Table II

ASSOCIATION BETWEEN ATTITUDES TO MEDICINAL AND RECREATIONAL MARIJUANA AND SOCIODEMOGRAPHIC VARIABLES. MONTERREY, NUEVO LEÓN, MÉXICO, 2016

Attitude	Gender	Age	Education	Had received education MM	Know someone who uses MM	Know someone who uses RM
Medicinal marijuana						
In my opinion the use of MM should be legalized	-0.084	-0.112	0.072	0.153*	0.065	-0.012
MM is safe when used responsibly	-0.013	0.022	0.072	0.156*	0.077	0.138
I think that legalization of MM will increase criminal rates	0.058	0.114	-0.073	0.037	0.041	0.066
Legalization of MM will impair efforts to combat drugs	-0.014	0.079	-0.116	-0.090	0.029	0.114
People that support legalization of MM are drug consumers	-0.062	-0.042	-0.210*	-0.018	0.062	0.054
Recreational marijuana						
In my opinion the use of RM should be legalized	-0.007	-0,146*	-0.060	0.015	-0.049	0.160*
RM is safe when used responsibly	-0.064	-0.229*	-0.141*	-0.092	-0.069	0.078
The legalization of marijuana for any use will increase criminal rates	-0.017	0.134	-0.078	0.021	-0.032	-0.065

*p<0.05

Spearman correlation

The survey was applied in the Medical area of *Universidad Autónoma de Nuevo León* and the vicinity of the Rectory building from June to July 2016

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for legalization of MM versus RM in Mexico is consistent with other Latin-American countries.[5]

The positive association between "to have received formal education about marijuana" with "support for legalization of MM" and with "safety when used responsibly" highlight the importance and the need of education about MM and RM.

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Body image perception and associated cognitive factors among elderly

Dear editor: In view of the publications that have observed a high prevalence of dissatisfaction with their image among elderly individuals, it is important to consider that biopsychosocial factors interfere in the perception that the elderly have of their image and that this can interfere in the quality of life of individuals.

Understanding body image can be defined as a multidimensional construct that individuals make about their physical attributes due to the complex involvement of biopsychosocial factors that influence the way people think, feel and behave in relation to the characteristics of their body.[1]

In this context, and knowing that the perception of body image can influence the adoption of behaviors directly related to the way they perceive themselves externally, this study sought to evaluate, among elderly people living in the city of Campina Grande / Paraíba / Brazil and attended by Family Health Strategy, the perception of the body image and the cognitive factors that influence its construction.

The nine silhouetted scale of Stunkard and colleagues[2] was used to evaluate the perception of body image among the elderly, and those who identified their current silhouette as they would like to have were considered satisfied with the body image. To obtain information regarding cognitive factors, we used variables related to cognitive impairment, depression and memory.

In order to detect the global cognitive impairment of the elderly, the Mini-Exam of the Mental State[3] was used, which classified the elderly, according to the influence of schooling on the performance in the exam, in: with cognitive impairment, and without cognitive impairment. For the identification of depression, the Geriatric Depression Scale[4] was used. From the obtained score, the subjects were classified with depression and without depression. For the identification of the memory variable, the Subjective Perception of Memory Complaints Questionnaire[5] was used, which identifies the memory decline among these subjects and the elderly were classified as follows: without loss of memory; with memory loss.

A total of 409 elderly were included in this study, 68.2% of them women. During simple logistic regression analysis, a statistically significant association was identified between body image dissatisfaction and the presence of depression and memory loss ($p<0.001$). It was observed that elderly people with depression and memory loss were more likely to have dissatisfaction with body image compared to those without depression and memory loss. Similar results were found in the literature[1] and indicate that the presence of problems related to mental health can make the individual more demanding with his body image.

After testing the models during multiple logistic regression, elderly people with depression, with or without memory loss, were identified as being more likely to be dissatisfied with their body image. In a review study it was found that the pressure from the media may result in body image dissatisfaction and an incessant search for an ideal body, which in turn can generate anxiety and depression.[6]

It is important to emphasize that the presence of anxiety and depression can impact the quality of life of the individuals and, therefore, the behaviors attributed to the psychological distress must be investigated and treated so that its effects do not interfere in the healthy aging.

The results verified by the present study reinforce the need to identify the aspects that would be associated to the construction of the body image in the elderly, in order to evaluate if the construction of the body image is related to pressures related to beauty or to a concern with the corporal functionality.

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Los desastres naturales y su impacto en la salud mental. Discusión en el contexto peruano

Señor editor: Durante los primeros meses del año 2017 el Perú sufrió las consecuencias del fenómeno climático denominado "niño costero". Informes del Centro de Operaciones de Emergencia Nacional (COEN) señalan 136 víctimas mortales, 17 236 damnificados y 1 075 932 afectados.[1] Además, el Ministerio de Salud indicó el aumento de casos de enfermedades de riesgo (3 858 por el virus de Zika, 657 de fiebre chikungunya, 1 211 de leptospirosis, 141 716 de enfermedades diarreicas agudas, 247 928 de infecciones respiratorias agudas y 18 014 de dengue).[2] Lo descrito motivó a declarar en emergencia sanitaria las regiones de Tumbes, Piura, Lambayeque, Cajamarca, La Libertad, Ancash y Lima, aparte de situar en alerta amarilla a todos los centros de salud.[3]

El Estado Peruano destinó 400 millones de soles (121 852 400 USD) para la atención de la emergencia y 800 millones de soles (243 704 800 USD) para la reconstrucción de la zona norte del país, que fue la más afectada. En el sector salud se asignaron nueve millones de soles (2 741 679 USD) para la fumigación y remoción de la basura en las regiones de Piura, Tumbes y Lambayeque, con el fin de evitar la aparición de enfermedades infecciosas.[4]

Si bien lo anterior es importante, también resulta ineludible conocer el impacto de los desastres naturales