

on patient outcomes as judged by reduced menopause scores over time of follow-up visits.

**Ethics approval:** HREB (EDM)/Pro00041189.

**Funding:** Women and Children's Health Research Institute.

<http://dx.doi.org/10.1016/j.maturitas.2015.02.230>

#### P96

### Correlation between the quality of life and sleep quality with the body mass index in Colombian women in climacteric

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**Objective:** To estimate the correlation between quality of life, sleep quality with the body mass index (BMI) in Colombian women.

**Methods:** Cross-sectional study carried out in women aged between 40 and 59 years, residents in areas located in the Caribbean and Pacific coasts of Colombia, belonging to Hispanic, Afro-descendant and Indigenous ethnic groups. They participated willingly, in their own communities, anonymously and with informed consent. Hysterectomized and pregnant women were excluded. And a socio-demographic survey, the Athens Insomnia Scale (AIS), Pittsburgh Sleep Index (PSQI) and the Menopause Rating Scale (MRS) were applied. The BMI was calculated measuring participants' weight and height. Data is presented in median and interquartile range. The three scales showed an adequate Cronbach's alpha. The Spearman ( $r_s$ ) correlation coefficient was calculated with the statistical program SPSS-15. A  $p$  value  $<0.05$  was considered significant.

**Results:** 3525 women were involved. Average age: 48.0 [IR:8] years old, number of children born: 3 [IR:2], education level: 11.0 [IR:7] years, diabetic women: 7.7%, women with Arterial Hypertension: 15.5%, usual coffee use: 71.4%, actual smokers: 8.4%, weight: 68 [IR:15] kg, BMI: 25.6 [IR:5.6], underweight: 2.7%, Normal: 41.2%, overweight: 39.1%, obesity-I: 12.4%, obesity-II: 3.8%, obesity-III: 0.6% and hormone therapy use: 11.5%. According to the menopause status: premenopause: 32.3%, perimenopause: 19.4%, postmenopause: 48.2%. A weak positive correlation was noticed between BMI and somatic-vegetative ( $r_s = 0.20$ ), psychological ( $r_s = 0.17$ ) and urogenital deterioration ( $r_s = 0.15$ ) and quality of life ( $r_s = 0.2$ ).  $p < 0.001$ . The correlation between BMI and sleep quality ( $r_s = 0.020$ ) and insomnia ( $r_s = 0.004$ ) were not significant.

**Conclusion:** In a Colombian women group, the BMI had a weak positive correlation with quality of life and the domains of the MRS. However, neither quality of sleep nor insomnia had a significant correlation with the BMI.

<http://dx.doi.org/10.1016/j.maturitas.2015.02.231>

#### P97

### A randomised controlled trial on climacteric symptoms management and quality of life improvement of *Nigella sativa* seeds powder in menopausal women

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**Objectives:** This study was conducted to assess the effects of *Nigella sativa* on post menopausal symptoms and quality of life among yasujian menopausal women.

**Methods:** In a randomized, double-blind, placebo-controlled clinical trial, 61 menopausal women were randomly allocated to receive either placebo or 2 g of *Nigella sativa* for 12 weeks. After getting informed consent, the participants were interviewed using Short Form Questionnaire (SF-36) before and after intervention to assess their quality of life before the treatment and at the end of the study. Greene Climacteric Scale (GCS) also was completed in order to assess the clinical effect on climacteric symptoms before and after intervention. Hormonal level including estradiol (E2) and follicle stimulating hormone (FSH) were measured at baseline and at the end of study.

**Results:** The finding revealed that total SF-36 scores and its components including mental component summary (MCS) and physical component summary (PCS) of the SF-36 improved significantly ( $p < 0.05$ ) compared to control group. A highly significant improvement was observed in the total GCS and its sub-scales ( $p < 0.01$ ). Significant increment in serum E2 and reduction in FSH level were observed following three months treatment ( $p < 0.01$ ).

**Conclusion:** The results of this study indicated the potential of *Nigella sativa* as an alternative to hormone replacement therapy in management of menopausal symptoms.

**Keywords:** Menopausal symptom; Quality of life; SF 36; Greene Climacteric Scale

<http://dx.doi.org/10.1016/j.maturitas.2015.02.232>

#### P98

### Influence of drugs on sexuality among Slovenian menopausal women

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**Introduction:** Sexuality significantly affects quality of women's lives even after menopause. Age, sexual hormone levels, illness and certain drugs have adverse effects on sexuality.

**Objectives:** Gynaecologists decided to conduct a pilot study titled 'Let's Discuss Sexuality'.

**Aim:** To receive more data about the impact of drugs and some risk factors on sexual life.

**Methods:** We gathered data from menopausal women visiting the outpatient clinics by using an anonymous survey. We collected data about factors and drugs, which might have an impact on sexual life. Data was gathered in 2007 in primary gynaecological outpatient clinics. We gathered 1657 surveys; out of which 1506 were suitable for statistical analysis.