



GRUPO DE INVESTIGACIÓN
“SALUD DE LA MUJER”

Pereira | 21 al 23
2019 | marzo
Hotel Movich de Pereira

Conflicto de interés: ninguno que declarar



ASOCIACIÓN COLOMBIANA
DE MENOPAUSIA

25 años

ORIGINAL ARTICLE

Sleep
Science

**Insomnia and sexual dysfunction associated with
severe worsening of the quality of life in sexually
active hysterectomized women**

**Monterrosa-Castro Álvaro,
Monterrosa-Blanco Angélica,
Beltrán-Barrios Teresa**

**Grupo de Investigación Salud de la Mujer
Facultad de Medicina
Universidad de Cartagena - Colombia**



**Pereira | 21 al 23
2019 | marzo**
Hotel Movich de Pereira



ASOCIACIÓN COLOMBIANA
DE MENOPAUSIA

25
años

INTRODUCCION

- **Valorar la Calidad de vida es prioridad en la atención a las mujeres en climaterio**
- **Calidad de vida incluye indicadores objetivos y subjetivos: biológicos, psicológicos, espirituales, sociales, relación de pareja**
- **Síntomas Menopáusicos y sus factores asociados se deben estudiar y establecer su relación con la calidad de vida**



OBJETIVO

Establecer si componentes del dormir y la función sexual están asociados con deterioro severo de la calidad de vida en mujeres histerectomizadas y sexualmente activas



Diseño: Transversal

Calidad de Vida en la Menopausia y Etnias Colombianas (CAVIMEC) 40-59 años

Cartagena – Barranquilla - Comunidad

Encuestadoras Puerta a Puerta

Histerectomizadas laparotomía abdominal

Patología Benigna – Voluntaria - Anónima

Consentimiento informado - Ética

- **Características sociodemográficas**
- **Menopause Rating Scale (MRS)**
- **Escala de Insomnio de Atenas (IAS)**
- **Índice Función Sexual Femenino (IFFS-6)**

Realizado en dos fases:

- a) Calidad de Vida y Calidad de sueño**
- b) Función sexual**

ÍNDICE DE LA FUNCIÓN SEXUAL FEMENINA (FSFI)

Cuestionario:

1- En las últimas 4 semanas, con qué frecuencia experimentó deseo o interés sexual?

- Casi siempre o siempre 5 puntos
- Muchas veces (más de la mitad de las veces) 4 puntos

LAS SIGUIENTES PREGUNTAS BUSCAN REGISTRAR PROBLEMAS EN EL DORMIR QUE USTEED PUDIERA A VER EXPERIMENTADO, ELIJA LA OPCION QUE MAS SE APROXIME

- | | |
|---|--|
| 1. Inducción del dormir. (Tiempo que le toma quedarse dormido una vez acostado). () Ningún problema. () Ligeramente retrasado () Marcadamente retrasado () Muy retrasado o no duermió | 2. Despertares durante la noche. () Ningún problema. () Problema menor |
|---|--|

- 2-
- () Ningún problema.
 - () Ligeramente retrasado
 - () Marcadamente retrasado
 - () Muy retrasado o no duermió

3. Despertar final más temprano.
- () No más temprano.
 - () Un poco más temprano
 - () Marcadamente más temprano
 - () Mucho más temprano

5. Calidad general del sueño (¿cómo durmió usted).
- () Satisfactoria.
 - () Ligeramente insatisfactoria
 - () Marcadamente insatisfactoria
 - () Muy insatisfactoria o no durmió

7. Funcionamiento (físico y emocional).
- () Normal.
 - () Ligeramente disminuido
 - () Marcadamente disminuido
 - () Muy disminuido.

Menopause Rating Scale (MRS)

¿Cuál de los siguientes síntomas y en que medida diría usted que padece actualmente?(MOSTRAR Y LEER ESCALA).

| Síntomas: | ninguno poco severo moderado severo Muy severo | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| Puntuación = | 0 | 1 | 2 | 3 | 4 |
| 1. Sofocos, sudoración, bochornos..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Molestias del corazón (cambios inusuales en el latido del corazón, saltos en el latido, que se dilate su latido, opresión)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Problemas de sueño (dificultad en conciliar el sueño en dormir toda la noche y despertarse temprano)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Estado de ánimo depresivo (sentirse decaída, triste, a punto de las lágrimas falta de ganas, cambios de humor)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Irritabilidad (sentirse nerviosa, tensa agresiva)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ansiedad (impaciencia, pánico)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Agotamiento físico y mental (descenso general en su desempeño, deterioro de la memoria, falta de concentración, falta de memoria)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Problemas sexuales (cambios en el deseo sexual en la actividad y satisfacción)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Problemas de vejiga (dificultad a orinar, incontinencia, deseo excesivo de orinar)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Resequedad vaginal (sensación de resequedad, ardor y problemas durante la relación sexual)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Problemas musculares y en las articulaciones, (dolores reumatoides y en las articulaciones)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |





Tamaño de muestra

Censo (2005): 41.468.384 personas

Proyección (2016): 48.747.708 habitantes

24.678.673 mujeres - 5.660.856 entre 40-59

Residían Cartagena 122.067 y 153.008 en

Barranquilla. [<http://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/censo-general-2005-1/censo-general-2005>].

