



## Complete Summary

---

### GUIDELINE TITLE

Evidence-based clinical practice guideline. Promotion of emotional well-being during midlife.

### BIBLIOGRAPHIC SOURCE(S)

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Promotion of emotional well-being during midlife. Evidence-based clinical practice guideline. Washington (DC): Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); 2001 Jan. 33 p. [50 references]

## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
QUALIFYING STATEMENTS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY

## SCOPE

### DISEASE/CONDITION(S)

Emotional well-being of women during midlife

### GUIDELINE CATEGORY

Counseling  
Evaluation  
Prevention  
Risk Assessment  
Screening

### CLINICAL SPECIALTY

Family Practice  
Nursing  
Obstetrics and Gynecology  
Psychology

## INTENDED USERS

Advanced Practice Nurses  
Nurses

## GUIDELINE OBJECTIVE(S)

To provide registered nurses (RNs) and advanced practice registered nurses (APRNs) with evidence-based information necessary to promote the emotional well-being of women during midlife, or about ages 40 to 60 years

## TARGET POPULATION

Primarily women in midlife, around ages 40 to 60 years, although recommendations may be applicable to all women

## INTERVENTIONS AND PRACTICES CONSIDERED

Nursing Assessment, primarily through interviewing, but also use of Midlife Emotional Health Questionnaire

1. Assessment of knowledge, understanding, and responses to mid-life transitions
2. Assessment of emotional vulnerabilities
3. Assessment of self-care strategies

### Nursing Interventions

1. Promotion of health and well-being, through education and counseling about menopause, routine diagnostic testing, discussion of relationship issues as they influence well-being
2. Promotion of health maintenance, through education and counseling in relaxation response, weight management strategies, coping strategies
3. Promotion of health restoration through crisis intervention strategies or referral as appropriate

## MAJOR OUTCOMES CONSIDERED

- Emotional well-being and behavioral health status (as evidenced by perceptions of health, well-being, and quality of life; positive and negative moods; levels of self-esteem; somatization; self-care strategies; coping mechanisms; presence or absence of depressive disorders, anxiety, or behavioral health problems)
- Mid-life women's views and attitudes toward menopause and mid-life

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)  
Hand-searches of Published Literature (Secondary Sources)  
Searches of Electronic Databases

#### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The original search, conducted using Internet Grateful Med, Medline and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) databases, was limited to articles published between 1994 and 1999. The original search strategy included identification of citations in which the terms "psychological well-being", "women", "middle age", "ages 40-64", "nursing care" or some combination of these appeared. Articles reporting the results of a variety of clinical trials were collected. Additional articles, including selected articles published before 1994 and after 1999, were retrieved based on team members' knowledge of critical works. Limited, topic-specific secondary searches were carried out when gaps in the literature were identified. The stipulation for these search parameters was that the topic terms be present in the body of the article.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

##### Quality of Evidence

I: Evidence obtained from at least one properly designed randomized controlled trial.

II-1: Evidence obtained from well-designed controlled trials without randomization.

II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.

II-3: Evidence from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of the introduction of penicillin treatment in the 1940s) could also be regarded as this type of evidence.

III: Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees.

##### Quality of Evidence Rating for Qualitative Studies

The quality of evidence rating is based on the total scores for each of five categories:

1. descriptive vividness
2. methodological congruence
3. analytical preciseness
4. theoretical connectedness
5. heuristic relevance

QI : Total score of 22.5-30: 75-100% of total criteria met

QII : Total score of 15-22.4: 50-74% of total criteria met

QIII : Total score of 15 or less: 54% or less of total criteria met

The categories are described in the Criteria for Quality Rating in Appendix C of the original guideline document.

## METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) template for guideline development is based on the framework delineated in the American Nurses Association (ANA) Manual to Develop Guidelines (Marek KD, American Nurses Association Committee on Nursing Practices, Standards and Guidelines. Washington [DC]: American Nurses Publishing, American Nurses Foundation, American Nurses Association, 1995). The American Nurses Association Manual to Develop Guidelines models its process on that of the Agency for Healthcare Research Quality (AHRQ), formerly the Agency for Health Care Policy and Research (AHCPR).

