

P284. Perimenopausal attention deficit as diagnostic challenge

G Gyovai (HU) [1], D Lakatos (HU) [2]

Frequent complaint on behalf of perimenopausal women of experiences confusion, forgetfulness, memory problems - like word retrieval difficulties, low motivation, fatigue, inability to sustain a train of thought. These symptoms can have consequences on daily functioning: these women are at risk to lose their job because of lack of concentration, forgetfulness, lack of focus and attention problems can lead to compromise of driver skills.

There is even no consensus what kind of specialist should take care about these symptoms: gynecologist, psychiatrist, endocrinologist?

- Estrogen levels are integral to the brain function. Estrogen, progesterone, LH, FSH fluctuate irregularly during peri-menopause and menopause. Reported data suggests evidence of interaction between sex hormones and neurosteroid system, neurotransmitter levels, such as dopamine, serotonin, glutamate, and repair of damaged nerve cells.

- Is it a symptom of an affective disorder spectrum such as depression, or an anxiety spectrum disorder? No ICD10 or DSM5 categories have been established to diagnose these symptoms. If it is close to affective disorder spectrum, antidepressant therapy should be effective: SSRI, SNRI, trazodone, bupropion.

- If the symptoms show transient executive function difficulties, does it represent a link to midlife-onset " or diagnosed " attention deficit disorder? If so, psychostimulants might be effective.

- Most women complaining on memory problem are afraid of Alzheimer disease. The detailed investigation can dissolve fear from stigma of dementia, or helps the early management.

- Even sleep apnea is one of the diagnostic options.

The goal of this presentation is to aggregate an integrated view on the effect of ovarian hormones and aging on cognition and executive functions.

[1] Family Planning Centre, [2] Szeged Medical University