Tamaño de muestra 384 participantes

nivel de heterogeneidad 50%, error 5% y

nivel de confianza 96%

CAVIMEC (30% se rehúsan) agregamos 114

Compensar incompletos: agregamos 147

Se planeó involucrar 645 histerectomizadas

Se buscaron puerta a puerta.



Análisis Estadístico

Censo (2005): 41.468.384 personas

Proyección (2016): 48.747.708 habitantes

24.678.673 mujeres - 5.660.856 entre 40-59

Residían Cartagena 122.067 y 153.008 en

Barranquilla. [<http://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/censo-general-2005-1/censo-general-2005>].

Tamaño de muestra 384 participantes

**Heterogeneidad 50%, error 5% nivel
confianza 96%**

CAVIMEC (30% se rehúsan) agregamos 114

Compensar incompletos agregamos 147

Se buscaron 645 mujeres

22 (3,4%) rehusaron - 101 (16,2%) errores

553 formularios adecuados

(más del 35.9% del tamaño de muestra)

Table 1. Sociodemographic characteristics (n=522).

| | |
|--|------------------------|
| Age, Me [RI] | 50 [46-55] |
| Number of children, Me [RI] | 3 [2-4] |
| Study years, Me [RI] | 10 [7-14] |
| Weight, Me [RI] | 69 [60-78] |
| Height, Me [RI] | 1.6 [1.5-1.6] |
| Body Mass Index, Me [RI] | 26 [23-29] |
| Marital status single, n (%) [95%CI] | 57 (10.9) [8.4-13.9] |
| Marital status married, n (%) [95%CI] | 204 (39.0) [34.9-43.4] |
| Marital status civil union, n (%) [95%CI] | 159 (30.4) [26.5-34.6] |
| Marital status divorced, n (%) [95%CI] | 74 (14.1) [11.3-17.5] |
| Marital status widow, n (%) [95%CI] | 28 (5.3) [3.6-7.7] |
| Afrodescendant ethnic group, n (%) [95%CI] | 210 (40.2) [36.2-44.5] |
| Mestizo ethnic group, n (%) [95%CI] | 312 (59.8) [55.2-64.2] |
| Number of coffee cups per day, Me [RI] | 2 [1-3] |
| Coffee consumption, n (%) [95%CI] | 337 (64.5) [60.2-68.6] |
| No coffee consumption, n (%) [95%CI] | 185 (35.4) [31.3-39.7] |
| Never smokers, n (%) [95%CI] | 356 (68.2) [63.9-72.1] |
| Previously smokers, n (%) [95%CI] | 124 (23.7) [20.2-27.6] |
| Currently smokers, n (%) [95%CI] | 42 (8.0) [5.9-10.8] |
| Bilateral oophorectomy, n (%) [95%CI] | 157 (30.0) [26.2-34.2] |
| Women with one ovary, n (%) [95%CI] | 148 (28.3) [24.5-32.4] |
| Women with both ovaries, n (%) [95%CI] | 217 (41.5) [37.3-45.9] |
| Last menstruation before surgery, n (%) [95%CI] | 341 (65.3) [61.0-69.3] |
| Menstruation at the time of surgery, n (%) [95%CI] | 181 (34.6) [30.6-38.9] |
| Hormone therapy users, n (%) [95%CI] | 116 (22.2) [18.7-26.0] |
| Non-users of hormone therapy, n (%) [95%CI] | 406 (77.7) [73.9-81.2] |

| | |
|-------------------------------|----------------|
| Edad | 50 años |
| Estudio | 10 años |
| IMC | 26 |
| Casadas o unión libre | 69.4% |
| Divorciadas | 14.1% |
| Afrodescendiente | 40.2% |
| Mestizas | 59.8% |
| Consumo café | 64.5% |
| Fumadoras | 8.0% |
| Uso Terapia Hormonal | 22.2% |
| Ooforectomia bilateral | 30.0% |
| Con los dos ovarios | 41.5% |



Table 2. Menopause rating scale (*) deterioration of domains and quality of life (n=522).

