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Elisabete Calabuig Chapina Ohara

Nurse; PhD in Social Sciences PUC-SP; Master in Social Gerontology PUC-SP; Specialist in Health Education Cruzeiro do Sul University, Family Health, Obstetrics and Acupuncture. University of Santo Amaro.

E-mail: eohara@prof.unisa.com.br

Beatriz Rocha Reis

Student of the 7th semester of the Nursing course of the University of Santo Amaro.

Dailton Silva de Almeida

Student of the 7th semester of the Nursing course of the University of Santo Amaro.

Márcia Alves da Silva

Student of the 7th semester of the Nursing course of the University of Santo Amaro.

Sheila Moreira dos Santos

Student of the 7th semester of the Nursing course of the University of Santo Amaro.

ABSTRACT

INTRODUCTION: The transition from the reproductive to the non-reproductive phase is considered a period with several changes. These changes may be metabolic and hormonal that lead to great reflections in the physiological and psychosocial aspect of this woman's life, that is, she undergoes 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 in climacteric and menopause. **METHODOLOGY:** This was an integrative literature review; to obtain data collection and selection of articles, the following databases were conducted: Latin American and Caribbean Literature on Health Sciences (LILACS), BDENF 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 women's safety and improve the quality of care. Among the nursing diagnoses we listed: Patterns of altered sexuality; Knowledge deficit; Body image disorder; Disturbance in sleep pattern Low self-esteem; Anxiety; Impaired skin integrity; Altered Comfort Risk for control; ineffective therapeutic regimen; Maintenance of altered health and altered nutrition: risk greater than body 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 fundamental for obtaining better quality care. Some unserious symptoms reported by women in the non-reproductive phase can be relieved by nursing interventions that encourage the change of habits such as quitting smoking, leaving alcohol, blood pressure control, weight control, healthy eating, peaceful sleep, leisure, 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 transitory phase between the reproductive and non-reproductive periods, is called climacteric and can be divided into

two periods: premenopausal and postmenopausal. This first, is called by the reproductive period before menopause, the postmenopausal is defined to the period of time after the last menstruation¹.

The decrease or absence in the production of sex hormones, cause various physiological changes in various organs and generate 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 insufficiently consume vitamins A, C and D and nutrients such as iron and calcium which impacts along with the decrease in hormones such as estrogen at this stage, increase the susceptibility of the woman to the signs and symptoms premenopausal 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), the published data reflect that the symptoms and problems of women in this phase result from the endocrine events of climacteric and menopause, social and personal¹.

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

The misinformation of women about the different stages of life can harm their well-being, in addition to associating the climacteric to the disease, they also lose their quality of life, have losses in sexual and affective life 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 symptomatology, but also recover the self-esteem and quality of life of this woman^{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 in this phase of life? At this time there are several physiological, psychological and social changes that interfere with the quality of life of women.

2 GOAL

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 about research methods and results, as well as reflections on the realization of future studies. It is considered a valuable method in the area of nursing, it allows the synthesis of multiple published studies and enables considerations about a particular area of study⁶.

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), BDEF nursing (Brazil), Scientific Electronic Library Online (SCIELO) and Ministry of Health. A search of the articles was performed 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 referring to the theme and objectives proposed. 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 objectives of the study in the following order: Reading of the title, abstract and if there was doubt, full readings of the article were performed to verify if these met the objectives of the research.

