



Selección de Resúmenes de Menopausia

Semana del 19 al 25 de abril de 2017

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Osteosarcopenic Obesity: Prevalence and Relation With Frailty and Physical Performance in Middle-Aged and Older Women.

Szlejf C, Parra-Rodríguez L, Rosas-Carrasco O.

OBJECTIVES: The aims of this study were to determine the prevalence of osteosarcopenic obesity (OSO) and to investigate its association with frailty and physical performance in Mexican community-dwelling middle-aged and older women. **DESIGN:** Cross-sectional analysis of a prospective cohort. **SETTING:** The FraDySMex study, a 2-round evaluation of community-dwelling adults from 2 municipalities in Mexico City. **PARTICIPANTS:** Participants were 434 women aged 50 years or older, living in the designated area in Mexico City. **MEASUREMENTS:** Body composition was measured with dual-energy X-ray absorptiometry and OSO was defined by the coexistence of sarcopenia, osteopenia, or osteoporosis and obesity. Information regarding demographic characteristics; comorbidities; mental status; nutritional status; and history of falls, fractures, and hospitalization was obtained from questionnaires. Objective measurements of muscle strength and function were grip strength using a hand dynamometer, 6-meter gait speed using a GAIT Rite instrumented walkway, and lower extremity functioning measured by the Short Physical Performance Battery (SPPB). Frailty was assessed using the Frailty Phenotype (Fried criteria), the Gerontopole Frailty Screening Tool (GFST), and the FRAIL scale, to build 3 logistic regression models. **RESULTS:** The prevalence of OSO was 19% (n = 81). Frailty (according to the Frailty Phenotype and the GFST) and poor physical performance measured by the SPPB were independently associated with OSO, controlled by age. In the logistic regression model assessing frailty with the Frailty Phenotype, the odds ratio (95% confidence interval) for frailty was 4.86 (2.47-9.55), and for poor physical performance it was 2.11 (1.15-3.89). In the model assessing frailty with the GFST, it was 2.12 (1.10-4.11), and for poor physical performance it was 2.15 (1.18-3.92). Finally, in the model with the FRAIL scale, it was 1.69 (0.85-3.36) for frailty and 2.29 (1.27-4.15) for poor physical performance. **CONCLUSION:** OSO is a frequent condition in middle-aged and older women, and it is independently associated with frailty and poor physical performance.

Asia Pac J Clin Nutr. 2017 May;26(3):514-523. doi: 10.6133/apjcn.042016.03.

Relationship between fruit and vegetable intake and the risk of metabolic syndrome and its disorders in Korean women according to menopausal status.

Hong SA, Kim MK.

BACKGROUND AND OBJECTIVES: The association between fruit and vegetable (FV) intake and risk of the metabolic syndrome (MetS) has not been elucidated fully, particularly by menopausal status. **Method and Study Design:** The study population was 2,999 women aged 40-64 years participating in the 4th Korea National Health and Nutrition Examination Survey. The definition of MetS and its components was based on the modified National Cholesterol Education Program Adult Treatment Panel III (NCEP ATP III) for Koreans. Dietary data were assessed by a 24-hour recall. **RESULTS:** Fruit intake was inversely related only to the risk of high blood pressure (BP), but not MetS. Total vegetable consumption was inversely associated with the MetS risk, and when combined with fruits, the inverse association was observed even in its features of high triglycerides (TG) and low HDLcholesterol as well as MetS. Assessing women by menopausal status revealed that the inverse association with the MetS risk was found only in postmenopausal women having greater total vegetables and total FV intake (aOR=0.47, 95% CI=0.29-0.75, p-trend=0.003 and aOR=0.54, 95% CI=0.35-0.85, p-trend=0.007, respectively). Analysis regarding MetS features showed that while the inverse association of total vegetables or total FV intake was observed with high TG risk in postmenopausal women, fruits intake was inversely associated with high BP risk in premenopausal women (aOR=0.54, 95% CI=0.37-0.79, p-trend=0.004). **CONCLUSION:** Results suggest that while fruit intake was inversely associated with high BP in premenopausal women, greater dietary intake of vegetables and total FV may protect against the risk of MetS, particularly in postmenopausal women.

Indian J Clin Biochem. 2017 Jun;32(2):179-185. doi: 10.1007/s12291-016-0591-8. Epub 2016 Jun 28.