| | None/Little n (%) [95%CI] | Mild n (%) [95%CI] | Moderate n (%) [95%CI] | Severe n (%) [95%CI] |
|-------------------|---------------------------------|---------------------------|------------------------------|----------------------------|
| Somato-vegetative | 124 (23.7) [20.2-27.6] | 133 (25.4) [21.8-29.4] | 191 (36.5) [32.4-40.9] | 74 (14.1) [11.3-17.5] |
| Psychological | 114 (21.8) [18.4-25.6] | 193 (36.9) [32.8-41.2] | 112 (21.4) [18.0-25.2] | 103 (19.7) [16.4-23.4] |
| Urogenital | 97 (18.5) [15.3-22.2] | 60 (11.4) [8.9-14.6] | 109 (20.8) [17.5-24.6] | 256 (49.4) [44.6-53.4] |
| Quality of life | 85 (16.2) [13.2-19.8] | 95 (18.0) [14.8-21.6] | 190 (36.4) [32.2-40.7] | 152 (29.1) [25.4-33.4] |



Table 3. Atenas Insomnia Scale (*) (n=522).n (%) [95%CI].

| | | | | |
|--|---|--|---|--|
| Sleep induction | Any problem 228 (43.6) [39.3-48.0] | Mild Problema 212 (40.6) [36.3-44.9] | Moderate Problema 66 (12.6) [9.9-15.8] | Delayed 16 (3.0) [1.8-5.0] |
| Wake up at night | Any problem 163 (31.2) [27.3-35.4] | Mild problem 270 (51.2) [47.3-56.0] | Considerable Problema 76 (14.5) [11.7-17.9] | Serious problem 13 (2.4) [1.3-4.3] |
| Wake up earlier | No more 232 (44.4) [40.1-48.8] | A Little 223 (42.7) [38.4-47.1] | Markedly 54 (10.3) [7.9-13.3] | Much more 13 (2.4) [1.3-4.3] |
| Total sleep duration | Sufficient 254 (48.6) [44.3-53.0] | Slightly insufficient 195 (37.6) [33.2-41.6] | Markedly insufficient 60 (11.4) [8.9-14.6] | Very insufficient 13 (2.4) [1.3-4.3] |
| General quality of the sleep | Satisfactory 263 (50.3) [46.0-54.7] | Slightly insufficient 172 (32.9) [28.9-37.1] | Moderately insufficient 75 (14.3) [11.5-17.7] | Very insufficient 12 (2.3) [1.2-4.0] |
| Feeling of well-being during the day | Normal 267 (51.1) [46.7-55.5] | Slightly diminished 197 (37.7) [33.5-42.0] | Markedly diminished 40 (7.6) [5.6-10.3] | Very diminished 18 (3.4) [2.1-5.5] |
| Physical-mental functioning during the day | Normal 273 (52.3) [47.9-56.6] | Slightly diminished 190 (36.4) [32.2-40.7] | Markedly diminished 49 (9.3) [7.0-12.3] | Very diminished 10 (1.9) [0.9-3.6] |
| Drowsiness during the day | None 268 (51.3) [46.9-55.7] | Mild 175 (33.5) [29.5-37.7] | Considerably 61 (11.6) [9.1-14.8] | Intense 18 (3.4) [2.1-5.5] |



Table 4. Abbreviated index of female sexuelle function (*). All women involved n=522

| Desire | Very high | High | Moderate | Low | Non-existent |
|---|-----------------------|-------------|-------------|--------------------------|-------------------------|
| n (%) | 30 (5.7) | 51 (9.7) | 153 (29.3) | 149 (28.5) | 139 (26.6) |
| [95%CI] | [3.9-8.2] | [7.4-12.7] | [25.4-33.4] | [24.7-32.6] | [22.9-30.6] |
| Women with sexual activity in the last four weeks n=390 (74.7%) | | | | | |
| Desire | Very high | High | Moderate | Low | Non-existent |
| n (%) | 30 (7.6) | 51 (13.0) | 150 (38.4) | 119 (30.5) | 40 (10.2) |
| [95%CI] | [5.3-10.9] | [9.9-16.9] | [33.6-43.5] | [26.0-35.3] | [7.5-13.8] |
| Arousal | Very high | High | Moderate | Low | Non-existent |
| n (%) | 35 (8.9) | 55 (14.1) | 146 (37.4) | 112 (28.7) | 42 (10.7) |
| [95%CI] | [6.4-12.3] | [10.8-18.0] | [32.6-42.4] | [24.3-33.5] | [7.9-14.3] |
| Lubrication | Almost always | Most times | Sometimes | Sometimes | Almost never or never |
| n (%) | 25 (6.4) | 61 (15.6) | 154 (39.4) | 95 (24.3) | 55 (14.1) |
| [95%CI] | [4.2-9.4] | [12.2-19.7] | [34.6-44.5] | [20.2-28.9] | [10.8-18.0] |
| Orgasm | Almost always | Most times | Sometimes | Sometimes | Almost never or never |
| n (%) | 45 (11.5) | 93 (23.8) | 84 (21.5) | 101 (25.9) | 67 (17.1) |
| [95%CI] | [8.6-15.2] | [19.7-28.4] | [17.6-26.0] | [21.6-30.6] | [13.6-21.3] |
| Satisfaction | Very satisfied | Moderate | Identical | Moderate dissatisfaction | Very dissatisfied |
| n (%) | 83 (21.2) | 101 (25.9) | 74 (18.9) | 84 (21.5) | 48 (12.3) |
| [95%CI] | [17.3-25.7] | [21.6-30.6] | [15.2-23.3] | [17.6-26.0] | [9.3-16.0] |
| Pain | Almost never or never | Rarely | Sometimes | Most times | Almost always or always |
| n (%) | 147 (37.6) | 75 (19.2) | 91 (23.3) | 58 (14.8) | 19 (4.8) |
| [95%CI] | [32.9-42.7] | [15.5-23.5] | [19.2-27.9] | [11.5-18.8] | [3.0-7.6] |