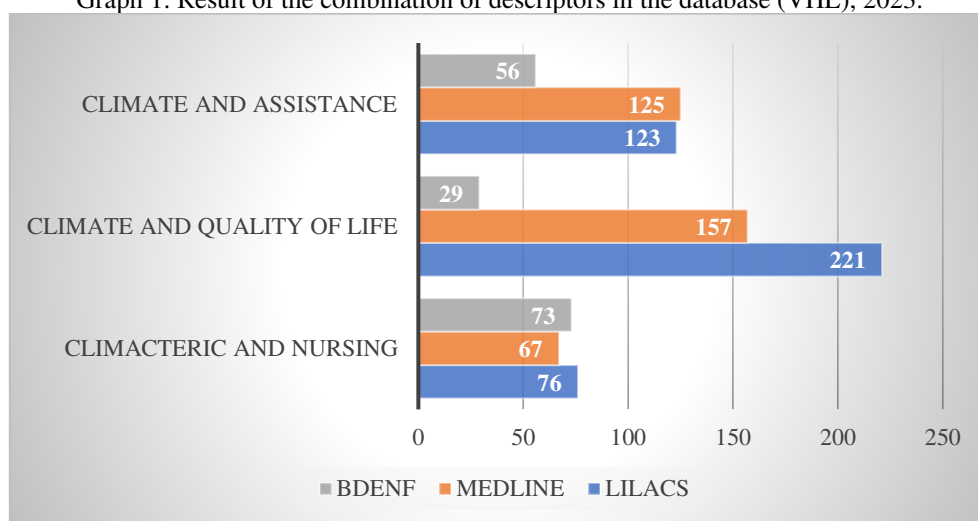
The selected articles were analyzed through content analysis, which consisted of a set of communication analysis techniques, which use objective and systematic procedures to interpret and describe the content of the message, qualitative indicators or not with intention so that it can draw conclusions from existing knowledge, enriching the reading of the collected data and leading to a logical result.

4 FINDINGS

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 method of integrative review 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 performed 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.

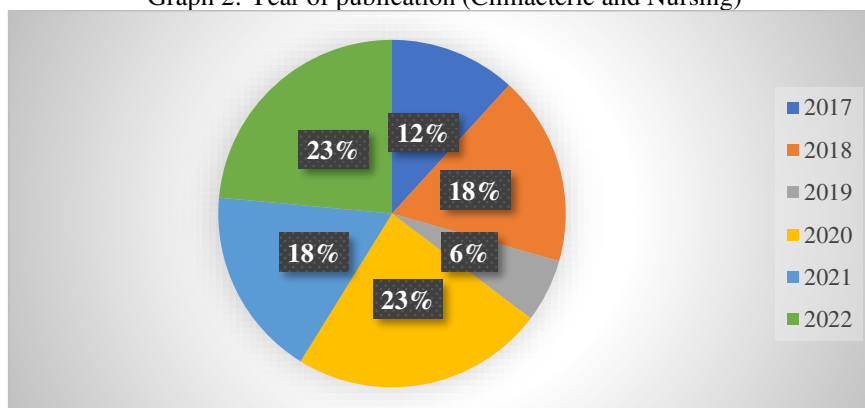
Graph 1: Result of the combination of descriptors in the database (VHL), 2023.



Source: Authors (2023)

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

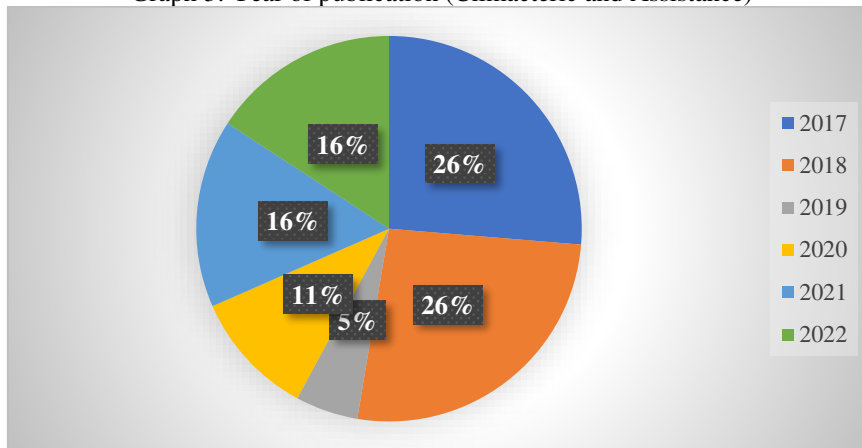
Graph 2: Year of publication (Climacteric and Nursing)



Source: Authors (2023)

It is perceived that there has been an increase in scientific production in recent years. Being the years 2022 and 2020 where there was a greater production of scientific articles; followed by the years 2021 and 2018.

