



Salud Cognitiva en Mujeres Climatéricas y Adultas Mayores Colombianas (Datos Preliminares)

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**Universidad
de Cartagena**
Fundada en 1827





Población Mundial Mayor de 60 años 2015-2030: crecerá en el 56%

2015: 901 Millones

2030: 1.4 Billones

2050: 2.1 Billones

2015-2030: Crecimiento de Adultos Mayores Latinoamérica y el Caribe: 71%

Asia: 66%

África 64%

Oceanía: 47%

Norteamérica: 41%

Europa: 23%



Impactos que genera el crecimiento en la población de mujeres adultas mayores

- Económicos – Políticos –
- Sociales – Sistemas de Salud –



- ¿Más Tecnología?
- ¿Más dinero para enfrentar las patologías?
- ¿Más medicaciones anti envejecimiento?
- ¿Mirar el incremento poblacional desde la concepción de una enfermedad?

Fomentar el Concepto de Mujer Mayor Saludable

- Acciones desde atención primaria
- Autonomía en la vida diaria
- Supervivencia con calidad de vida
- Concepto de bienestar
- Conserve la participación Social
- Preservación de las condiciones Funcionales
- Prevención del Deterioro Cognitivo

La etapa vital del Climaterio es instante oportuno para intervención

Fuchs J, Scheidt-Nave C, Hinrichs T, Mergenthaler A, Stein J, Riedel Heller SG, et al. Indicators for healthy ageing-a debate. Int J Environ Res Public Health. 2013;10:6630-6644.





Cognición: funcionamiento intelectual que permite interactuar con el medio ambiente en que se desenvuelve el individuo

Con el envejecimiento se suceden cambios cerebrales

- **Morfológico**
- **Genéticos o Hereditarios**
- **Bioquímicos**
- **Metabólicos**
- **Circulatorios**

El Deterioro Cognitivo No es Solo Derivado del Envejecimiento Neurológico



- Factores Fisiológicos
- Soporte Social
- Nivel Educativo
- Estado Económico
- La Edad Cronológica
- El Tiempo Desde la Menopausia
- Factores Culturales
- El Entorno de Vida
- La Red de Apoyo
- Atención Sanitaria Oportuna
- Factores Nutricionales
- Estado Anímico y la Salud Mental
- Morbilidades Crónicas
- Síndromes geriátricos: Fragilidad, Osteoporosis, Sarcopenia

Buckner RL. Memory and executive function in aging and AD. Neuron. 2004;44:195-208



**OMS (2010): Implementa y Apoya
Políticas de Estudio de las
Alteraciones Cognitivas y Demencia**

**IMS (2022): Iniciativa de la Cognición
y el Estado de ánimo, para Generar
Concientización y Participación**

**El Deterioro Cognitivo es un
Síndrome Neurológico.
La inversión Social y Educativa
permiten impactar la magnitud del
deterioro y mejorar la calidad de vida**

**Cómo se identifica el deterioro cognitivo:
Mini-Mental State Examination [MMSE]
Sensibilidad: 88.3% - Especificidad: 86.2%
RNM: lesiones de Sustancia Blanca
Biomarcadores: Beta-Amiloide, IL-8, IL-10**

Folstein M et al.: "Mini-Mental State. A Practical Method for Grading the Cognitive State of Patients for the Clinician," Journal of Psychiatric Research, 1975, 12, pp. 189–98

**Pregunta de Investigación al
interior del Grupo de Investigación
Salud de la Mujer**

**Deterioro Cognitivo en Mujeres
Latinoamericanas**

2012 (Sosa, et al)

**Población Adulta de más de 65 años, de ambos géneros
(Cuba, R. Dominicana, Perú, México, Venezuela, Puerto Rico:
Deterioro Cognitivo: 3.8% - 6.3%**

**2004: Uribe et al
416 mujeres de Cali
Escala de Pfeifer
Deterioro Cognitivo
2.64% [IC:0.98-4.31]**

**2018: Carranza-Lira
94 mujeres de México
Escala MMSE.
Mayor edad y No uso
de TH: peor puntuación**



300 postmenopausal women residing in rural municipalities were evaluated
 Age: 58.0±5.7 y
 Age since last menstruation: 7.4±4.7 y
 Hispanic / Mixed Race: 99%
 Non-smokers: 92%
 Half were financially dependent on themselves or were overweight or obese

Clasificación MMSE	Corte	n (%)	Corte	n (%)
Deterioro cognitivo	Hasta 23	28 (9.3)	Hasta 24	44 (14.6)
Deterioro Cognitivo dudoso	24-25-26	93 (31.0)	25-26	77 (25.6)
Sin deterioro cognitivo	27 y más	179 (59.7)	27 y más	179 (59.8)

