



Dystonia and women: impact on reproductive life, life satisfaction and psychosocial factors.

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Objective and background:

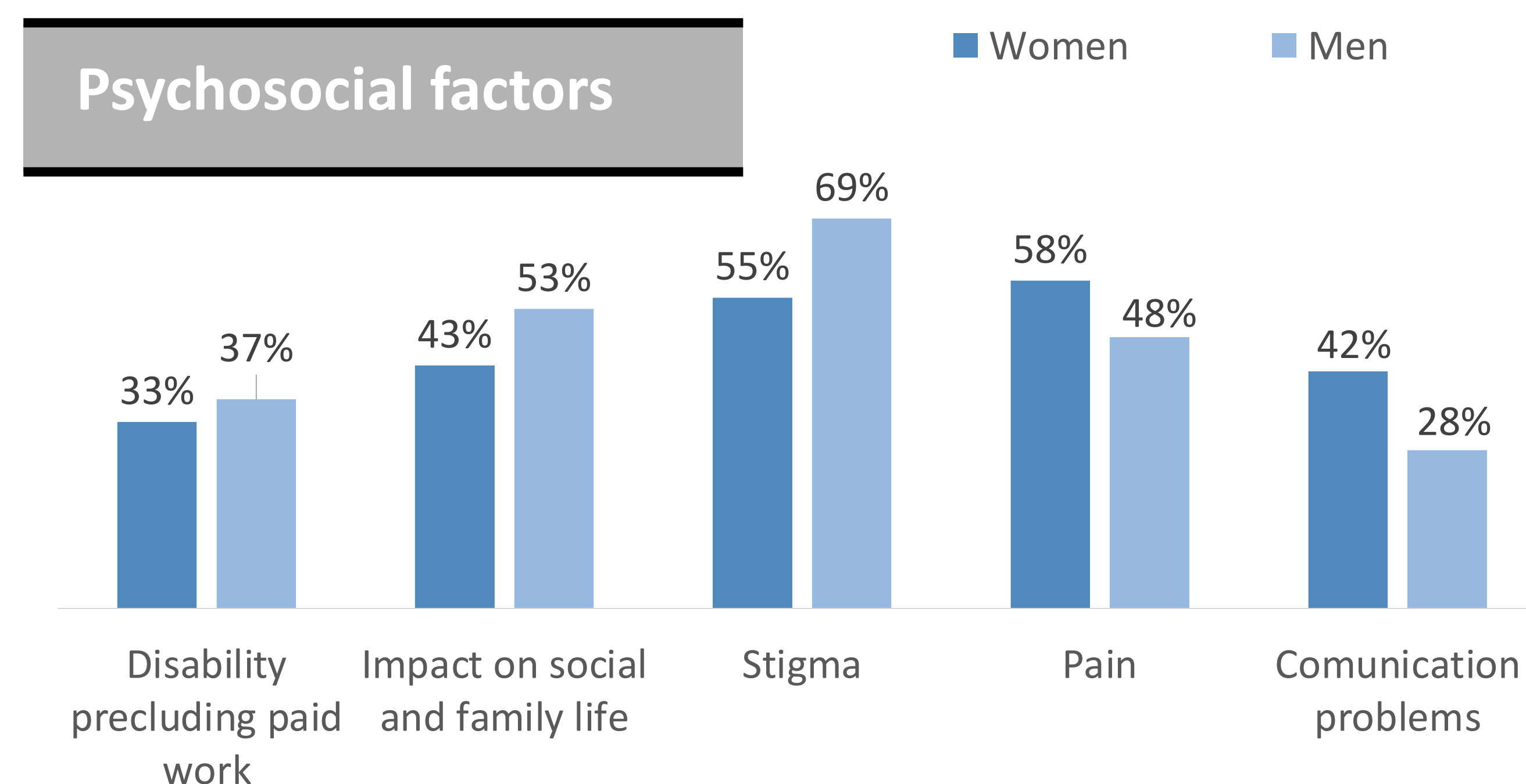
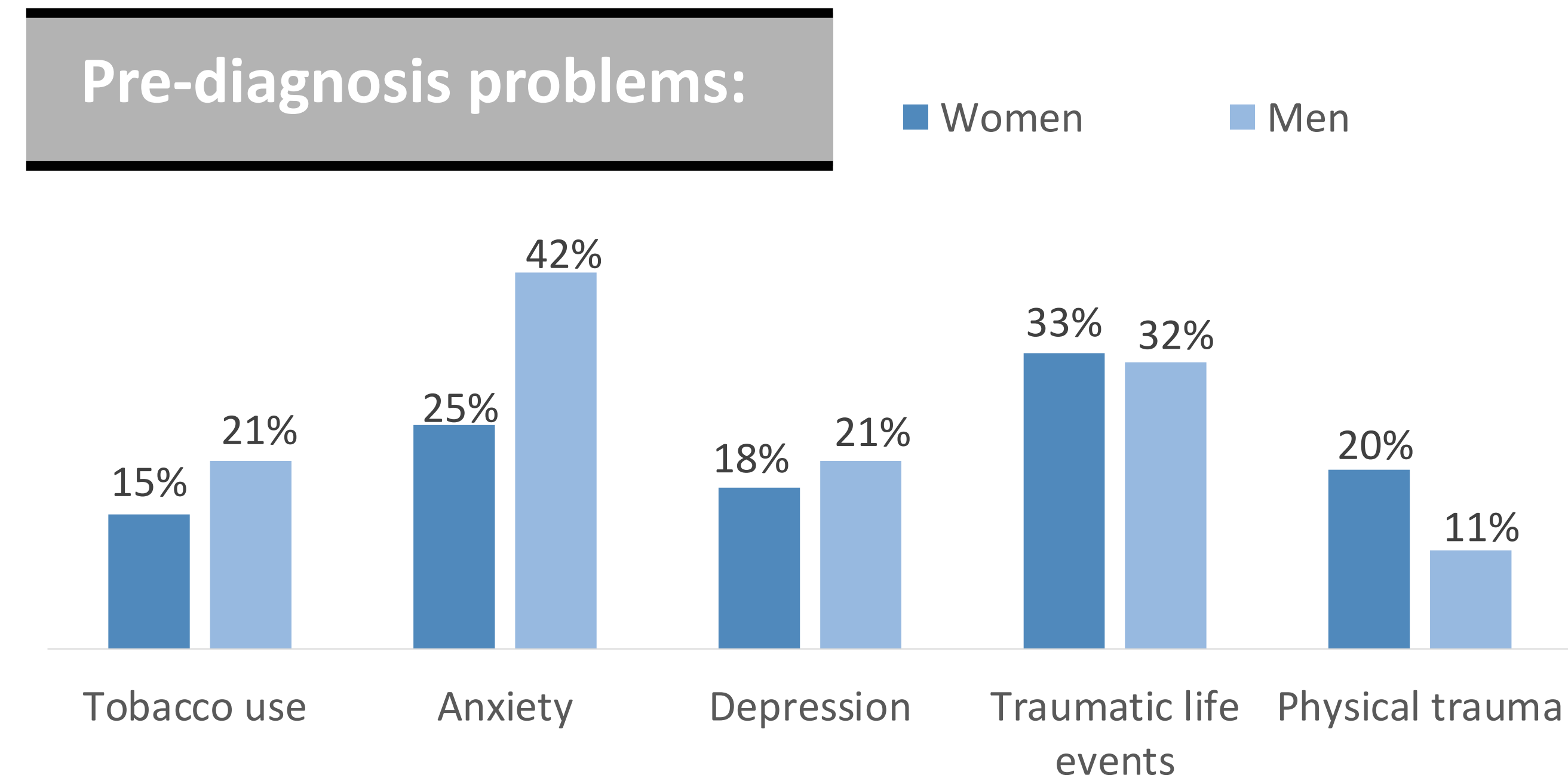
- We aim to explore the peculiarities of women with dystonia, especially the reciprocal influence in reproductive life.
- Dystonia causes significant disruption to quality of life and non-motor symptoms.
- No studies have analyzed whether the impact differs between women and male subjects, and information regarding the influence in reproductive life is scarce.