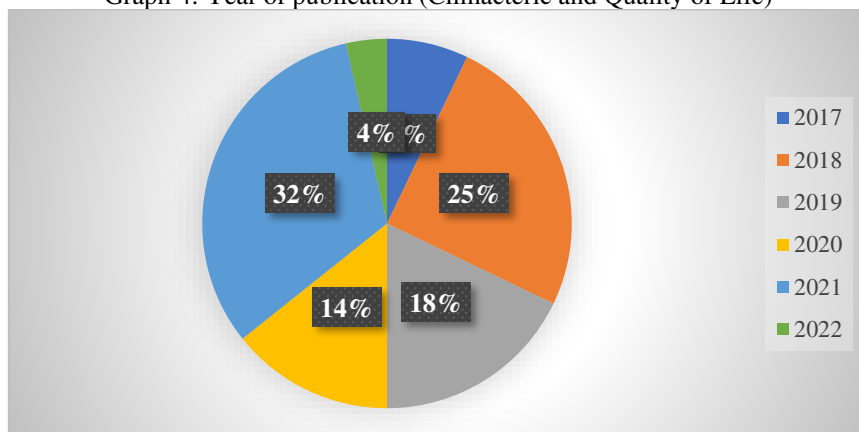
Graph 3: Year of publication (Climacteric and Assistance)



Source: Authors (2023)

With the descriptors Assistance and Climacteric, the years of greatest scientific production were 2018 and 2017.

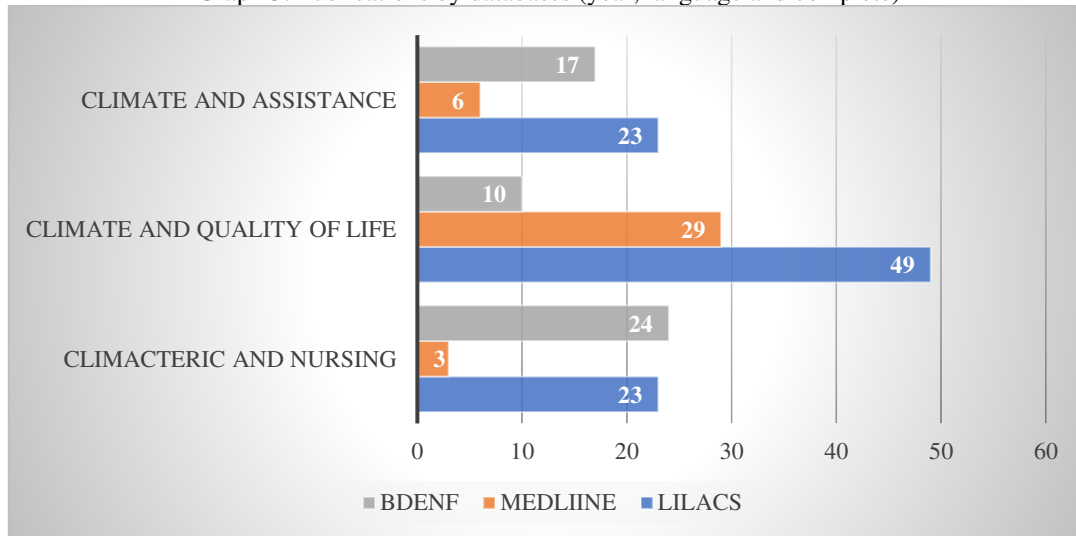
Graph 4: Year of publication (Climacteric and Quality of Life)



Source: Authors (2023)