The Appraisal of Antioxidant and Oxidant Status in Women Undergoing Surgical Menopause.

Kaur A, Negi P, Sarna V, Prasad R, Chavan BS, Malhotra A, Kaur G.

The present study was undertaken to study the impact of surgical menopause on oxidant and antioxidant status in relation to estrogen levels after 3 months of surgery. Total 130 women who had undergone total hysterectomy (TH) with or without bilateral salpingo-oophorectomy (BSO) were included in this study. The oxidant status was assessed by measuring plasma levels of malondialdehyde and antioxidant status was assessed by measuring superoxide dismutase, catalase, glutathione, glutathione peroxidase, estrogen, and Vitamin A, E and C levels. The malondialdehyde level was significantly increased ($p < 0.05$) in all women who underwent TH with or without BSO. Significant increased levels of superoxide dismutase were observed in women who underwent TH with BSO. The blood glutathione levels were significantly decreased in women after TH only but significantly increased in women who had undergone TH with BSO. The levels of estrogen, vitamin E and vitamin C were significantly decreased in women who underwent TH with BSO. The catalase, GPx and vitamin A did not differ significantly in all groups. The result suggests that surgical menopause is associated with oxidative stress which reiterates the fact that ovaries retain some function even after menopause.

Obstet Gynecol. 2017 May;129(5):e134-e141. doi: 10.1097/AOG.0000000000002044.

Committee Opinion No. 698: Hormone Therapy in Primary Ovarian Insufficiency.

[No authors listed]

Primary ovarian insufficiency describes a spectrum of declining ovarian function and reduced fecundity due to a premature decrease in initial follicle number, an increase in follicle destruction, or poor follicular response to gonadotropins. The sequelae of primary ovarian insufficiency include vasomotor symptoms, urogenital atrophy, osteoporosis and fracture, cardiovascular disease, and increased all-cause mortality. In women with primary ovarian insufficiency, systemic hormone therapy (HT) is an effective approach to treat the symptoms of hypoestrogenism and mitigate long-term health risks if there are no contraindications to treatment. Hormone therapy is indicated to reduce the risk of osteoporosis, cardiovascular disease, and urogenital atrophy and to improve the quality of life of women with primary ovarian insufficiency. Although exogenous estrogen replacement is recommended for women with primary ovarian insufficiency, data comparing various hormonal regimens for disease prevention, symptom amelioration, and safety are lacking in this population. As a first-line approach, HT (either orally or transdermally) that achieves replacement levels of estrogen is recommended. Combined hormonal contraceptives prevent ovulation and pregnancy more reliably than HT; despite only modest odds of spontaneous pregnancy in women with primary ovarian insufficiency, this is a critical consideration for those who deem pregnancy prevention a priority. Treatment for all women with primary ovarian insufficiency should continue until the average age of natural menopause is reached (age 50-51 years). Finally, considering the challenges that adolescents and young women may face in coping with the physical, reproductive, and social effects of primary ovarian insufficiency, comprehensive longitudinal management of this condition is essential.

Arch Osteoporos. 2017 Dec;12(1):43. doi: 10.1007/s11657-017-0324-5. Epub 2017 Apr 19.

UK clinical guideline for the prevention and treatment of osteoporosis.

Compston J, Cooper A, Cooper C, Gittoes N, Gregson C, Harvey N, Hope S, Kanis JA, McCloskey EV, Poole KES, Reid DM1, Selby P, Thompson F, Thurston A, Vine N; National Osteoporosis Guideline Group (NOGG).

INTRODUCTION: In 2008, the UK National Osteoporosis Guideline Group (NOGG) produced a guideline on the prevention and treatment of osteoporosis, with an update in 2013. This paper presents a major update of the guideline, the scope of which is to review the assessment and management of osteoporosis and the prevention of fragility fractures in postmenopausal women and men age 50 years or over. **METHODS:** Where available, systematic reviews, meta-analyses and randomised controlled trials were used to provide the evidence base. Conclusions and recommendations were systematically graded according to the strength of the available evidence. **RESULTS:** Review of the evidence and recommendations are provided for the diagnosis of osteoporosis, fracture-risk assessment, lifestyle measures and pharmacological interventions, duration and monitoring of bisphosphonate therapy, glucocorticoid-induced osteoporosis, osteoporosis in men, postfracture care and intervention thresholds.