Methods:

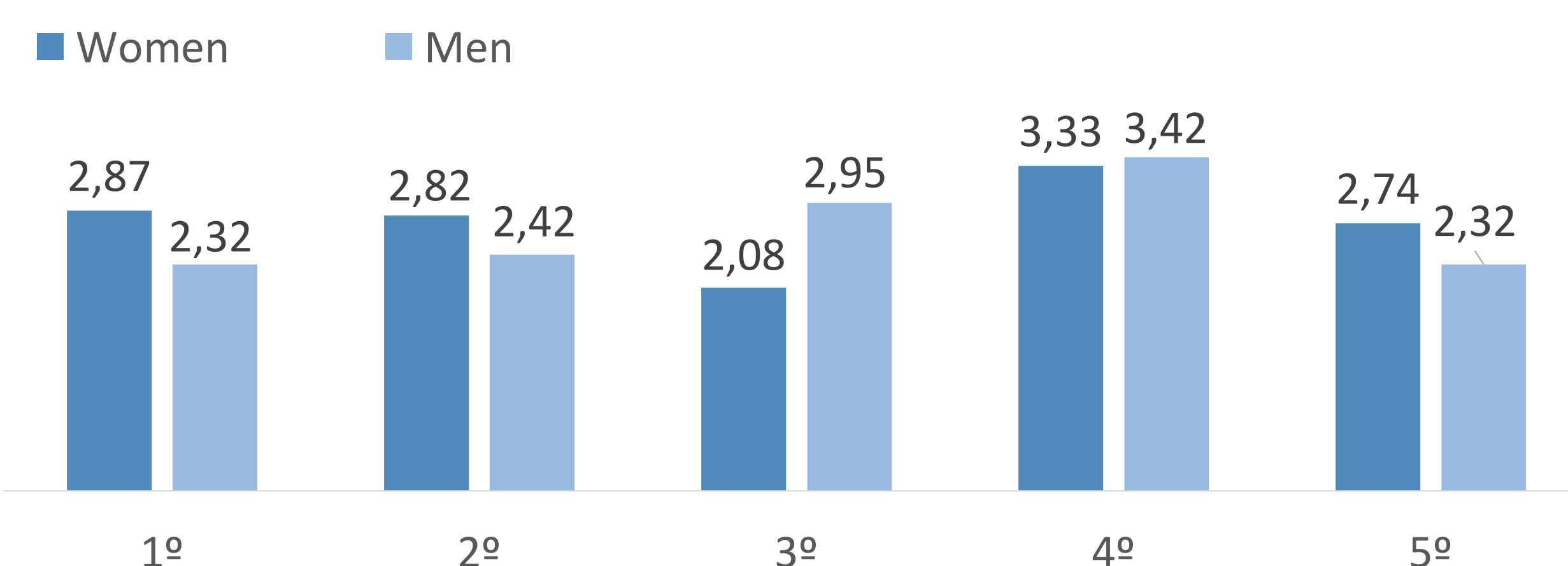
- We present preliminary results of an ongoing transversal descriptive study based on an online questionnaire supplied in two Movement Disorders Units and the national Spanish association of Dystonia (Distonía España).

