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# Quality of life in menopause: the Cervantes scale

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**Background:** Menopause-related changes and symptoms have high variability in importance, severity and duration, and the assessment of health-related quality of life (QoL) has become an essential component both to study the effect of menopause on well-being and to assess the benefits of treatments in perimenopause and postmenopause.

**The Cervantes Scale (CS):** The CS, available since 2004, was developed and validated by Spanish Menopause Society, in accordance with psychometric requirements, on spanish women (n=2.274). It includes 31 items in 4 domains "menopause and health" (15 items on vasomotor symptoms, health and aging), "sexuality" (4 items), "couple relationship" (3 items) and "psychical domain" (9 items). The Cronbach's coefficient and the correlation coefficient of test-retest showed high consistency and reliability, and is an easy self-administered scale which takes about 7 minutes, and has a range score of 0-155, from better to worse QoL. Widespread use of CS has showed is very reliable and useful in the clinical setting, and in 2012 was validated for Brazilian Portuguese women. Parallely to the CS, although less known, a personality scale was developed to measure lasting aspects of character (introversion, emotional stability, and sincerity) which is helpful in the interpretation of the CS.

**The Cervantes Short-Form (SF) Scale (CS-SF):** The time spent is important for widespread use, so, to produce an abridged version with the same dimensional structure and similar psychometric properties, in 2015 the CS-SF scale was developed and validated. As result, the scale was reduced to a 16-item version containing the same domains and subdimensions. CS-SF scale gives a measure of the impact of the menopause symptoms ranging from 0-100 (higher means worst QoL). Internal consistency and correlation between extended and reduced scales were high and significant. So, CS can be reduced to a 16-item abridged version (CS-SF) that maintains the original dimensional structure and psychometric properties, and self-administered faster (3-4 minutes), making it especially suitable for routine medical practice.

**Conclusions:** The CS is useful to estimate health-related QoL in peri and postmenopause, to identify women with menopause-related QoL deterioration (including self-identification), domains with problems and their severity, and to estimate the changes over time and the impact of treatments on QoL.

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probability of probable sarcopenia, and observed that manifesting muscle/joint pain was associated with a greater presence of clinical findings suggestive of sarcopenia OR: 4.3 [95% CI: 1.5-12.7] and three times greater chance of having low muscle mass and reduced muscle strength, OR: 3.4 [95% CI: 1.4-8.5] and OR: 3.5 [95% CI: 1.8-6.7], respectively. In turn, muscle/joint pain was associated with five times lower physical performance OR: 5.1 [95% CI: 1.5-17.5]. Age 70-75 years was associated with four times the presence of score indicative of sarcopenia OR: 4.62 [95% CI: 2.49-8.56],  $p = 0.001$ . Ongoing studies are assessing the association between clinical considerations of sarcopenia with menopausal symptoms and cognitive impairment.

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##### Quality of life in menopause: the Cervantes scale

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**Background:** Menopause-related changes and symptoms have high variability in importance, severity and duration, and the assessment of health-related quality of life (QoL) has become an essential component both to study the effect of menopause on well-being and to assess the benefits of treatments in perimenopause and postmenopause.

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##### Lived experiences of the menopause whilst living with HIV

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**Background:** As an ageing cohort of women living with HIV going through the menopause significant gaps in information, knowledge and limited data is impacting women's lives as we enter our post reproductive health years, Consequently, women are impacted psychologically, unsure if their HIV is no longer being managed by treatment due to similar symptoms, are being placed at an increased risk of cardiovascular disease, poor bone health and other co morbidities unnecessarily. Poor knowledge amongst health professionals inside and outside of HIV care is leaving women with a high levels of unmet and care specific to the menopause.

**Objective:** To provide insight to a menopause journey, the challenges encountered, ongoing solutions being sought, unexpected diagnoses along the way and equity in care going forward for women.

**Method:** A personal account of a women's experience of the menopause whilst living with HIV and voices from the community.

**Results:** At the end of the oral presentation the audience will; Have increased knowledge and understanding of the unique experiences of women with HIV going through the menopause, and the gender related health inequalities that persist.

Solutions to improve women's experiences accessing health care for the menopause

Hear our advocacy asks to improve our experiences at a personal, service, policy and research level.

**Conclusion:** Hearing the lived experience of your patients is essential to support reflective practice and how we can improve care for women living with HIV throughout their the life course.

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##### Integrative medicine for the treatment of the vasomotor symptoms after breast cancer

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Significant advances in breast cancer treatment have led to an increase in definitive cures and the need to address the adverse events of the disease and treatments in physical, psychological, social and sexual terms. Among such events that worsen quality of life, menopause induced by adjuvant therapy has been highlighted as one of the negative prognostic factors, especially in young women. Menopause can have many implications: the rapid transition from reproductive capacity to loss of fertility, the change in body image, personal and sexual identity.

The symptoms of iatrogenic ovarian suppression are often earlier and more severe than those of naturally-onset menopause, due to the rapid hormonal change induced by these treatments and the patient's young age.

The high incidence in the reproductive age of certain neoplasms raises the ever-increasing need to formulate a complex and personalized approach that often includes recourse to fertility preservation techniques before cancer treatments.

Complementary medicines are part of the therapeutic baggage to intervene in the management of vasomotor symptoms in these patients in whom the quality of life is often significantly compromised. Efficacy and safety data on large samples are available to us, particularly for phytotherapy and acupuncture.

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