Impact of a cANP led Menopause Clinic on Quality of Life using Greene Scale Tool
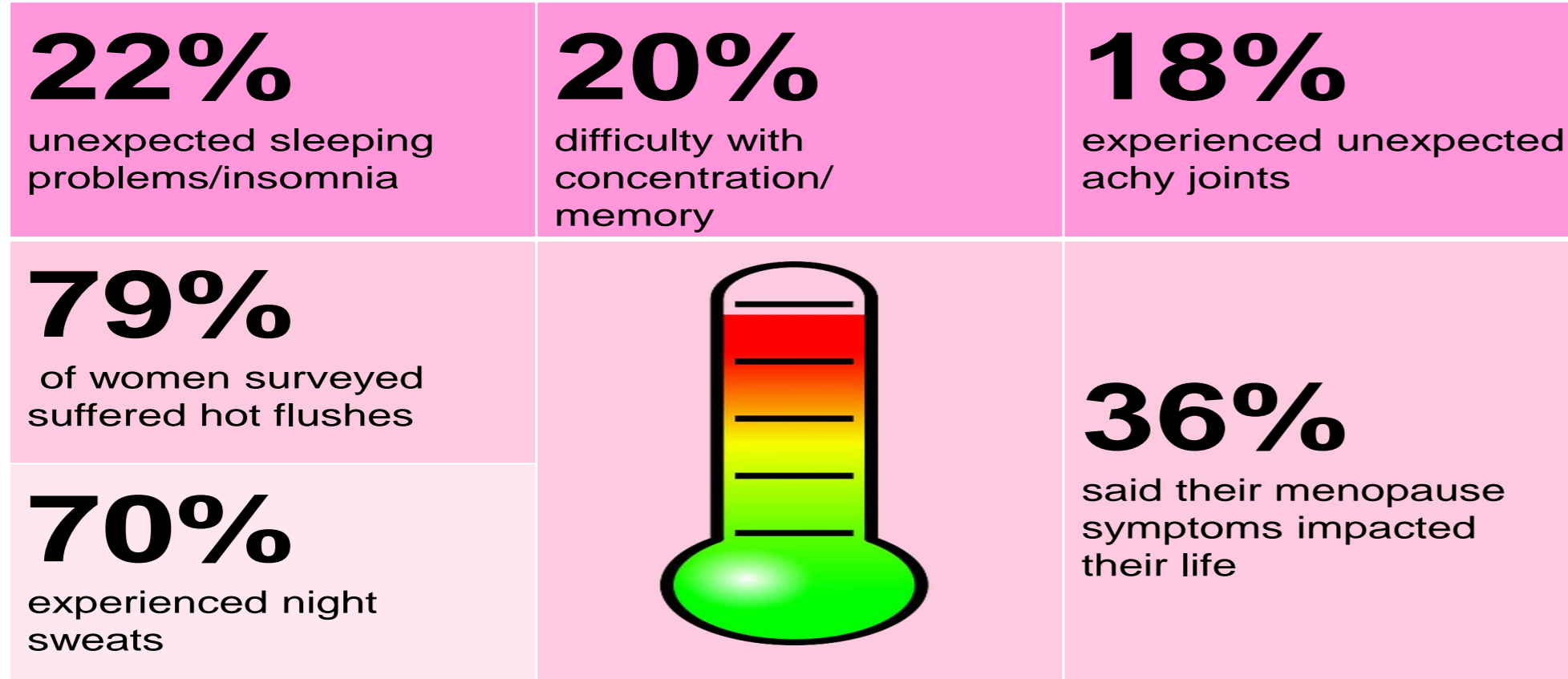
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Introduction

- Research in Ireland suggests women feel there is a lack of information and support around menopause leading them to feel unprepared for the transition.
- Menopause care requires the practitioner to be able to provide women with accurate information regarding the risks and benefits of menopause hormonal treatment (MHT).
- Advanced Nurse Practitioners (ANPs) have been found to have the knowledge and skills to provide high quality, safe, individualised holistic health care.
- A gap in the provision of specialist menopause care/treatment was noticed in the surgery in 2021, as such the cANP set up a specialist menopause clinic, completed relevant courses, sat in on menopausal consultations to improve competency in the area, and developed new evidence based practice guidelines including the implementation of the Greene Scale to evaluate patient symptoms and quality of life.
- MHT is an effective evidence based intervention in women without contra-indications.
- The evolving ANP role in Irish general practice has the potential to improve quality of life (QoL) of menopausal women by bridging the gap between effective management and use of MHT as an intervention.

