started to appear, it has five years old (P25).

What I've heard is that my mother, my grandmother used to say that she can not have children, when she's getting old, she's lost her blood, her weakness comes, then the blood stops, there are people who even need blood(P1).

People are constantly influenced by other people, sometimes overcoming individual differences altogether, acting as a determinant of human behavior, and this social influence has a powerful impact on people⁽¹⁴⁾. Thinking is an act of individual consciousness, formed through words, concepts, and senses of a language, but it is also a collective act since the categories of thought are given by culture. The meanings of words are not fixed and permanent, on the contrary, they have the potential of variation, of producing new meanings^(15,16)

From this perspective, menopause is still perceived as an event surrounded by uncertainty and

ignorance, making the experience of this phase more difficult. It is understood that it can not be considered as a simple and homogeneous process, but rather a singular phase in which women's experiences in their relationships and interactions must be analyzed, as well as the degree of vulnerability of each one, personal and relatives. Numerous affective and cognitive elements interact with diverse social tasks and roles, creating an atmosphere of meaning for situations in which the signs and meanings of the imaginary are evoked at all times.

Sometimes our thoughts are a jumble of contradictory reactions. It is not at all simple to look inside; it is often difficult to know exactly how we feel or why we are doing something, we look out for the social environment. Not only do other people influence our opinion of ourselves, but we influence the image they form of themselves. Much of what we know about the world can be influenced by others⁽¹⁴⁾.

The moment the woman puts herself before the disease implies great repercussions in their life, projected to the encounter of support, security, comfort, and help of the family. There is evidence that social support acts as protection for human health, and perceived as a treatment provided by the health professional⁽¹⁷⁾.

When the woman and other people in her household are unaware of the repercussions of climacteric/menopause in a woman's life, family relationships and her circle of friendship may be adversely affected. The lack of knowledge and social prejudice about the changes that occurred at this stage constitute barriers, affecting care for their health and, consequently, impairing their quality of life⁽¹⁸⁾.

In fact, climacteric is a phase of profound vulnerability for women, favoring susceptibility, making them more prone to irritability, nervousness and mood changes, and the symptoms are more intense in women with chronic diseases⁽¹⁹⁾. Depression is considered a risk factor for heart disease in climacteric women. Consensus for the treatment of depression in the Brazilian population indicates that appropriate medication and behavioral intervention are commonly effective and that the combination of the two decreases the recurrence rate of heart disease. There is no available evidence demonstrating that the treatment of depression should be different in women with heart disease,

which is known to be an increased risk of adverse cardiovascular events in those receiving treatment for depression. Therefore, more careful cardiologic care should be prioritized to reduce risk in depression and promote actions for adherence to treatment and lifestyle changes⁽²⁰⁾.

e) Relationship between menopause and coronary disease

It was found that, during focus group discussions, women established a link between menopause and coronary heart disease, suggesting that heart disease is the cause and/or consequence of that phase. This is because the content of their stories announced that, at this stage, something was not going well:

Menopause affects a lot of people, menopause gives us a lot of trouble, it gives us heat, it gives a bad feeling, it gives us sadness, that bad thing in our breasts, it gives us a lot of bad things, it gives us a lot of sadness. Sometimes we even think that our heart problem is the problem of menopause (P17).

I've heard of menopause, I know is that I feel very hot, body aches, pressure problem, heart problem, forgetfulness as well. It could be because of the menopause, right? I feel hot, I feel high blood pressure, heart problem, that's what I feel. I started to feel the heart after I stopped menstruating, I felt my heart beat with those strong pats, it passed fast, I did not feel the time, it was getting stronger and stronger, I went to look for Dr. (name) and I began to take treatment with him, that's when I stopped menstruating (P18).

It was observed in this study that cardiac climacteric symptoms were few reported in the focal groups in the context of the climacteric. This puts us before the dialectic between overvaluation and undervaluation of symptoms, between generalization and specificity, between aging, climacteric and coronary disease. It is acceptable that in the experience of each one there are elements of homogenization and particularities that depend, besides of age, hormonal fluctuation and vulnerability of heart disease, physical and emotional conditions, social, psychological and cultural aspects built and behavior, and, in this case, especially to the origin of the symptomatology presented. Even though cardiac climacteric symptoms do exist and women can establish a relationship between menopause and heart disease, the symptoms can easily be confused with heart

disease itself and may be overvalued or underestimated, since they may be imbricated.

Introspection, the search for understanding one's own subjectivity and re-signification of oneself, are processes that can help women find new growth at this stage of their lives, leading to emotional and spiritual growth capable of overcoming the connotations of organic and psychological loss⁶. It is necessary to understand the related aspects that affect the lives of climacteric women, considering the presence of comorbidity, such as coronary disease, as well as possible psychological problems, with the prospects of improving their quality of life and healthy aging⁽²¹⁾.

