



SURGICAL MENOPAUSE AND SARCOPENIC OBESITY: EVALUATION IN COLOMBIAN WOMEN

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Conflicts of interest: None
I have no financial relationships to disclose

CONTEXT



Sarcopenic obesity is a multifactorial condition in which decreased skeletal muscle mass coexist with excessive body fat accumulation



Surgical menopause is the consequence of the removal gonads when they were still functionally active



Few studies explore the relationship between gynecological conditions and surgeries with sarcopenic obesity



OBJECTIVES

- To identify the frequency of Clinical Suspicion of Sarcopenic Obesity and Probable Sarcopenic Obesity
- To estimate the association between Clinical Suspicion of Sarcopenic Obesity and Probable Sarcopenic Obesity with surgical menopause

METHODS

- Cross-sectional study that is part of the Sarcopenia in Colombian Women [SARCOL] project
- Women (60-74 y) residing in Colombia were surveyed and clinically assessed in their residences
- Voluntary and anonymous participation
- Approved by the ethics committee of University of Cartagena, Colombia

- The form included sociodemographic variables and the SARC-F scale
- Height and weight were measured to calculate BMI
- Additionally, calf circumference (CaF) and muscle strength were measured
- 760 forms were available for daily application



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METHODS

To identify Clinical Suspicion of sarcopenic Obesity were used:

- SARC-F scale+BMI
- SARC-F+CaIF<31+BMI
- SARC-F+CaIF<33+BMI

To establish Probable Sarcopenic obesity we use any of the above + muscle strength



Surgical Menopause was defined in women who underwent bilateral oophorectomy simultaneously with hysterectomy before natural menopause

Adjusted logistic regression were performed between:

- Clinical Suspicion of Sarcopenic Obesity or Probable Sarcopenic Obesity
- Surgical Menopause

OUTCOMES

Characteristics of studied population (n=700)

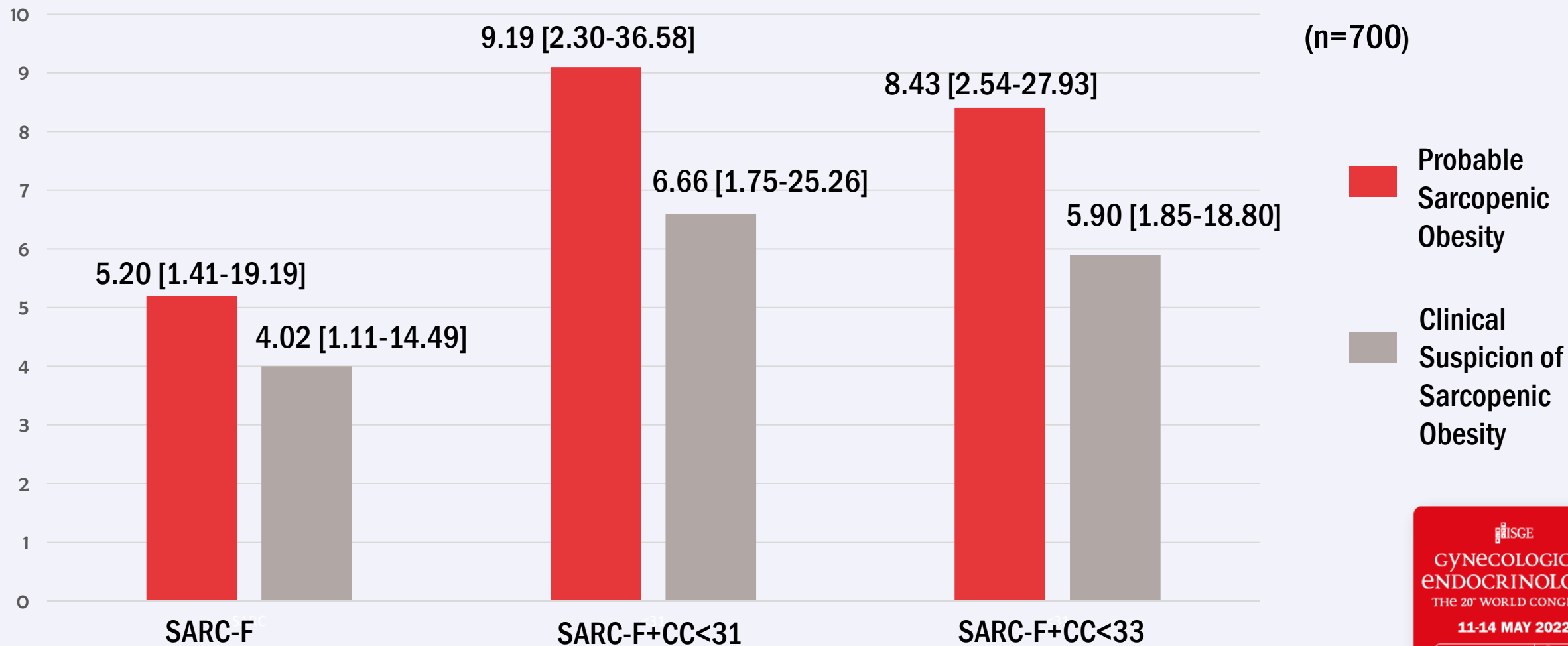
Age, years, X ± SD	66.9 ± 4.6	
BMI, kg/m ² , X ± SD	26.5 ± 4.8	
Age range, n (%)	60-64 y	258 (36.8)
	65-79 y	203 (29.1)
	70-74 y	239 (34.1)
Hispanic, n (%)	300 (42.8)	
Afro-descendants, n (%)	400 (57.2)	
Obesity, (BMI: ≥ 30) n (%)	166 (23.7)	
Low muscle strength(< 20 kg), n (%)	477 (68.1)	
Surgical menopause, n (%)	30 (4.2)	