Team members participated throughout 1999, 2000 and into 2001 in teleconferences, literature review, evaluation and scoring of research articles and creation of the Evidence-Based Clinical Practice Guideline. A system and tool for scoring the literature was developed based on the Agency for Healthcare Research and Quality method for literature analysis and presented in the American Nurses Association Manual to Develop Guidelines (Marek, 1995). Using this framework, each quantitative study reviewed by the team was evaluated in the following eight categories:

1. Problem or question studied
2. Sampling
3. Measurement
4. Internal validity
5. External validity
6. Construct validity
7. Statistical conclusion validity
8. Justification for conclusions

A description of the above criteria and a sample scoring tool are included in Appendix A of the original guideline document. As the Evidence-Based Clinical Practice Guideline was further developed, the quality of the evidence supporting practice recommendations was determined by team consensus using the U.S. Preventive Services Task Force (1996) Guide to Clinical Preventive Services quality of evidence rating scale.

Qualitative studies were reviewed by team members and scored using a tool developed by another Association of Women's Health, Obstetric and Neonatal Nurses Guideline Development Team on the basis of evaluative criteria of qualitative research discussed by Burns and Grove (Understanding nursing research [2<sup>nd</sup> ed.]. Philadelphia: WB Saunders Co., 1999). Each qualitative study reviewed was evaluated according to the following categories:

1. Descriptive vividness
2. Methodological congruence
3. Analytical preciseness
4. Theoretical connectedness
5. Heuristic relevance

A detailed description of the above criteria and a sample scoring tool are included in Appendix C of the original guideline document.

Each clinical practice recommendation presented in the Guideline is supported by a referenced rationale using American Psychological Association (APA) format. The column headed Evidence Rating includes the quality of evidence ratings for each reference cited under the column headed Referenced Rationale. Full citations for all references are given in the reference list of the original guideline document.

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This guideline was peer reviewed by a panel of Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) expert members.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

Quality of Evidence Ratings (I-III and QI-QIII) are defined at the end of the "Major Recommendations" field.

#### Assessment of Life Transitions

1. Assess women's knowledge and understanding of the physiologic processes and changes occurring during midlife that may affect emotional well-being (Bernhard, 1997; Woods & Mitchell, 1999; Theisen et al., 1995: Evidence Rating: III).
2. Assess how women are balancing multiple roles, such as work, life satisfaction and caring for elderly parents, by determining:
  - Degree of partner support
  - Perceived stress level and
  - Overall perception of emotional well-being

(Miller et al., 1998; Penning, 1998; Woods & Mitchell, 1997: Evidence Rating: III)

3. Reassess the quality of women's relationships during well-woman visits when appropriate (Franks & Stephens, 1996; Huerta et al., 1994; Theisen et al., 1995: Evidence Rating: III).
4. Assess coping mechanisms of midlife women who face changing relationships, such as children leaving home (Theisen et al., 1995: Evidence Rating: III) (Jezek, 1997: Evidence Rating: QI).

#### Assessment of Emotional Vulnerability

1. Assess for symptoms of untreated behavioral health problems (U.S. DHHS, 1999; Vliet & Davis, 1991: Evidence Rating: III).
2. Assess for personal or family history of behavioral health disorders (Avis et al., 1994: Evidence Rating: II-2) (U.S. DHHS, 1999; Vliet & Davis, 1991: Evidence Rating: III).
3. Assess for potential or current addictive behaviors related to alcohol, tobacco, licit and illicit drug use (U.S. DHHS, 1999; McCauley et al., 1995: Evidence Rating: III).
4. Assess for history of or current potential for physical, emotional or sexual abuse or domestic violence (McCauley et al., 1995; Sorenson, 1996: Evidence Rating: III) (Sorenson, 1996: Evidence Rating: QI).
5. Explore the woman's feelings regarding loss of reproductive capability with the onset of menopause (Dennerstein, 1996; Lambden et al., 1997; Gath, 1998: Evidence Rating: III).

