Introduction: Perimenopause marks the transition from the reproductive to the non-reproductive state, the menopause being a specific event within that stage. A result of aging changes in the ovary and in hypothalamic-pituitary-ovarian axis function, the menopausal transition, encompasses a period of dynamic changes in reproductive and nonreproductive tissues. Perimenopause is known to play a major role in the etiology of various symptoms which may affect the quality of life of women.

Objective: To find out frequency and severity of various symptoms during different stages of menopause transition and their effect on quality of life (QOL).

Study Design: Cross sectional descriptive study.

Place and Duration: Military Hospital and Combined Military Hospital, Rawalpindi from September 2012 to February 2013.

Subjects and Methods: 250 healthy females (n=250) were subjected to interviewer-administered questionnaire to find out stage of perimenopause along with frequency and severity of the symptoms, after taking fully informed consent. Health, Emotional and Sexual QOL were assessed by The Ulfan Quality of Life (UQOL) Scale. Patients presenting with complex gynecological and obstetrical problems were excluded. Data for frequency and severity of symptoms and QOL at various stages of perimenopause was recorded and analyzed using SPSS21.

Results: Of the 250 perimenopausal females (mean age=49±4), 32% were in late reproductive (LR) stage, 40% at early menopausal transition (EMT) and 28% at late menopause transition (LMT) stage. Most frequent symptoms were hot flushes (84%), night sweats (80%) and crying spells (67%). Whereas muscle and joint pain, sleep difficulty and increased urinary frequency occurred with the most severity. Frequency and severity of symptoms markedly increased through LR stage to LMT stage. QOL was high in women in LR stage and those seeking medical care for the symptoms, approaching to low QOL in women at LMT stage.

Conclusion: Menopause is the natural and expected stage of female development and its transition is manifested by symptoms of different frequency and severity. QOL can be improved by symptomatic treatment of symptoms appearing during the menopause transition.

KEY WORDS: Perimenopause, dyspareunia, quality of life