Comparison of Gynecologic Problems Among Geriatric and Non-geriatric Postmenopausal Women

Jinekolojik Sorunlar Açısından Geriatrik ve Postmenopozal Nongeriatrik Kadınların Karşılaştırılması

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ABSTRACT

Introduction: The purpose of this study was to compare the complaints and diagnoses of non-geriatric and geriatric postmenopausal women who applied to gynecology clinics.

Materials and Methods: One hundred and sixty eight postmenopausal non-geriatric patients between the ages of 41-64 and 133 geriatric (65 years and older) patients who applied due to a gynecological problem to the gynecology clinic of a university hospital between January 2011 and December 2012 were evaluated in this study. Age, pregnancy, birth counts and the resulting diagnosis received following patient examination were obtained from patient files and compared.

Results: The average of the geriatric and non-geriatric group’s age was detected to be 71.4 ± 6.1 and 49.9 ± 5.0 years, respectively (p < 0.001). Complaints such as urinary incontinence and vaginal fullness were evaluated as 15.0 % and 27.3 % in the geriatric group. These complaints were evaluated as 6.0 % and 5.4 % in the non-geriatric group. Complaints of urinary incontinence and vaginal fullness in the geriatric group was higher than the non-geriatric group (p < 0.05). Also urinary incontinence in the geriatric group was higher than the non-geriatric group (13.5 % -5.4 % respectively) (p = 0.024). Urge incontinence was mostly seen in the geriatric group, and stress and mixed incontinence were similar in both groups. Pelvic organ prolapse and genital tract malignancy in the geriatric group were higher than the non-geriatric group (p < 0.05).

Conclusion: The fact that urinary tract dysfunction, pelvic floor disorders and genital system malignancies are seen mostly in the geriatric period poses as a women health issue on its own. However, changes in tissue milieu due to aging causes difficulties in the application of treatment procedures posing as an additional obstacle. By performing gynecological examination routinely in geriatric patients earlier diagnosis for early treatment of potential problems can be achieved.

Key Words: Geriatric, postmenopausal, gynecological symptoms, gynecological diagnosis.

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INTRODUCTION

Many changes are seen in the genital system of women with age. Due to increased postmenopausal periods and life span the probability of pelvic floor dysfunction, urinary tract dysfunction and genital system malignancies are also increased. Urinary incontinence is seen approximately 42% above 60 years of age whereas it is seen above 50% above 65 years of age (1). Uterine prolapsus is frequent in elderly women and complaints due to this situation are mostly encountered between the ages 60 to 89 (2). Amongst all malignancies more than half of new cases and 67% of all cases are seen over 65 years of age (3). The fact that urinary tract dysfunction, pelvic floor disorders and genital system malignancies are seen mostly in the geriatric period poses as a women health issue on its own; however the fact that systemic diseases are more common and the changes in tissue levels due to aging causes difficulties in the application of treatment procedures of genital malignancies and pelvic floor disorders posing as an additional obstacle.

In this study we aimed to evaluate postmenopausal geriatric and non geriatric aged women in means of cause of referral, diagnosis and systemic diseases and to compare the findings.

MATERIALS and METHODS

The files of 133 geriatric (≥ 65 age) and 168 postmenopausal non-geriatric (41-64 ages) who applied at a university hospital gynecology clinic between January 2011 and December 2012 were examined. All the patients included in the study were postmenopausal and those with premature menopause (< 40 years) were excluded. Age, systemic diseases and previous surgical history, reason for polyclinic application, clinical and laboratory findings and diagnosis data were evaluated and compared between two groups.

All data were analyzed using Statistical Package for the Social Sciences Version 18.0 (SPSS, Chicago, IL, USA). Differences between the two groups of women were assessed using Chi-squared test, Fisher’s Exact test and Mann-Whitney U-test for categorized variables, and Student’s t-test for continuous variables. p < 0.05 was considered significant.

