**Introduction**

 Modern medicine has significantly increase the life expectancy of women thought out the word(1).The word population of women aged over 60 years was below 250 millions in 1960 and it is estimated that in 2030 1.2 billion women will be per or postmenopausal and this will increase by 4.7 millions a year (2).

Menopause is a physiological event in the women's life. It is caused by aging of ovaries which leads to decline in production of ovarian Gonadotrophins Estrogen & progesterone. The deficiency of these hormones elicits various somatic , vasomotor, sexual and psychological symptoms that impair the overall quality of life of women(3,4).

 Menopausal unpleasant symptoms as experienced by women were ; hot flashes , sweating, mood changes , irritability , insomnia, headache, lack of energy, palpitation, muscle and joint pain, disparonia and loss of sexual desire,( 19,26,28).

It has been reported that the experience of menopausal symptoms involves not only a complex interaction between socio cultural ,psychological and environmental factors but also the biological changes related to the altered ovarian hormonal status or deficiency (3,6,48).

 The health organization defines QOL as an individuals perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectation ,standard and concern (9).

Quality of life (QOL) is an important out come that reflects the way a person (women) feel and function .Assessing the impact of condition on QOL is Particularly relevant in symptomatic condition such as the menopause (30,45) .

Host of the study have been conducted to measure the QOL of menopausal women from Arabic world with different socio cultural realities which may influence not only the perception of QOL but also the experience of menopausal at different status of menopause . Very little information exists about QOL of menopausal women in developing countries (14, 15).

 Postmenopausal women have been neglected by the medical community. Today with prolonged life expectancy women may spend as much as one third of their lives in menopause. There is an increasing need for better quality of live and in particular psychological well being (40,43,45).Menopause is linked to a Variety of uncomfortable symptoms which are varied in intensity from mild to sever symptoms. These symptoms have marked impact on menopausal women's quality of life (34, 39, and 43). Although it seems reasonable to suggest that most women experience significant changes in their quality of life during the menopausal period, few researchers have quantified these change(10,11,13,16). Assessing the impact of menopause on quality is particularly relevant to menopausal symptoms (18). Measures of quality of life for menopausal women is an attempt to gauge the effects of menopause and its symptoms on physical, social and spiritual dimension,(17,23). The community health nurses focuses on helping women to understand the physical changes that occur and the psychological responses to decrease unpleasant symptoms. Nurses are often the primary sources of information about alternative measures that mitigate symptoms and helping women to anticipate and deal positively with psychological and physical changes.

**The Aim of This study is:**

 To study the Effect of menopausal symptoms on women's Quality of life in Benha city (Egypt) and Arar city (Kingdom of Saudi Arabia), this aim achieved through:-

1-To investigate the severity of menopausal symptoms associated with menopausal status

2- To determine the quality of life of menopausal women from two country in Benha city (Egypt) and Arar city (Kingdom of Saudi Arabia

**Subjects and Methods:**

**Study Design:**Descriptive design was utilized in this study.

 **Sample type:**convenient sample

**Research question**:

1. *What is the severity of menopausal symptomsassociated with menopausal status?*
2. *2-*what are the impacts ofmenopausal symptoms on women's Quality of life of

 Menopausal women.

**Setting:**

*This study was* conducted at the different centers in Egypt and Saudi Arabia and they named

 **As Benha city, Kaluba government in (Egypt)**

1- New Gamgara health care center.

2- Old Gamgara health care center.

3-Kafer Saied Center care.

4-Warwera health care center.

**In Arar (Kingdom of Saudi Arabia**)

5-Elmesaidea health care center

6- Elmohamedia health care center. (Saudi Arabia)

7- Elazezea health care center. (Saudi Arabia)

8- Elsalhea health care center. (Saudi Arabia)

These setting were chosen because it affiliated to the educational setting and the flow rates to these setting are more

**Samples size :**

The study sample included 220 menopausal women 120 from Egypt and 100 from Saudi Arabia; they recruited from different gynecologic centers in both Egypt and

Saudi Arabia, this number equal 20% of a total number of menopausal women who admitted to the previous mentioned centers during November 2009 to Jule 2010 in both setting. Also they chosen according to the following criteria, their age ranged from 35-55 years, attending primary health care centers for different reasons in Benha and Arar city.

**Tool of Data Collection**

A structured questionnaire sheet was prepared by the researchers after exclusive review of literature, including 4 parts.

**First part**: To collect data a bout:

1. Demographic & socioeconomic data.
2. Body mass index (BMI) measured by (weight/height) standardized according to check list.
3. Menstrual, obstetrical and gynecological history
4. Medical and surgical history Medical and surgical history.

**Second part**:

 Modified vision of green climacteric scale (16) and menopausal symptoms list (15) done by the researchers to assess the menopausal symptoms and severity

This part contained (62) items categorized under four areas (spheres) which were;

1. Physical symptoms, it included 41 items
2. Vasomotor symptoms, it include 4 items
3. Psychological symptoms, it includes 12 items
4. Sexual symptoms, it included 5 items

**Scoring system**:

 Each items was scored along 4 points according to the following scores

1. None symptoms took 0 point
2. Mild symptoms took 1 point.
3. Moderate symptoms took 2 point.
4. Severe symptoms took 3 point.

 The results total score in each area were between zero and 100. Those who obtained scores ˂ 25 were considered to have no symptoms, ˂ 50 were considered to have mild symptoms ˂ 75 were considered to have moderate symptoms and ≥ 75 were considered to have sever symptoms

**Third part**

Practical assessment sheet was developed for the purpose of assessing the different practice used by the menopausal women to relieve menopausal symptoms and their efficiency in relieving such symptoms . This part included 5 items.

**The Scoring system** was included three levels:

 0 point for never, 1 point for sometimes, 2 point for always

**Fourth part;**

The Manchester health questionnaire was developed by bugg& hosker, 2001,and modified by the researcher for the purpose of assessing the quality of life fore menopausal women. It contained 34 items categorized under seven major areas

A separate 5- point scale ranging from never (0) to always ( 4 point ) was used for the measurement of each items. Total score in each domain were ranged between zero and 100, the higher score indicating a good QOL , lower score indicating a poor QOL . Those who obtained scores from 0 to 33,3% were considered to have high effect of M.S on QOL ( poor QOL) , more than 33,3% to 66.7% were having moderate effect of M.S on QOL( average QOL) and more than 66,7% were considered to have mild effect of M.S. on QOL(good QOL). Also those obtained score 0 to 33.3% were considered to have poor coping. more than 33.3% to 66.7 were considered to have moderate coping and more than 66.7 were considered to have good coping.