Many experience symptoms they were not expecting including:

22% unexpected sleeping problems/insomnia

20% difficulty with concentration/ memory

18% experienced unexpected achy joints

79% of women surveyed suffered hot flushes

36% said their menopause symptoms impacted their life

70% experienced night sweats

Purpose

To evaluate any change in QoL and menopause symptoms of patients pre and post initiation of MHT using the quality of life assessment tool; the Greene Scale in a nurse-led menopause clinic.

Methods

A search of the patient database was used to identify patients returning for the three monthly review post initiation of MHT (n=15). Data was collected on the modified Greene Scale instrument (Australian Menopause Society), which was completed at initial presentation and 3 months post MHT administration. Statistical analysis was based on utilising central tendency excel functionality. The statistical significance of the data was assessed using a two tailed paired t test. P values of less than 0.5 were considered statistically significant.

Symptom	Pre MHT Mean	Pre MHT SEM	Post MHT Mean	Post MHT SEM	P Value	Statistical significance
Hot flushes	1.5	0.251	0.285	0.125	0.000446261	<0.001
Light headed	0.571	0.202	0.142	0.097	0.027531588	<0.030
Headaches	0.785	0.238	0.357	0.132	0.053691	*NS
Irritability	2.357	0.199	0.928	0.195	0.000000840	<0.001
Depression	1.857	0.293	0.285	0.125	0.00000107	<0.001
Unloved feelings	1.5	0.291	0.035	0.035	0.000288484	<0.001
Anxiety	1.857	0.360	0.642	0.269	0.003047263	<0.004
Mood changes	1.928	0.245	0.857	0.231	0.000324401	<0.004
Sleeplessness	2.2	0.222	1	0.195	0.0000032547	<0.001
Unusual tiredness	2	0.256	0.571	0.137	0.000002849	<0.001
Backache	0.857	0.274	0.142	0.097	0.011838028	<0.02
Joint pains	1.714	0.244	0.5	0.173	0.000826711	<0.02
Muscle pains	1.571	0.227	0.464	0.169	0.000870097	<0.001
New facial hair	1.285	0.285	0.714	0.265	0.040092913	<0.05
Dry skin	1	0.314	0.642	0.248	0.018635567	<0.02
Crawling feeling under skin	1	0.347	0.4285	0.250	0.040092913	<0.05
Less sexual feelings	2.142	0.274	1.357	0.269	0.000211733	<0.001
Dry vagina	1.214	0.280	0.172	0.571	0.013473359	<0.02
Uncomfortable intercourse	0.785	0.238	0.428	0.172	0.018635567	<0.02
Urinary frequency	1.285	0.285	0.642	0.199	0.013473359	<0.02
Overall total	29	2.713	11	1.623	0.0000003762	<0.001

*NS= not statistically significant Mean values and standard error of the mean (SEM) of the Greene scale scores at baseline and 3 month follow up.