MINI-MENTAL STATE EXAMINATION

Fecha nacimiento: _____ Estudios: _____
 ¿A qué edad finalizó los estudios?: _____ Sabe leer: Sí No
 Profesión: _____ Sabe escribir: Sí No

I. ORIENTACIÓN TEMPORAL

¿En qué año estamos? _____
 ¿Qué día del mes es hoy? _____
 ¿En qué mes del año estamos? _____

II. FIJACION

Nombrar 3 objetos, a intervalos de 1 segundo
 BICICLETA, CUCHARA, MANZANA
 Ahora dígalos usted

V. LENGUAJE

Señalando el lápiz ¿Qué es esto? _____
 Señalando el reloj ¿Qué es esto? _____
 Quiero que repita lo siguiente: "NI SÍ, NI NO, NI PEROS"
 Haga lo que le voy a decir

Repetir los nombres hasta que los aprenda.
 Coja este papel con la mano derecha,
 dóblelo por la mitad y déjelo en _____

III. ATENCIÓN Y CÁLCULO

Le voy a pedir que reste desde 100 de 7 en 7

¿Qué día de la semana es hoy? _____

RES REAL INC COR

RESPUESTA REAL 0 1 2 3 4 5

Los Resultados de las Escalas no Implican Diagnóstico, indican Necesidad de Evaluación y Pueden Sugerir Intervención

Más de 10 años de postmenopausia (Corte MMSE) = 23 puntos		
Sin deterioro Cognitivo	1	p
Deterioro Cognitivo dudoso	1.33 [0.71-2.42]	0.30
Deterioro Cognitivo	2.97 [1.21-6.92]	0.01
Más de 10 años de postmenopausia (Corte MMSE) = 24 puntos		
Sin deterioro Cognitivo	1	p
Deterioro Cognitivo dudoso	1.40 [0.73-2.68]	0.30
Deterioro Cognitivo	2.14 [1.02-4.50]	0.01

Más de 5 años de postmenopausia no se observó asociación (p>0.05)
 50-62 vs 63-75 años de edad. 50-70 vs 71-55 años de edad (p>0.05)



Coeficiente de Correlación de Spearman rho [IC95%] n= 300

CORRELACION POSITIVA
CORRELACION NEGATIVA

MMSE	Años de Edad	Años de posmenopausia	Número de personas en casa
Orientación Espacial	0.092 [-0.021 to 0.180] P=0.11	0.062 [-0.043 to 0.180] P=0.23	0.056 [-0.056 to 0.169] P=0.32
Fijación o Memoria	-0.0041 [-0.117 to 0.109] P=0.94	-0.033 [-0.146 to 0.080] P=0.56	0.730 [-0.045 to 0.185] P=0.20
Capacidad de Atención y Cálculo	-0.923 [-0.923 to 0.021] P=0.11	-0.119 [-0.229 to -0.005] P=0.003	0.140 [0.027 to 0.249] P=0.01
Capacidad de Memoria	-0.014 [-0.243 to 0.099] P=0.80	0.015 [-0.098 to 0.128] P=0.79	0.002 [-0.111 to 0.116] P=0.96
Capacidad de Lenguaje	-0.133 [-0.243 to -0.020] P=0.02	-0.134 [-0.244 to -0.021] P=0.01	0.224 [0.114 to 0.320] P=0.001
Deterioro Cognitivo Global	-0.047 [-0.159 to 0.066] P=0.41	-0.076 [-0.188 to 0.037] P=0.18	0.185 [0.077 to 0.293] P=0.001

ASSOCIATION BETWEEN COGNITIVE FUNCTION AND QUALITY OF LIFE IN COLOMBIAN POSTMENOPAUSIC WOMEN: CROSS-SECTIONAL STUDY

INTRODUCTION & OBJETIVE

The preservation of quality of life is the goal of care for postmenopausal women.

There are not enough studies in Latin American women that explore the association between Quality of Life and Cognitive Function in women in climacteric stage.

To determine the association between Cognitive Impairment and Severe Impairment of Quality of Life in a group of postmenopausal women living in southwestern of Colombia

METHODS

Cross-sectional study, carried out as a pilot test of a study on cognitive aspects in the climacteric, which is part of the project Quality of Life in Menopause and Colombian Ethnic Groups [CAVIMEC]

Approved by the ethics committee

Healthy women, who carried out daily activities and lived in municipalities of the Department of Guaviare. They were between 50-75 years old and were voluntarily surveyed in their homes. Those who did not wish to participate, did not understand the form and those with physical or mental disabilities were excluded

A form was applied that explored the sociodemographic characteristics and included:

"Menopause Rating Scale"
(identifies symptoms of menopause and allows to establish the Severe Impairment of the Quality of Life)
"Mini-Mental State Examination"
(addresses six dimensions of cognitive function and with the total score establishes Global Cognitive Impairment)