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

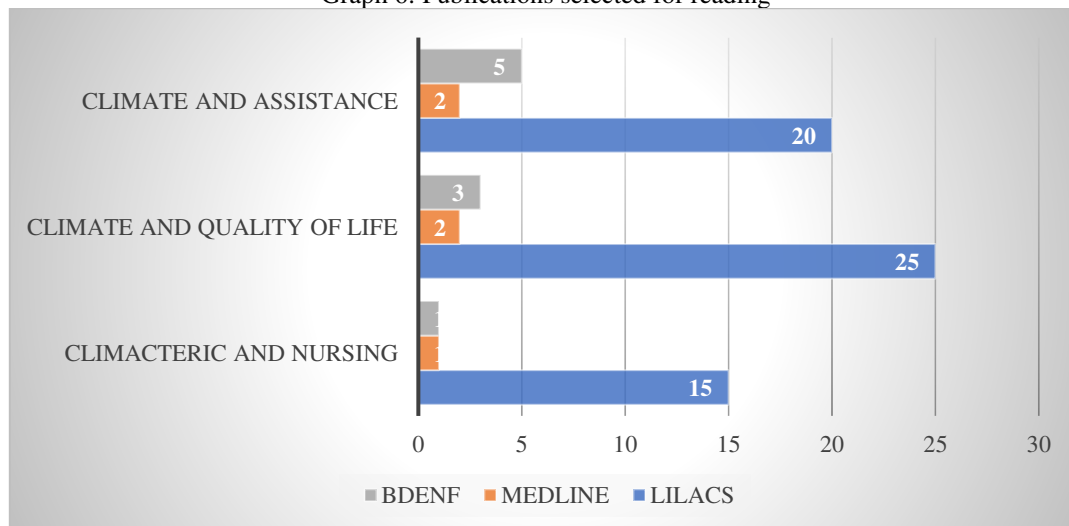
Graph 5: Publications by databases (year, language and complete)



Source: Authors (2023)

Thus, we included all articles that objectively guide the research, with availability in the Portuguese language, Brazilian nationality with time frame mentioned above (2017 – 2022). We do not include journals, interviews, reviews, monographs and incomplete articles that do not correspond to the topic addressed 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 with the following descriptors were necessary: climacteric AND nursing, climacteric AND assistance, climacteric AND quality of life. All articles that met the inclusion criteria were submitted to pre-selection to assess their relevance to the objectives of the study in the following order:

Reading of the title, abstract and if there was doubt, the full readings of the article were performed to verify if 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 indicators or not with intention so that it can draw conclusions from existing knowledge, enriching the reading of the collected data and leading to a logical result. To be made the analysis of 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 (it is an important step, because it allows or not the richness of the interpretations and conclusions) and
- Phase 3 - Treatment of results, inference and interpretation.

From the descriptors, climacteric or nursing, 11 scientific articles were found. With the descriptors, climacteric and assistance, 10 scientific articles were found, and with the descriptors climacteric and quality of life, 12 articles were found. Considering the inclusion criteria, 33 articles were selected and after reading the titles and abstracts, 5 that did not correspond to the theme studied and 9 were duplicated were excluded. 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 performed containing data on the year of publication, name of the authors and the title of the article, type of research, objective, results and conclusion of the study. In a second reading of the article, more in-depth, it was possible to verify the level of evidence and to perform the analysis and synthesis of the studies seeking answers to the question of the study, 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	Goals	method	conclusion
1	Evaluation of cardiovascular risk in female teachers at the end of the reproductive period	To evaluate the cardiovascular risk in women professors of higher education at the end of the reproductive period.	This quantitative, cross-sectional study was conducted at a private university in southern Brazil, in September 2018. Teachers in the climacteric or menopause (age over 44 years, with cholesterol dosage in the last year and who knew their systolic blood pressure) were included. Sociodemographic and clinical data were collected from a structured questionnaire; cardiovascular risk (CVR) was measured using the Framingha score.	There is a significant relationship between menopause and increased CVR, justifying it as another risk factor for women.