## Assessment of Self-Care Strategies

1. Assess whether the woman uses particular strategies to care for herself and, if so, what specific self-care strategies are used (Bernard, 1997; Hartweg, 1993: Evidence Rating: III).
2. Whenever possible, identify cultural and socioeconomic issues that may influence women's self-care practices (AWHONN, 1998: Evidence Rating: III).
3. Assess whether and to what extent women engage in physical activity (Gillis & Perry, 1991; Wilbur et al., 1990: Evidence Rating: I) (Slaven & Lee, 1994: Evidence Rating: II-3) (Ransford & Palisi, 1996: Evidence Rating: III).
4. Assess how women view the perimenopausal transition in relation to self-care (Bernard, 1997; Woods & Mitchell, 1999: Evidence Rating: III).
5. Assess whether women use relaxation techniques to cope with hot flashes (Irvin et al., 1996: Evidence Rating: I).
6. Assess whether and how often women undergo diagnostic testing (e.g., routine mammograms) (Hartweg, 1993: Evidence Rating: III).
7. Assess women's individual approach to self-care (Hartweg, 1993: Evidence Rating: III).
8. Assess the woman's risk for weight gain and how she manages or maintains her weight (Klem et al., 1997: Evidence Rating: II-2).

## Nursing Interventions

### Health Promotion

1. Provide information and education about the menopause (Theisen et al., 1995; Bernhard, 1997; Woods & Mitchell, 1999: Evidence Rating: III).
2. Encourage routine diagnostic testing, such as Pap tests and mammograms (Hartweg, 1993: Evidence Rating: III).
3. Encourage discussion of relationship issues that may influence emotional well being (Franks & Stephens, 1996; Theisen et al., 1995: Evidence Rating: III).

### Health Maintenance

1. Discuss and teach the relaxation response when indicated as a method of reducing hot flashes and stress (Irvin et al., 1996: Evidence Rating: I).

Teaching the relaxation response includes the following client instructions:

- a. Use your breath as a mental focus to elicit the relaxation response.
- b. Try slow, deep diaphragmatic breathing and concentrate on your breath going in and out.
- c. Keep your awareness focused on your breathing. Acknowledge other thoughts as they arise, but do not let them distract your breathing.
- d. Begin practicing the relaxation response for 5 minutes a day and gradually increase to 20 minutes a day.
- e. Choose a quiet, calm environment without background noise or distractions. Sit in a comfortable position with clothes loosened and shoes removed.
- f. If possible, remain in an upright position for about 2 hours after eating to promote proper digestion.

2. Encourage the use of strategies or interventions designed to maintain weight or achieve weight loss goals (Klem et al., 1997: Evidence Rating: II-2).
3. Explore coping strategies, such as community support groups, for women who may benefit from additional sources of support (Theisen et al., 1995: Evidence Rating: III).

### Health Restoration

1. Provide crisis intervention or referral or both as indicated and appropriate to the scope of nursing practice for the following situations:
  - Identified or suspected physical, emotional or sexual abuse, or domestic violence (McCauley et al., 1995: Evidence Rating: III) (Sorenson, 1996: Evidence Rating: QI).
  - Substance abuse (U.S. DHHS, 1999: Evidence Rating: III).
  - Depression (U.S. DHHS, 1999; Vliet & Davis, 1991: Evidence Rating: III).

Refer to the original guideline document for detailed referenced rationales for each clinical practice recommendation.

### Quality of Evidence

I: Evidence obtained from at least one properly designed randomized controlled trial.

II-1: Evidence obtained from well-designed controlled trials without randomization.

II-2: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group.

II-3: Evidence from multiple time series with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of the introduction of penicillin treatment in the 1940s) could also be regarded as this type of evidence.