RESULTS

The ages of postmenopausal non-geriatric and geriatric patients were 49.9 ± 5.0 [41-62] and 71.4 ± 6.1 [65-88] respectively (p < 0.001). Postmenopausal period was higher in geriatric patients than other subjects (24.1 ± 7.3 vs. 4.1 ± 2.9 years; p < 0.001) (Table 1).
The most common reason for hospital visits in both groups was routine gynecologic examination. 39.6% of non-geriatric and 28.6% of geriatric patients visited the hospital for a follow up examination (p > 0.05). Patients visited the hospital for vasomotor symptoms 11.9% in the non-geriatric group and 0.8% in the geriatric group (p < 0.001). The most common complaint in the geriatric patients (27.3%) was vaginal fullness and a palpable mass. This complaint was 6.0% in non-geriatric patients (p < 0.001). Similarly urinary incontinence was more common in the geriatric group, 15% and was 5.4% in the non-geriatric group (p = 0.009). Vaginal discharge, dysuria, postmenopausal bleeding pelvic pain complaints were similar in both groups (p > 0.05) (Table 2).

According to the distribution of diagnoses following clinical and laboratory evaluation “menopause” was the most common diagnosis (Table 3). Pelvic organ prolapse was more common in the geriatric group compared to the non-geriatric group (16.5%-4.2%) (p = 0.001). Similarly, urinary incontinence was more common in the geriatric group (p = 0.024). Stress urinary incontinence and urge urinary incontinence were found in similar rates in both groups (p > 0.05). However urge urinary incontinence was more common in the geriatric group compared to the non-geriatric group (10.5%-1.2%) (p = 0.001). Genital system malignancies were more common in the geriatric group; while there was one case of cervical cancer in the non-geriatric group (0.6%) there were 3 cases of cervical cancer (2.3%), 2 cases of endometrial cancer (1.5%) and 1 case of ovarian cancer (0.8%) in the geriatric group.

**DISCUSSION**

Vasomotor symptoms due to menopause usually last for 6 months to 2 years following the last menstru-
al period but can last more than 4 years (4,5). Politi et al. reported that vasomotor symptoms are most commonly experienced in the first year following the last menstrual period, that 50% of women complain of vasomotor symptoms the first 4 years following the last menstrual period and that 10% have these complaints for as long as 10 years after the last menstrual period (6). In our study a complaint of vasomotor symptoms were seen in 11.9% of the patients in the non-geriatric group and this was lower in the geriatric group.

In this study complaints secondary to urinary incontinence and pelvic organ prolapsus are the most common reason for gynecology polyclinic visits in the geriatric age group. Urinary incontinence affects 8-56% of women in the postmenopausal period (7-9). In our study we found that urinary incontinence diagnosis and complaints were more common in the geriatric group. MacLenan et al. reported the frequency of urinary incontinence to be 35.3% in women. In the same study they stated that the frequency of urinary incontinence increased with age and 51.9% of all urinary incontinence cases are between the ages 70-74 (10). In another study including postmenopausal women it was reported that incontinence increased with age also that the frequency of urinary incontinence increased with increased postmenopausal period and that this increase was evidently stress incontinence (11). Kepenekci et al. reported in a study reflecting Turkish women that urinary incontinence increases with age and the incidence increases more after the age 70 (12). A study conducted with 20 thousand women showed that urinary incontinence increases with age (13). In the same study it was shown that urge incontinence also increases with age and peaks between ages 70 to 79. In our study we also found that urinary incontinence was more common in the geriatric group. Also urge incontinence is more common in the geriatric group.