2	Profile of climacteric women in the Family Health Strategy in the interior of São Paulo.	To identify the sociodemographic, obstetric, gynecological, health and life habits profiles of climacteric women assisted in the basic health network, through the application of a questionnaire, Hamilton Anxiety and Depression Scales, and Kupperman and Blatt Menopausal Index.	This is a cross-sectional descriptive exploratory study of an 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.	Climacteric women need a space to verbalize their feelings and doubts regarding climacteric and have access to attentive listening by trained professionals, aiming at comprehensive health care with resolution.
3	Prevalence and intensity of climacteric symptoms in women with coronary artery disease	To analyze the climacteric symptomatology in women with coronary artery disease.	Forty (40) women participated in the study, clients of the Cardiology Outpatient Clinic of the Hospital of the Federal University of Maranhão. The Menopause Assessment Scale was used. Research 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 problems inherent to age and perceived more intensely in the presence of diseases, including coronary artery disease.
4	Perceptions and feelings about the body changes of 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 conducted with 16 women, in September and October 2018, in public spaces of Porto Alegre/RS, through semi-structured interviews and whose information underwent thematic analysis.	Women have little information about climacteric; The nurse should clarify their phases, offer emotional support and indicate physical activities that can mitigate their signs and symptoms.
5	The perception of women in relation to the climacteric consultation	To describe the perception of the nursing consultation in the Climacteric from the perspective of the women attended 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 07 women users of the service in the climacteric phase were interviewed.	It is concluded that the women feel good when they go through the climacteric consultation made by the nurse, because it brings a feeling of relief and understanding. The nursing consultation is a key element in health care, reaching the proposal of PNAISM and offering a better quality of life for women in the climacteric (AU)
5	Climacteric and menopause: knowledge and conduct 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 nurses' practices in approaching women who are going through this phase. In the search to minimize the gaps related to professional lack of knowledge, it is relevant to continue studies on the assistance to this public.
6	Care needs of climacteric	To understand the care needs of	Qualitative research developed in 21 Family Health Units (USFs),	The climacteric is experienced differently and the needs of

A look at development

Nursing diagnoses in the period of climacteric and menopause

	women with hypertension: nurses' work possibilities	climacteric women with Systemic Arterial Hypertension (SAH).	during April and June 2019. Participants were 15 women aged between 40 and 69 years; with a reported diagnosis of SAH, attached to the USFs and who reported not using hormonal contraceptives. Semi-structured interviews were used, followed by the construction and return of narratives, with participatory analysis.	women demonstrate different possibilities for improving care. This identification allows nurses to develop individualized care adapted to women's demands.
7	Influence of excessive impairment on 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, which evaluated 152 nursing auxiliaries and technicians, aged 40 years or more, 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	Goals	method	conclusion
1	More than "hormonal effects": conceptions of primary care professionals on climate change in Santiago, Chile	This article seeks to discover how professionals conceive of 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.	Professionals take critical positions on the role of health institutions and programs, on work constraints in health facilities (e.g., materials, time, etc.), and on professional training. This article promotes the formulation of health policies in this area, as well as the revision of the curricula of health careers.
2	Diagnosis and referral flow in the single health system for climacteric women	To identify the health diagnoses and the flow of referral of women in the climacteric.	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 2017-2018. The sample was based on 274 medical records of women attended and sociodemographic and clinical information, gynecological diagnoses and distribution of health services (primary,	Climacteric and postmenopausal women over 50 years of age and smokers with diagnoses of non-inflammatory disorders of the female genital tract and inflammatory, as well as breast diseases, were the most directed to surgical outpatient clinics in medium and high complexity.

A look at development

Nursing diagnoses in the period of climacteric and menopause

			secondary and tertiary) were processed. The chi-square test and odds ratio were used for statistics.	
3	Ethical and social aspects of female sexuality in climacteric and postmenopausal countries	To determine the ethical and social aspects of women's sexuality in climacteric and menopause.	A cross-sectional descriptive study was conducted in women who participated in the consultation on climacteric and menopause in the city of Playa, aged between 40 and 64 years. The study was conducted between July 1, 2017 and September 30, 2018. Variables studied Age, climacteric stage, marital status, main 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 counseling on sexuality 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 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, region of La Araucanía.	Observational study conducted in rural women in sanitary control at CESFAM Boyeco between October 2016 and January 2017. None of the evaluated participants were receiving THM. For the study, the number of Mapuche surnames was considered. The instrument validated for the Chilean population, "MRS Scale" (Menopause Rating Scale), was used, which allows to discriminate 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 studied over 50 years of age require 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 women in the climacteric, attended in Primary Health Care, from the reports of health professionals.	This is a descriptive research 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 were interviewed, including physicians and nurses, ending the 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 the concepts and aspects related to climacteric, so that their actions fully serve these women. PRACTICAL IMPLICATIONS: health care should consider issues related to sexuality in order to contribute to the sexual health of women in the climacteric phase.
6	Experiencing the climacteric: perceptions and experiences of women assisted 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.	The welcoming and integral care to women should be part of the routine of care of professionals, especially in Primary Care, providing the opportunity to know the particular needs and plan care actions.