From this perspective, to see is to understand that women are sociocultural subjects, with a consciousness linked to the known and perceived world interacting through ways of acting, thinking, dreaming, judging, interpreting, understanding and living, responding and giving meaning to the situations presented and experienced as climacteric and coronary disease. The sharing of experiences may enable the construction of new knowledge, fundamental for the construction of the social world.

FINAL CONSIDERATIONS

The climacteric narrated through own experiences by the parental bonds was defined as a difficult phase, impregnated with physical and emotional symptomatology, an important marker of change in the state of health (illness). Women reported a relationship between climacteric and menopause, associating it with a hormonal alteration related to aging. A phase of profound vulnerability that favors the susceptibility to symptoms, changes in the body, in the well-being, which foreshadowed aging and illness, made up of several signs, which allow to identify characteristics such as sickness, revealing as a period of self-evaluation, disorder and adaptation, giving it a condition of not being able to go completely unnoticed.

Women have established a link between menopause and coronary heart disease, suggesting that heart disease is the cause and/or consequence of climacteric. Even though cardiac climacteric symptoms do exist, these symptoms easily appear to be confused with heart disease, and may be overvalued or underestimated, as they may be imbricated.

The woman who experiences these two

phenomena, climacteric and heart disease, needs a more qualified care that transcends the biological aspects of health care, favoring an integral care closer to their needs, and contemplating their singularities. Considering these issues in health care services offers a new perspective for planning strategies for health promotion, identification and early detection of signs and symptoms, with implications for the satisfaction and use of health care. Family members, friends and health professionals are important elements at the moment, presupposing respect for these experiences and a

sensitivity inherent in the affective and care process.

As limitations in this study, the peculiarities of qualitative research such as the knowledge of a specific group's reality, the fragmentation of specific and predefined fragments and moments, the geographic region and the space for data collection are highlight. The generalization of the findings is limiting, but it is suggested that the research proposal be extended to other realities, services and other social markers, such as family members or health professionals.

DESVELANDO OS SENTIDOS E SIGNIFICADOS DO CLIMATÉRIO EM MULHERES CORONARIANAS

RESUMO

O climatério é constituído por sintomatologia específica que desencadeia na mulher processos interativos, significantes os quais influenciam a identificação de sua condição de saúde. Objetivou-se compreender o significado atribuído pelas mulheres sobre o climatério/menopausa e doença coronariana. Utilizou-se o interacionismo simbólico respaldado no método de análise de conteúdo e a técnica de grupos focais com 25 mulheres. Identificaram-se cinco categorias: Certo desconhecimento; Envelhecimento e adoecimento; Processo de mudanças; Sentimentos de desordem no bem estar físico e emocional e a menopausa tem ligação com a doença coronariana. As mulheres não conseguiram expressar o climatério como uma fase de profunda vulnerabilidade que favorece a suscetibilidade a sintomas, desordem e adaptação, manifestada por mal-estar biológico e emocional, associada ao envelhecimento e às doenças. Estabeleceram uma ligação entre a menopausa e a doença coronariana, sugerindo que a doença cardíaca se constitui como causa e/ou consequência do climatério. O climatério e a doença cardíaca necessitam de uma atenção mais qualificada que transcenda os aspectos biológicos da assistência à saúde, favorecendo um cuidado integral e mais próximo de suas necessidades, contemplando as singularidades.

Palavras-chave: Climatério. Menopausa. Doença das coronárias.

REVELANDO LOS SENTIDOS Y SIGNIFICADOS DEL CLIMATERIO EN MUJERES CORONARIAS

RESUMEN

El climaterio es constituido por sintomatología específica que desencadena en la mujer procesos interactivos, significativos que influyen en la identificación de su condición de salud. El objetivo fue comprender el significado atribuido por las mujeres acerca del climaterio/menopausa y de la enfermedad coronaria. Se utilizó el interaccionismo simbólico basado en el método de análisis de contenido y la técnica de grupos focales con 25 mujeres. Fueron identificadas cinco categorías: Algún desconocimiento; Envejecimiento y enfermedad; Proceso de cambios; Sentimientos de desorden en el bienestar físico y emocional; y la menopausa tiene vínculo con la enfermedad coronaria. Las mujeres no consiguieron expresar el climaterio como una fase de profunda vulnerabilidad que favorece la susceptibilidad a síntomas, desorden y adaptación, que se manifiesta por malestar biológico y emocional, asociada al envejecimiento y a las enfermedades. Establecieron un vínculo entre la menopausa y la enfermedad coronaria, sugiriendo que la enfermedad cardíaca se constituye como causa y/o consecuencia del climaterio. El climaterio y la enfermedad cardíaca requieren atención más calificada que trascienda los aspectos biológicos de la atención a la salud, promoviendo un cuidado integral y más próximo de sus necesidades, incluyendo las singularidades.

Palabras clave: Climaterio. Menopausa. Enfermedad coronaria.

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