### Table 3. Comparison of diagnoses of non-geriatric and geriatric women

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Non-geriatric n (%)</th>
<th>Geriatric n (%)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrophic endometrium</td>
<td>5 (3.0)</td>
<td>10 (7.5)</td>
<td>0.126</td>
</tr>
<tr>
<td>Endometrial hyperplasia</td>
<td>0 (0)</td>
<td>3 (2.3)</td>
<td>0.085</td>
</tr>
<tr>
<td>Urinary incontinence</td>
<td>9 (5.4)</td>
<td>18 (13.5)</td>
<td>0.024</td>
</tr>
<tr>
<td>Stress incontinence</td>
<td>3 (1.8)</td>
<td>2 (1.5)</td>
<td>1.000</td>
</tr>
<tr>
<td>Urge incontinence</td>
<td>2 (1.2)</td>
<td>14 (10.5)</td>
<td>0.001</td>
</tr>
<tr>
<td>Mixed incontinence</td>
<td>4 (2.4)</td>
<td>2 (1.5)</td>
<td>0.697</td>
</tr>
<tr>
<td>Urinary tract infection</td>
<td>9 (5.4)</td>
<td>3 (2.3)</td>
<td>0.285</td>
</tr>
<tr>
<td>Chronic pelvic pain</td>
<td>29 (17.3)</td>
<td>12 (9.0)</td>
<td>0.057</td>
</tr>
<tr>
<td>Menopause</td>
<td>74 (44.0)</td>
<td>40 (30.1)</td>
<td>0.013</td>
</tr>
<tr>
<td>Genital malignancy</td>
<td>1 (0.6)</td>
<td>6 (4.5)</td>
<td>0.047</td>
</tr>
<tr>
<td>Cervix ca</td>
<td>1 (0.6)</td>
<td>3 (2.3)</td>
<td>0.325</td>
</tr>
<tr>
<td>Endometrium ca</td>
<td>0 (0)</td>
<td>2 (1.5)</td>
<td>0.194</td>
</tr>
<tr>
<td>Ovarian ca</td>
<td>0 (0)</td>
<td>1 (0.8)</td>
<td>0.442</td>
</tr>
<tr>
<td>Myoma uteri</td>
<td>10 (6.0)</td>
<td>1 (0.8)</td>
<td>0.026</td>
</tr>
<tr>
<td>Benign adnexial mass</td>
<td>10 (6.0)</td>
<td>9 (6.8)</td>
<td>0.960</td>
</tr>
<tr>
<td>Pelvic organ prolapsus</td>
<td>7 (4.2)</td>
<td>22 (16.5)</td>
<td>0.001</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>14 (8.3)</td>
<td>9 (6.8)</td>
<td>0.772</td>
</tr>
<tr>
<td>Total</td>
<td>168 (100)</td>
<td>133 (100)</td>
<td>–</td>
</tr>
</tbody>
</table>
Pelvic organ prolapsus (POP) incidence increases with age and 11.1% of all women undergo surgery due to POP or urinary incontinence and one third of these women end up having a second surgery (14). Demographic data report that the population of elderly women is increasing rapidly and that half of women above 50 are going to experience symptoms due to POP (15). In our study -similar to urinary incontinence-POP is more common in geriatric women compared to postmenopausal women under the age of 65. In these women the diagnosis of POP isn’t incidental the reason for visiting the gynecology polyclinic is vaginal fullness and palpable masses. Estrogen receptors are widely present in the tissues that form the pelvic floor. Thus, it is speculated that the lack of estrogen in prolonged periods may play a role in POP due to adverse affects on collagen (16). Rizk et al. argued that postmenopausal estrogen deficiency has adverse affects on biologic aging and pelvic floor support mechanisms (17). Receiving hormonal therapy for more than 5 years has a beneficial effect on pelvic floor dysfunction (18). Although both groups are postmenopausal in our study we believe that the rates of POP are higher in the geriatric group due to prolonged estrogen deficiency.

Nowadays the increased life span together with increased cancer incidence in elderly people has become an important issue. Some researchers have shown that the formation of cancer receives time thus it presents itself in the late period of life (19,20). The tissue changes, decreased organ functions together with aging accelerate the malign process. Studies have showed that there is an important increase in the incidence of cancer after 65 years age (21,22). Ozalp et al. compared women aged 45-64 and above 65 and found genital system malignancies to be more common in the geriatric group (23). In our study genital malignancies were more common in the geriatric group (4.5%) compared to the non-geriatric group (0.6%). However there was no statistically significant difference in the distribution of cervical, endometrial and ovarian cancer.

As a conclusion, the postmenopausal period is an important part of a woman’s life. The geriatric period is part of the postmenopausal period and is more important as aging also becomes a factor. From a gynecologic point of view both the effects of the postmenopausal period and aging causes increases in the incidence of urinary system dysfunction, pelvic floor dysfunctions and genital malignancies in the geriatric period. These problems are important in geriatric women because they are both frequent and hard to treat. We believe that encouraging women to receive routine gynecology checkups in the early postmenopausal period and regular controls will enable early diagnosis and treatment.

REFERENCES