Source: Authors (2023)

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

No.	Title	Goal	Method	Conclusion
1	Climacteric symptoms and quality of life using the Kupperman-Blatt index and the Cervantes scale	To determine the severity of climacteric symptoms in perimenopausal women using the Kupperman-Blatt index and the Cervantes Scale.	This was a quantitative, descriptive, observational and correlational study of patients treated at the Las Moras Health Center in the Department of Huánuco, Huánuco District, 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.	With a significance level of $p < 0.05$, it was demonstrated that during the climatological stage both tests show a positive correlation between the intensity of the symptomatology 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 descriptive and analytical cross-sectional study conducted at the specialized women's clinic in Caruaru/PE, with 99 women, aged 40 to 65 years and who had an active sexual life. They were evaluated through the questionnaires Sociodemographic, Women's Health Questionnaire, Female Version Sex Quotient and Female Sexual Function Index.	Most of them have good sexual performance, however they have low quality of life and high indicators for 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 about hormone replacement therapy	To analyze the basic knowledge of women from Curitiba-PR between 45 and 60 years old about hormone replacement therapy through a self-administered questionnaire.	Cross-sectional study with women from Curitiba-PR between 45 and 60 years old about hormone replacement therapy through a self-administered questionnaire.	These data corroborate the premise that there is still a lack of guidance and measures aimed at the integral care of women in the climacteric
4	Influence of excessive impairment on 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, which evaluated 152 nursing auxiliaries and technicians, aged 40 years or more, 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	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 performed with 20 climacteric women aged 38 to 60 years. As instruments, questionnaires containing sociodemographic data, the	It was found that in women who have a reduced quality of life the impacts of sexual dysfunction are greater. (AU)

			Female Sexual Function Index to assess sexual function and the World Health Organization Quality of Life (WHOQOLBREF) to analyze quality of life were used.	
6	The influence of climacteric symptoms on women's health	This study aimed to describe the influence of climacteric symptoms on the quality of life of women in this phase of the reproductive cycle.	This is a descriptive, quantitative, cross-sectional and epidemiological research that began after a favorable opinion of the Ethics Committee by numbering 1,655,600.	In the results it can be observed that most of the women presented symptoms between moderate and accentuated, totaling 60.9% according to the Kupperman and Blatt Index, and that most of the participants, 52.9%, presented means of response in the QHSE above the general average of the population studied, which indicates that the symptoms experienced in this phase of life lead to changes in their quality of life.(AU)

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 the woman to have symptoms that vary according to each woman, 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, eating 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 of belief and gender, knowledge of the menopause process and stressors are the factors that can influence the quality of life (QoL) in 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 the increased severity of climacteric/menopausal symptoms or a longer duration of menopause symptoms. Their finding is also similar to that reported by Alves et al. (2015)⁴ who states 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 menopausal symptoms; 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 groups leads to improved quality of life of women⁸.

Menopausal hormone therapy (THM) can effectively lessen 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 the areas of greatest 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.

Latin American menopausal 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 of the developing world still depends on complementary systems and alternative medicine¹⁴. Cultural practices, beliefs, difficulty in access lead to self-care or home medicines. Even in an urbanized area of the first world, 22.1% of women in a population-based survey reported the use of 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 effectiveness 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 decrease in hot flashes¹².

Although physical activity has a positive impact on quality of life during the climacteric and menopausal phases, few studies have been conducted on how to encourage sedentary women to practice activities in this phase 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 often 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 their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns." Quality of life is a phenomenon that affects in a complex way the physical health, psychological state, level of independence, social relationships and personal beliefs of an individual, and its relationship with their striking 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 way to design 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 brings 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, mainly because they occur at a time when women play important roles in society, in the family and in 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 may be related to the cultural, social and economic and even political aspects in which women are inserted^{14,15}.