CONCLUSION: The guideline, which has received accreditation from the National Institute of Health and Care Excellence (NICE), provides a comprehensive overview of the assessment and management of osteoporosis for all healthcare professionals who are involved in its management.

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The effect of high-dose vitamin D supplementation on muscular function and quality of life in postmenopausal women - a randomized controlled trial.

Grimnes G, Emaus N, Cashman KD, Jorde R.

OBJECTIVE: Observational studies have suggested positive associations between serum 25-hydroxyvitamin D (25(OH)D) levels and muscular strength, balance and quality of life. Our aim was to examine whether high-dose vitamin D supplementation would improve these measures as compared to standard-dose vitamin D, as well as the possible muscular effects of Single Nucleotide Polymorphisms (SNPs) in genes encoding vitamin D-related enzymes.

DESIGN: A 12-month randomized, double-blind, controlled trial where the participants received daily elemental calcium (1,000 mg) plus vitamin D3 (800 IU). In addition, the participants were randomized to receive either capsules with vitamin D3 (20,000 IU) or matching placebos to be taken twice a week. PATIENTS: 297 postmenopausal women with osteopenia or osteoporosis. MEASUREMENTS: Muscle strength (handgrip and knee extensor strength), balance (tandem test) and quality of life (EQ-5D) were measured at baseline and after 12 months. The subjects were genotyped for SNPs related to vitamin D metabolism. RESULTS: Of the 297 included women, 275 completed the study. Mean serum 25(OH)D levels dramatically increased in the high-dose group (from 64.7 to 164.1 nmol/l; $p < 0.01$), while a more moderate increase was observed in the standard-dose group (from 64.1 to 81.8 nmol/l; $p < 0.01$). There was no significant difference between the groups in change in muscular strength, balance or quality of life over the intervention period. Polymorphisms in rs3829251 (located in the 7-dehydrocholesterol reductase gene) was associated with muscle strength and treatment effects. CONCLUSION: One-year treatment with high-dose vitamin D had no effect on muscular strength, balance or quality of life in postmenopausal women with osteopenia or osteoporosis as compared to standard-dose. The association between rs3829251 and muscle strength needs confirmation in other populations.

Eur J Obstet Gynecol Reprod Biol. 2017 Apr 2;213:39-44. doi: 10.1016/j.ejogrb.2017.03.036. [Epub ahead of print]

Safety and long-term efficacy of fractional CO2 laser treatment in women suffering from genitourinary syndrome of menopause.

Behnia-Willison F, Sarraf S, Miller J, Mohamadi B, Care AS, Lam A, Willison N, Behnia L, Salvatore S.

OBJECTIVES: To evaluate the safety and long-term efficacy of fractional CO2 laser treatment in reducing the severity of symptoms of genitourinary syndrome of menopause (GSM) in menopausal women. STUDY DESIGN: 102 women presenting with symptomatic GSM were treated with the fractional CO2 laser (MonaLisa Touch, DEKA) system across a series of treatments delivered at intervals of six or more weeks. The Australian Pelvic Floor Questionnaire was used to gather data on sexual function and side-effects at three time-points across the study period (prospective panel design study). Wilcoxon signed-rank tests were used to detect statistically and clinically significant changes in sexual function and side-effects occurring from pre- to post-treatment. The primary outcome of this study was an improvement of the symptoms of GSM. The secondary outcome included bladder function and prolapse symptoms. RESULTS: A total of 102 women suffering from moderate to severe GSM were recruited. Eighty-four percent experienced significant improvement in their symptoms after CO2 laser treatment. Scores on measures of sexual function, dyspareunia, and bothersomeness of sexual issues were improved from pre-treatment to long-term (12-24 month) follow-up. Furthermore, there were improvements on measures of bladder function ($P = 0.001$), prolapse ($P = 0.001$), vaginal sensation ($P = 0.001$), vaginal lubrication ($P < 0.001$) and urge incontinence ($P = 0.003$) from the pre-treatment assessment to the second assessment (i.e. after the third treatment). CONCLUSIONS: In this study, fractional microablative CO2 laser treatment was associated with an improvement in symptoms of GSM and sexual function.