Before and After MHT

■ Score Before MHT ■ 3Mths after Starting MHT
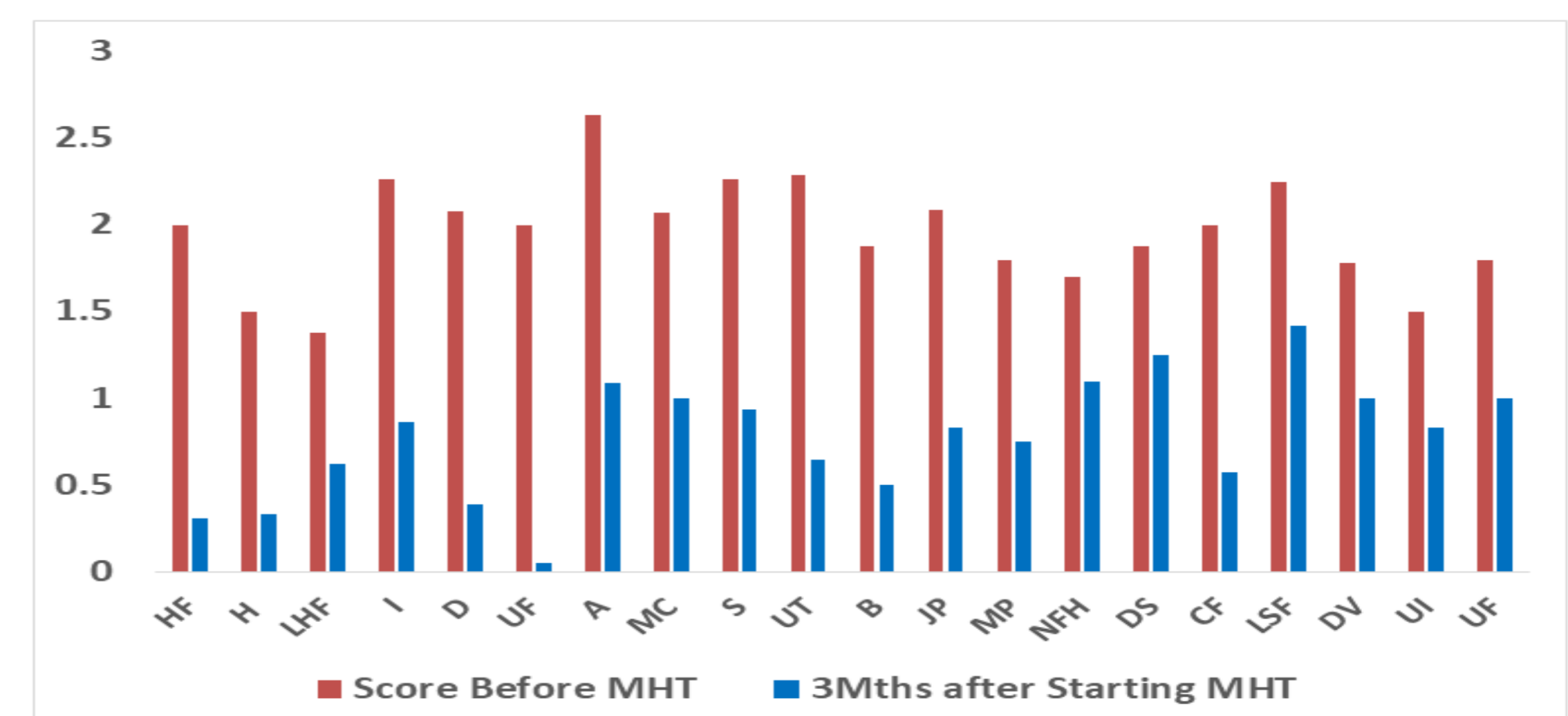
Results

- Irritability (prevalent in 100% of patients) severity was reduced by 62%
- Sleepless (prevalent in 100% of patients) severity was reduced by 59%
- Unusual tiredness (prevalent in 93% of patients) severity was reduced by 72%
- Mood changes (prevalent in 93% of patients) severity was reduced by 52%
- Depression (prevalent in 87% of patients) severity was reduced by 81%
- Hot flushes (prevalent in 87% of patients) severity was reduced by 85%

MHT, provided in accordance with the practice guidelines improved the overall quality of life to a statistical significance. In addition menopausal symptoms reduction occurred in all 20 symptoms as measured in the modified Greene Scale, 19 of which to a statistical significance.

Table Legend	<50% Prevalence	<2 Greene score	>50% Improvement
	Symptom Prevalence	Symptom Severity	% Improvement
Hot Flushes (HF)	87%	2.0	85%
Headaches (H)	40%	1.5	78%
Light Headed Feelings (LHF)	53%	1.4	55%
Irritability (I)	100%	2.3	62%
Depression (D)	87%	2.1	81%
Unloved Feelings (UF)	67%	2.0	98%
Anxiety (A)	73%	2.6	59%
Mood Changes (MC)	93%	2.1	52%
Sleeplessness (S)	100%	2.3	59%
Unusual Tiredness (UT)	93%	2.3	72%
Backache (B)	53%	1.9	73%
Joint Pains (JP)	80%	2.1	60%
Muscle Pains (MP)	67%	1.8	58%
New Facial Hair (NFH)	67%	1.7	35%
Dry Skin (DS)	53%	1.9	33%
Crawling Feelings Under the Skin (CF)	47%	2.0	71%
Less Sexual Feelings (LSF)	80%	2.3	37%
Dry Vagina (DV)	60%	1.8	44%
Uncomfortable Intercourse (UI)	40%	1.5	44%
Urinary Frequency (URF)	67%	1.8	44%
Average	69%	2.0	57%

Conclusion

The audit revealed an improvement in quality of life and symptoms, in patients experiencing menopausal symptoms when managed in a nurse-led menopause clinic and MHT was initiated as part of the care plan. Further studies could build on this analysis by including other variables such as co-morbidities, demographics, patient's perspective and the implication of the advanced nursing practice role within menopause care.

References

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Acknowledgements