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

Many women do not realize the need to seek assistance in the perimenopausal period; For a need arises when one sees a difference between the situation considered optimal and the actual situation observed. The need felt 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 to maintain, restore or improve their health¹⁶.

Most women do not realize the need for prevention or early detection of health problems. The act of non-prevention, in turn, represents a significant burden for health systems and society due to the high costs of health care, decreased quality of life and premature death¹. Women start to seek health services when they have symptoms that impact on 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 dialogue on the subject with women and encourage changes in behavior and healthy living practices¹⁷. The transition to the phase of menopause linked to the presence of clinical risk factors considerably affects the lives of women, the nursing intervention with technological support can be a promising, safe and low-cost non-pharmaceutical strategy to face this problem in health services. Among the nursing interventions we have weight control, blood pressure control, encouragement of physical activity, better quality of life³.

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

The literature recommends that intervention designs that use lightweight technologies and integrate a relevant theoretical basis that makes it possible to understand and explain barriers to health behaviors, using customer-centered service design methodologies and persuasive system 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 women in the climacteric phase 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 leads to the sexual health of the client including the psychological, emotional, social, cultural, spiritual components and not just the genitalia and its 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	Guidelines and changes in habits
Disturbance in sleep pattern	Sleep standardization	Investigate and observe the signs of tiredness and 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 to elimination, data on evacuation, urination, perspiration/sweating and vaginal elimination
Altered Comfort	Increased QoL	Listen and guide about relationships between the patient and the partner, family, friends and children, in addition to the existence of violence;
Risk for Ineffective Control of the 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, cervico-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 CONSIDERATIONS

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. Each woman will experience it differently. And the personal, social, cultural, economic and political aspects can influence this period that is unique to each woman.

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

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 women's safety and improve the quality of care. Among the nursing diagnoses we listed: Patterns of altered sexuality; Knowledge deficit; Body image disorder; Disturbance in sleep pattern Low self-esteem; Anxiety; Impaired skin integrity; Altered Comfort Risk for control; ineffective therapeutic regimen; Maintenance of altered health and altered nutrition: risk greater than body needs.

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

The perimenopausal phase is characterized by the decline of hormones that cause discomfort that can be relieved by nursing interventions with encouragement to change habits such as quitting smoking, quitting alcohol, blood pressure control, weight control, healthy eating, peaceful sleep, leisure, better self-esteem.

