

Evaluation of the association between the deterioration of physical function with the history of hysterectomy with or without oophorectomy and according to menopausal status in Colombian older women



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OBJECTIVE

To estimate the association between the deterioration of physical function, a component of quality of life, with the history of total abdominal hysterectomy accompanied by conservation or bilateral ovarian extraction, considering the menopausal status at the time of surgery



MATERIALS & METHODS

Cross-sectional study conducted in women who voluntarily signed informed consent, aged between 60-75 years and residing in municipalities in northeastern Colombia.

The participants were visited in their homes by nurses or doctors, who invited them to fill out a form that questioned sociodemographic characteristics and applied the items of the SF-36 scale, in its Spanish version.

SF-36 is a generic quality of life scale that assesses in a general and summarized way the well-being and the multidimensional state of health.

It is composed of eight domains, including the one referring to physical function that questions the opinion on the ability to perform vigorous and moderate activities of daily living, the ability to lift shopping bags, the limitations to climb floors of buildings, the ability to bend, the willingness to walk a km, the comfort when kneeling, the ability to walk several blocks, the ability to bathe and dress, in the last four weeks.

Impairment of physical function was considered, the physical function domain score below average in the study population.

The Colombian population census was used to estimate the sample size.

Unadjusted logistic regression was performed: physical function [dependent variable].

Four scenarios were established as independent variables. Initially, the history of abdominal hysterectomy with preservation of the ovaries and the history of abdominal hysterectomy with bilateral oophorectomy.

For both situations, menopausal status at the time of surgery was considered: before menopause and after menopause. P<0.05 statistically significant.

Study approved by the Ethics Committee of the University of Cartagena

RESULTS

	All n = 700	Without deterioration of physical function 406 (58.0%)	With deterioration of physical function 294 (42.0%)	p
Age, years, X±SD	67.0±4.8	66.2±4.6	68.2±4.9	<0.001
Study time, years, X±SD	5.8±4.7	5.8±4.8	5.7±4.6	0.64
Age of last menstruation, years, X±SD	48.1±4.1	48.2±4.1	48.0±4.2	0.48
Time since last menstruation, years, X±SD	18.9±6.3	17.9±6.0	20.2±6.4	<0.001
Abdominal circumference, cm, X±SD	90.2±14.5	89.5±14.4	91.09±14.6	0.17
Hip circumference, cm, X±SD	103.6±10.9	103.3±10.5	103.9±11.5	0.48
Calf circumference, cm, X±SD	34.1±4.0	34.1±3.9	34.0±4.2	0.73
Body mass index, X±SD	26.5±4.8	25.8±4.7	27.4±4.8	<0.001
Waist/hip ratio, X±SD	0.87±0.1	0.86±0.1	0.87±0.1	0.24
Grip strength of dominant hand, kg, X±SD	16.6±6.1	17.4±6.0	15.4±6.0	<0.001
Walking speed, m/second, X±SD	0.65±0.1	0.68±0.1	0.61±0.1	<0.001

Hysterectomy without oophorectomy before menopause	125 (17.8%)
Hysterectomy without oophorectomy in posmenopause	59 (8.4%)
Bilateral oophorectomy and hysterectomy in premenopause (Surgical Menopause)	30 (4.2%)
Bilateral oophorectomy and hysterectomy in posmenopause	15 (2.1%)

Association between deterioration of physical function and history of gynecological surgery. Bivariate Logistic Regression.	OR [95%CI]
Bilateral oophorectomy and hysterectomy in premenopause (Surgical Menopause)	2.8 [1.3-6.2]
Hysterectomy without oophorectomy before menopause	2.0 [1.4-3.0]
Hysterectomy without oophorectomy in posmenopause	1.1 [0.6-2.0]
Bilateral oophorectomy and hysterectomy in posmenopause	2.1 [0.7-5.9]

CONCLUSION

In a group of adult Colombian women, it was found that a history of hysterectomy with or without oophorectomy performed before menopause was twice associated with deterioration in physical function. When performed after menopause, no significant association with impaired physical function was observed.