III: Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees.

### Quality of Evidence Rating for Qualitative Studies

The quality of evidence rating is based on the total scores for each of five categories:

1. descriptive vividness
2. methodological congruence
3. analytical preciseness
4. theoretical connectedness
5. heuristic relevance

QI: Total score of 22.5-30: 75-100% of total criteria met

QII: Total score of 15-22.4: 50-74% of total criteria met

QIII: Total score of 15 or less: 50% or less of total criteria met

The categories are described in the Criteria for Quality Rating in Appendix C of the original guideline document.

#### CLINICAL ALGORITHM(S)

None provided

### EVIDENCE SUPPORTING THE RECOMMENDATIONS

#### REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

#### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

#### POTENTIAL BENEFITS

Guideline implementation will help the registered nurse and advanced practice registered nurse promote the emotional well-being of women during midlife.

#### POTENTIAL HARMS

Not stated

### QUALIFYING STATEMENTS

#### QUALIFYING STATEMENTS

- The guideline was developed for the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) as a resource for nursing practice. The guideline does not define a standard of care, nor is it intended to dictate an exclusive course of management. It presents general methods and techniques of practice that are currently acceptable, based on current research and used by recognized authorities. Proper care of individual patients may depend on many individual factors as well as professional judgment. The information presented is not designed to define standards of practice for employment, licensure, discipline, legal or other purposes. Variations and innovations that are consistent with law, and that demonstrably improve the quality of patient care should be encouraged.

- The information in the guideline represents suggested methods of interviewing and identifying the need for referral and is not intended to be all-inclusive. During client interview, the nurse should at all times make clear that she/he is facilitating referral to appropriate resources as needed and not conducting an intake examination or psychological assessment.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Promotion of emotional well-being during midlife. Evidence-based clinical practice guideline. Washington (DC): Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN); 2001 Jan. 33 p. [50 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2001 Jan

### GUIDELINE DEVELOPER(S)

Association of Women's Health, Obstetric, and Neonatal Nurses - Professional Association

### SOURCE(S) OF FUNDING

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

## GUIDELINE COMMITTEE

Evidence-based Clinical Practice Guideline Development Team

## COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Evidence-based Clinical Practice Guideline Development Team: Ellen Olshansky, DNS, RNC, WHNP, Team Leader; Eileen Breslin, PhD, RNC, WHCNP; Carola Brufat, MSN, RNC, WHNP; Susan Kendig, MSN, RNC, WHCNP.

Reviewers: Joan Freedman, ND, ARNP; Diane Bruno Himwich, MS, RN; Katherine E. Shelby, MSN, WHNP; Nancy Fugate Woods, PhD, RN, FAAN.

## FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

## GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

## GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available by contacting the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), 2000 L Street, N.W. Suite 740, Washington, D.C. 20036; Phone: (800) 354-2268; Web site: [www.awhonn.org](http://www.awhonn.org).

## AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Promotion of emotional well-being during midlife. Quick care guide. Washington (DC): Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), 2001 Jan. 2 p.

Print copies: Available by contacting the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), 2000 L Street, N.W. Suite 740, Washington, D.C. 20036; Phone: (800) 354-2268; Web site: [www.awhonn.org](http://www.awhonn.org).

## PATIENT RESOURCES

None available

## NGC STATUS

This NGC summary was completed by ECRI on April 9, 2002. The information was verified by the guideline developer on June 7, 2002.

#### COPYRIGHT STATEMENT

This summary is based on the original guideline which is copyrighted by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and protected by copyright law. This summary may be downloaded for the purposes of scholarship or research only. Requests for permission should be directed to Rights and Permissions, Association of Women's Health, Obstetric and Neonatal Nurses, 2000 L Street, NW Suite 740, Washington, DC 20036.

© 1998-2004 National Guideline Clearinghouse

Date Modified: 11/15/2004

FIRSTGOV