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

REFERENCES

- NOGUEIRA C. V.; MEDEIROS J. N. F.; MEDEIROS R. G.; Mulher no Climatério: reflexões sobre desejo sexual, beleza e feminilidade. Saúde Soc. São Paulo; Junho. 2010.
- MORI M. F. L.; FERNANDA M. P. F.; O olhar do profissional da Atenção Primária sobre o cuidado à mulher climatérica. Interface. São Paulo; Julho. 2021.
- RIGUETE. S. S. G.; FARIA. S. SM.; SILVEIRA F. KL.; HALASZ. C. F.; ANTUNES. C. E. O viver de mulheres no climatério: revisão sistemática da literatura. Revista electrónica trimestral de Enfermeria. Janeiro. 2012.
- ALVES, E. R. P. et al. Climatério: a intensidade dos sintomas e o desempenho sexual. Texto & Contexto-Enfermagem, v. 24, p. 64-71, 2015.
- ACUNA SAN MARTIN, M. et al. Influencia de la etnia mapuche sobre la indicación de terapia hormonal de la menopausia según aplicación escala de calidad de vida (mrs), en población rural de la araucanía. Rev. chil. obstet. ginecol. Santiago, v. 83, n. 5, p. 464-470, nov. 2018.
- BROOME M.E. Integrative literature reviews for the development of concepts. In: Rodgers BL, Knaf KA, editors. Concept development in nursing: foundations, techniques and applications. Philadelphia (USA): W.B Saunders Company; 2000. p.231-50.
- BELÉM, D., DA SILVA FILHO, C. R., JACINTO, A. F., FRANÇA, A. B., & CONTERNO, L. O. Influence of overcommitment on the quality of life and on climacteric symptoms in nursing professionals. Revista Gaúcha De Enfermagem, 42. 2021 42, e20190374.
- CAMPOS, P. F., MARÇAL, M. E. A., ROCHA, L. DOS S., CARVALHO, V. P. DA S., & SILVA, J. M. DE O. E. (2022). Climatério e menopausa: conhecimento e condutas de enfermeiras que atuam na Atenção Primária à Saúde. Revista De Enfermagem Da UFSM, 12, e41.
- CASTILHOS, L., SCHIMITH, M. D., SILVA, L. M. C. DA, PRATES, L. A., & GIRARDON-PERLINI, N. M. O. (2021). Necessidades de cuidado de mulheres no climatério com hipertensão: possibilidades de trabalho do enfermeiro. Revista De Enfermagem Da UFSM, 11, e15.
- CURTA, J. C.; WEISSHEIMER, A. M. Percepções e sentimentos sobre as alterações corporais de mulheres climatéricas. Revista Gaúcha de Enfermagem. Rio Grande do Sul, Maio. 2020.
- FIGUEROA SANCHEZ, Ibeth Catherine et al. Sintomas climatéricos e qualidade de vida usando o índice de Kupperman-Blatt e a escala de Cervantes. Cuban Journal of Comprehensive General Medicine, [SI], v. 38, nº. 2, maio de 2022. ISSN 1561-3038.
- FONSECA, G. M. DA S. et al. Prevalência das disfunções sexuais no período do climatério em uma clínica especializada na saúde da mulher em Caruaru/PE. Fisioterapia Brasil, v. 22, n. 1, p. 72–85, 19 mar. 2021.
- MACIEL, MAYARA RIBEIRO, et al. "Demandas de mulheres no climaterio na Estrategia Saude da Familia: estudo descritivo." Online Brazilian Journal of Nursing, vol. 17, no. 3, Sept. 2018, pp. 1D+.
- ROMAN A.R, Friedlander MR. Revisão integrativa de pesquisa aplicada à enfermagem. Cogitare Enferm. 1998 Jul-Dez; 3(2):109-12.

MEIRA, L. F. et al. Função sexual e qualidade de vida em mulheres climatéricas. *Fisioterapia Brasil*, v. 20, n. 1, p. 101–108, 19 fev. 2019.

PAULA A. F.; FÁTIMA M. N. M.; LOURDES M. N. S.; ALMEIDA M. R.; Fatores associados à obesidade geral e ao percentual de gordura corporal em mulheres no climatério da cidade de São Paulo, Brasil. *Ciência saúde coletiva*. São Paulo; Novembro. 2018..

SAMPAIO, J. V.; MEDRADO, B.; MENEGON, V. M. Hormônios e Mulheres na Menopausa. *Psicologia: Ciência e Profissão*. Brasília, Out. 2021.

SANTOS, V.M.L.; VIDAL, M.I.S.; SILVA, A.C.; CARMO, A.M.G.; CHAGAS, E.F.B. Perfil de mulheres climatéricas em Estratégia de Saúde da Família no interior paulista. *Semin. Cienc. Biol. Saúde*. 13º de janeiro de 2022, 43(1):3-14.

SANTOS, T.T.; BARILLI, S.L.; PORCIÚNCULA, M.B.; ALMEIDA, R.D.; SPECHT, A.M. Avaliação do risco cardiovascular em mulheres docentes no fim do período reprodutivo. *Revista de Enfermagem da UFSM*. 2020.

SILVA, L.D.C.; MAMEDE, M.V. Prevalence and severity of menopausal symptoms in women with coronary artery disease / Prevalência e intensidade de sintomas climatéricos em mulheres com doença arterial coronariana. *R. pesq. cuid. fundam*. 1º de maio de 2021; 12:305-12

VALENZUELA-ADAROS, K.; ABARCA-BROWN, G. Más allá de la «falla hormonal». Concepciones de profesionales de atención primaria sobre el climaterio en Santiago, Chile. *Rev. chil. obstet. ginecol*. Santiago, v. 87, n. 1, p. 19-25, feb. 2022.