Table 5. Severe deterioration of the quality of life according to the presence of sexual dysfunction or insomnia in women with current sexual activity (n=390).

| | | Severe deterioration of the quality of life | | OR [95%CI] | | <i>p</i> |
|--------------------|-----|---|---------------------------|------------------|------------------|----------|
| | | Yes | No | Not adjusted | Adjusted | |
| Sexual dysfunction | Yes | 105 (83.3) [75.6-89.3] | 128 (48.4) [42.3-54.6] | 5.5 [3.13-8.99] | 3.52 [2.01-6.17] | <0.0001 |
| | No | 21 (16.6) [10.6-24.3] | 136 (51.5) [45.3-57.6] | | | |
| Insomnia | Yes | 89 (49.4) [41.9-56.9] | 91 (50.5) [43,0-58,0] | 4.57 [2.88-7.24] | 3.05 [1.86-4.99] | <0.0001 |
| | No | 37 (17.6) [12.7-23.4] | 173 (82.3) [76.5-87.2] | | | |



Table 6. Factors associated with severe deterioration of the quality of life adjusted logistic regression.

| | Coefficient | Standard error | <i>p</i> | OR | 95%CI |
|--|-------------|----------------|----------|------|------------|
| Insatisfaction about sexuality | 1.5624 | 0.4233 | 0.0002 | 4.77 | 2.08-10.93 |
| Decreased sense of well-being during the day | 1.1574 | 0.2922 | 0.0001 | 3.18 | 1.79-5.64 |
| Daytime drowsiness | 1.1486 | 0.3486 | 0.0010 | 3.15 | 1.59-6.24 |
| Low/non-existent sexual desire | 1.0797 | 0.2954 | 0.0003 | 2.94 | 1.65-5.25 |
| Genital lubrication presence | -0.8066 | 0.3788 | 0.0332 | 0.44 | 0.21-0.93 |
| CONSTANT | -2.7981 | | | | |

Excluded variables in the model according to stepwise regression: sleep induction, wake up at night, wake up earlier, sleep duration, sleep quality, physical-mental functioning during the day, excitement, orgasm and coital pain. Chi-squared: 110.62; DF: 5; $p > 0.1$.



CONCLUSION

Observamos que insomnio y disfunción sexual fueron factores asociados a tres veces más deterioro severo de la calidad de vida en un grupo de mujeres climatéricas sexualmente activas y previamente hysterectomizadas



Opinion

Sexual Dysfunction and Quality of Life in Colombian Hysterectomized Women

Monterrosa-Castro Alvaro^{1*} and Monterrosa-Blanco Angelica²

¹Universidad de Cartagena, Cartagena, Colombia

²Universidad de La Sabana, Bogotá, Colombia

*Corresponding author: Alvaro Monterrosa Castro, La Matuna, Avenida Venezuela, Edificio City Bank. Oficina 6-A, Cartagena, Colombia, Fax: +57-3157311275; Tel: +57-5-6642211; Email: alvaromonterrosa@gmail.com

Submission: December 18, 2017; Published: December 22, 2017

Summary

Sexual dysfunction was identified as an associated factor to severe impairment of quality of life in hysterectomized Colombian women, using the



www.grupodeinvestigacionosaluddelamujer.com.co

ORIGINAL ARTICLE

Sleep Science

Insomnia and sexual dysfunction associated with severe worsening of the quality of life in sexually active hysterectomized women

Alvaro Monterrosa-Castro¹
Angelica Monterrosa-Blanco²
Cristina Beltrán-Barrios¹

ABSTRACT

Introduction: Hysterectomy is a common gynecologic surgery carried out to remove the pathologic uterus. **Objective:** To establish if sleep disorders and sexual function are associated with de