Results:

Baseline clinical features (N=59)	Women (n=40)	Men (n=19)
Age	55±12	55±9
Type of dystonia:		
-Focal	45%	37%
-Segmental	48%	42%
-Generalized	7,5%	21%
Treatment:		
-Botulinum toxin	45%	11%
-Combined with oral drugs	35%	53%

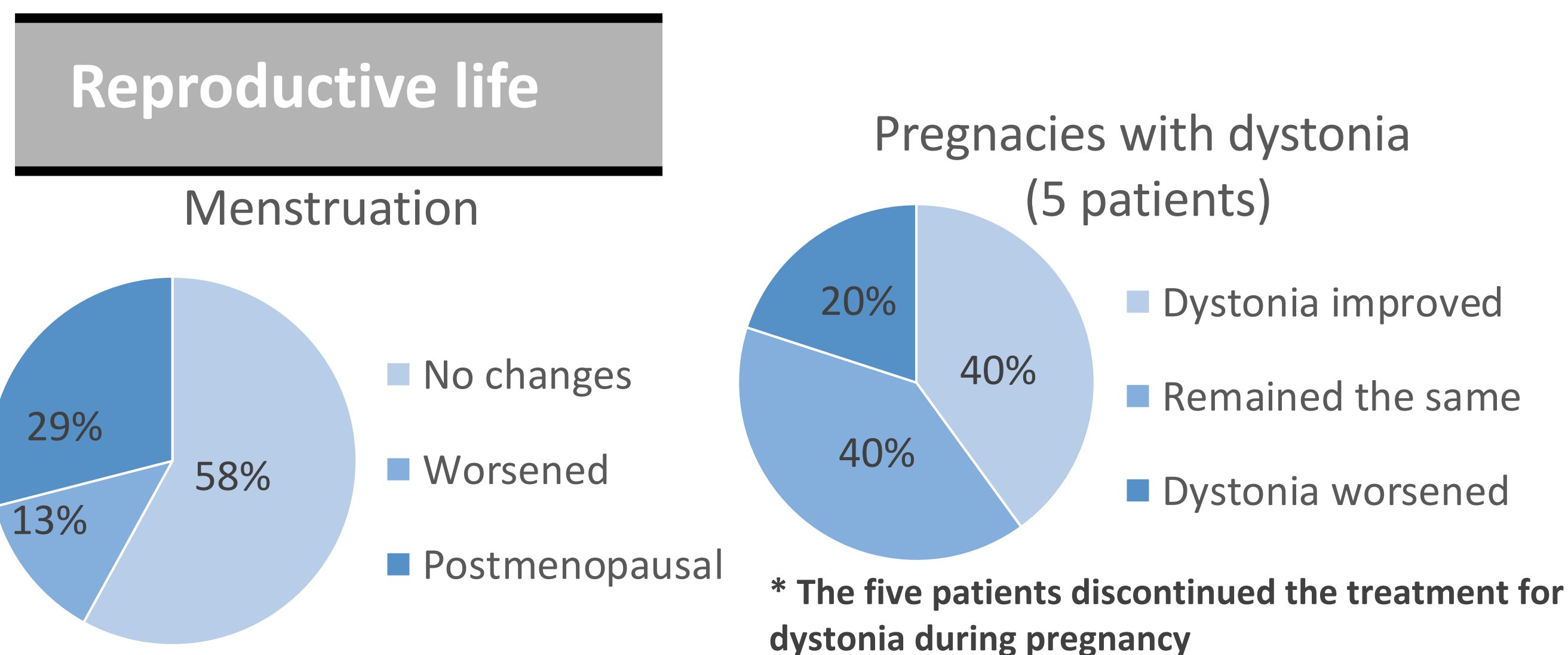


Life Satisfaction Scale					
Statements (ranging 5-25)					
1º In most ways my life is close to my ideal	1	2	3	4	5
2º The conditions of my life are excellent.	1	2	3	4	5
3º I am satisfied with life.	1	2	3	4	5
4º So far I have gotten the important things I want in life.	1	2	3	4	5
5º If I could live my life over, I would change almost nothing.	1	2	3	4	5



	Women	Men
Mean	13	15
Standard deviation	± 0.5	± 0.2

➔ **Non significant trend towards worse scores in life satisfaction scale in men**



Conclusions:

- Preliminary results of our study reveal a high repercussion in family, social, work life, and stigma, without significant differences between sexes.
- Most women did not report changes of dystonia with menstruation, while pregnancy generally improved the condition, even when treatments were universally discontinued.