Frequency of Clinical Suspicion of Sarcopenic Obesity and Probable Sarcopenic Obesity. Evaluation with the three measurements

	SARC-F	SARC-F+CC<31	SARC-F+CC<33
	n (%)		
Clinical Suspicion of Sarcopenic Obesity	21 (3.0)	14 (2.0)	21 (3.0)
Probable Sarcopenic Obesity	17 (2.4)	11 (1.57)	16 (2.28)



Association between clinical suspicion of sarcopenic obesity and probable sarcopenic obesity with surgical menopause. Unadjusted logistic regression. OR [95%CI]



P<0.05

CONCLUSIONS

The frequency of Clinical Suspicion of Sarcopenic Obesity was up to 3.0% and Probable Sarcopenic Obesity up to 2.4%



Surgical menopause was statistically significantly associated with Probable Sarcopenic Obesity



It is suggested that care policies for older women routinely include screening for sarcopenia with the SARC-F scale, calf measurement, muscle strength and BMI

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ORIGINAL STUDY

Clinical suspicion of sarcopenic obesity and probable sarcopenic obesity in Colombian women with a history of surgical menopause: a cross-sectional study

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Abstract

Objectives: To identify the frequency of clinical suspicion of sarcopenic obesity (CSSO) and probable sarcopenic obesity (PSO) and to estimate the association between them and surgical menopause.

Methods: A cross-sectional study carried out in women residing in Colombia, ages 60 to 75 years. Body mass index, the SARC-F scale, SARC-CalF <31, and SARC-CalF <33 versions adding the calf circumference measurement in the last two were used to identify CSSO. Muscle strength measurement was added to the above measures to establish PSO. Surgical menopause was defined in women who underwent bilateral oophorectomy simultaneously with hysterectomy before natural menopause. Adjusted and unadjusted logistic regression were performed between CSSO or PSO with surgical menopause, bilateral oophorectomy after natural menopause, and abdominal hysterectomy with ovarian preservation. All participants provided informed consent. $P < 0.05$ was statistically significant.

Results: Seven hundred women 67.0 ± 4.8 years old were included; 23.7% were obese, 68.1% had reduced muscle strength, and 4.2% had surgical menopause. CSSO was found in 3.0% with SARC-F and with SARC-CalF <31; whereas 2.0% were found with SARC-CalF <33. PSO was found in 2.4%, 1.5%, and 2.2% with SARC-F, SARC-CalF <31, and SARC-CalF <33, respectively. Surgical menopause was associated with PSO but was not associated with CSSO. Bilateral oophorectomy after menopause and hysterectomy with ovarian preservation were not associated with CSSO or PSO.

Conclusions: In a group of older adult women, the frequency of CSSO was up to 3.0% and PSO up to 2.4%. Surgical menopause was statistically significantly associated with PSO. On the contrary, CSSO was not associated.

Key Words: Climacteric – Hysterectomy – Menopause – Obesity – Ovariectomy – Sarcopenia.

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