

## Insomnia and sexual dysfunction associated with severe deterioration of quality of life in sexually active hysterectomys

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Context: Hysterectomy is a gynecological surgical procedure performed frecuently to remove the uterus in a pathological condition.

Objective: Establish if insomnia and sexual dysfunction are risk factors associated with severe impairment of quality of life (QoL) in climateric hysterectomized sexually active women.

Methods: Cross-sectional study performed on women with more than one year of being hysterectomized. Two fases were established, in the first one the prevalence of severe impairment of QoL and sleep disorders were estimated. In the second one sexually active women were chosen through the second question of the IFFS-6 scale and prevalence of sexual dysfunction was estimated. Logistic regression was performed to establish if sexual dysfunction and insomnia behave as associated factors to severe deterioration on QoL. This study is part of the research project CAVIMEC [Quality of Life in Menopause and Colombian Ethnic Groups]. Statistical analysis with Epi–info 7.

Patient(s): Women living in the Colombian Caribbean who were invited in their own place of residence. Intervention(s): Form of sociodemographic features. Menopause Rating Scale, insomnia of Athens scale. Abbreviated index of sexual function (IFFS-6).

Main Outcome Measure(s): Insomnia, sexual dysfunction, menopausal symptoms, severe impairment of quality of life. Associated factors with deterioration of QoL.

Result(s): 522 women studied, 50.0 [46-55] years old and BMI 26 [23-29]. 30.0% had oophorectomy, 65,3% intervened in postmenopause and 22,2% used hormone therapy. Most frequently severe/very severe symptoms were hot flashes, sexual problems and sleeping disorders. 80% had somato/vegetative, psychological and urogenital deterioration. 29,1% had severe QoL impairment and 47,5% had insomnia. 390 women (74,7%) sexually active were chosen, presenting sexual dysfunction 59,7% of them. Insomnia OR: 3.05 [IC95%:1.86-4,99] and sexual dysfunction OR: 3.52 [IC95%:2.01-6.17], were factors for severe deterioration of QoL. Dissatisfaction with sexuality, low/null sexual desire, daytime drowsiness and decrease in daily well-being were associated factors to severe deterioration of QoL. Genital lubrication had OR: 0,44 [IC95%:0,21-0,93], p=0,0332.

Conclusions: Insomnia and sexual dysfunction are risk factors associated with severe QoL impairment in a group of hysterectomized and sexually active women from Colombian Caribbean.