**ASSOCIATION BETWEEN COGNITIVE FUNCTION AND QUALITY OF LIFE IN COLOMBIAN
 POSTMENOPAUSIC WOMEN: CROSS-SECTIONAL STUDY**

RESULTS

300 postmenopausal women residing in rural municipalities were evaluated. Age: 58.0±5.7 years.
 Age since last menstruation: 7.4±4.7 years. Hispanic / Mixed Race: 99%. Non-smokers: 92%
 Half were financially dependent on themselves or were overweight or obese

Mini-Mental State Examination	%
Language Impairment	50.3
Memory Impairment	4.6
Impaired Attention and Calculation	23.3
Impaired Fixation / Memories	44.3
Spatial Orientation Impairment	48.3
Temporal Orientation Impairment	0.0
GLOBAL COGNITIVE IMPAIRMENT	9.3

Menopause Rating Scale	%
Severe impairment of quality of life (>16)	7.2
Association between Severe Impairment of Quality of Life with Cognitive Impairment. Bivariate Logistic Regression	
Memory Impairment	4.80 [1.39-16.56], p = 0.01
The other five dimensions and Global Cognitive Impairment were not associated with Severe Impairment in Quality of Life, p > 0.05	

CONCLUSION

In a small group of postmenopausal women, Memory Impairment was associated nearly five times with Severe Impairment in Quality of Life



P149
ID#11595

IMS
**18 WORLD
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MENOPAUSE**

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**ASSOCIATION BETWEEN SLEEP PROBLEMS WITH IMPAIRMENT IN
ATTENTION AND CALCULATION CAPACITY IN POSTMENOPAUSIC WOMEN
RESIDENTS IN THE COLOMBIAN AMAZON REGION**

INTRODUCTION

Postmenopausal women must be fully evaluated to identify biopsychosocial problems that contribute to the loss of well-being. Sleep Problems and Cognitive Impairment are situations that should be of interest

OBJETIVE

To determine the association between Sleep Problems and Impaired Attention and Calculation Capacity in a group of Colombian women

METHOD

Cross-sectional study, carried out as a pilot test of a study on cognitive aspects in the climacteric, which is part of the project Quality of Life in Menopause and Colombian Ethnic Groups [CAVIMEC]
Approved by the ethics committee

METHOD

Healthy women, who carried out daily activities and lived in municipalities of the Department of Guaviare, Colombian Amazon Region. They were between 50-75 years old and were voluntarily surveyed in their homes
Those who did not wish to participate, did not understand the form and those with physical or mental disabilities were excluded
A form was applied that explored the sociodemographic characteristics and included:
"Menopause Rating Scale"
(Items four explore Sleep Problems)
"Mini-Mental State Examination" (one of the dimensions evaluates Attention and Calculation Capacity)
Unadjusted logistic regression was performed:
Attention and Calculation Capacity (Dependent Variable)
Sleep Problems (Independent Variable)



ASSOCIATION BETWEEN SLEEP PROBLEMS WITH IMPAIRMENT IN ATTENTION AND CALCULATION CAPACITY IN POSTMENOPAUSIC WOMEN RESIDENTS IN THE COLOMBIAN AMAZON REGION

RESULTS

300 postmenopausal women residing in rural municipalities were evaluated

Age: 58.0±5.7 y

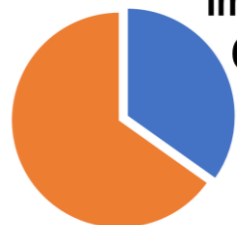
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Hispanic / Mixed Race: 99%

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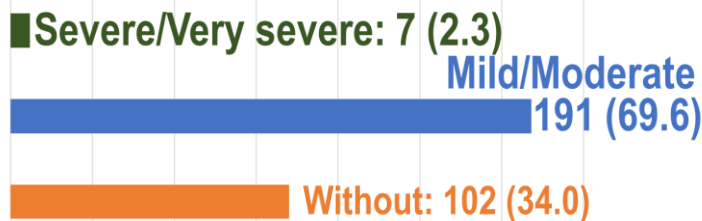
Impairment in Attention and Calculation Capacity, n (%)



With: 70 (23.3)

Without: 230 (76.7)

Sleep Disorders, n (%)



Association with Impairment in Attention and Calculation Capacity

Sleep problems	OR [95%CI]
Severe/Very severe	4.58 [1.00-21.00]
Mild/Moderate	1.26 [0.71-2.26]

CONCLUSION

In a small group of Colombian women, severe and very severe sleep problems were associated four and a half times with Impairment in Attention and Calculation Capacity



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como factores asociados a sarcopenia en mujeres
adultas mayores Colombianas
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