Selección de Resúmenes de Menopausia

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Are vaginal estrogens effective for preventing urinary tract infection in postmenopausal women?

Canales JP, Castro V, Rada G.

INTRODUCTION: Urinary tract infection commonly affects postmenopausal women, probably because of the changes in vaginal flora secondary to estrogen deficiency. So, the use of vaginal estrogens could revert this process and then decrease the risk of infection. However, it is not clear whether they are really effective. METHODS: To answer this question we used Epistemonikos, the largest database of systematic reviews in health, which is maintained by screening multiple information sources, including MEDLINE, EMBASE, Cochrane, among others. We extracted data from the systematic reviews, reanalyzed data of primary studies, conducted a meta-analysis and generated a summary of findings table using the GRADE approach. RESULTS AND CONCLUSIONS: We identified seven systematic reviews including four primary studies overall and all were randomized trials. We concluded it is not clear whether vaginal estrogens decrease the risk of symptomatic urinary infection because the certainty of the available evidence is very low.

Vitamin D deficiency is associated with metabolic syndrome in postmenopausal women.

Schmitt EB, Nahas-Neto J, Bueloni-Dias F, Poloni PF, Orsatti CL, Petri Nahas EA.

OBJECTIVE: To evaluate the association between vitamin D (VD) deficiency and risk factors for metabolic syndrome (MetS) in postmenopausal women. STUDY DESIGN: Observational, cross-sectional cohort study. MAIN OUTCOME MEASURES: In this study, 463 women, aged 45-75 years, with amenorrhea >12months, without VD supplementation or established cardiovascular disease were included. Clinical and anthropometric data were collected. Biochemical parameters, including total cholesterol (TC), HDL, LDL, triglycerides, glucose, insulin and 25-hydroxyvitamin-D [25(OH)D] were measured. Women meeting three or more of the following criteria were diagnosed with MetS: waist circumference >88cm, triglycerides ≥150mg/dL, HDL <50mg/dL, blood pressure ≥130/85mmHg and glucose ≥100mg/dL. Serum 25(OH)D levels were classified as sufficient (≥30ng/mL), insufficient (20-29ng/mL) or deficient (<20ng/mL). ANOVA, chi-square test and logistic regression (odds ratio, OR) were used for statistical analysis. RESULTS: Serum 25(OH)D levels were sufficient in 148 women (32.0%), insufficient in 151 (32.6%) and deficient in 164 (35.4%). Women with low 25(OH)D levels had higher TC, triglycerides, insulin and HOMA-IR levels (p<0.05). MetS was detected in 57.8% (182/315) of women with hypovitaminosis D (insufficient and deficient) and in 39.8% (59/148) of those with sufficient VD (p=0.003). In a multivariate logistic regression analysis, a low 25(OH)D level (<30ng/mL) was significantly associated with MetS (OR1.90, 95%CI=1.26-2.85), high triglyceride levels (OR1.55, 95%CI=1.13-2.35), and low HDL levels (OR1.60, 95%CI=1.19-2.40) (p<0.05) compared with women with sufficient 25(OH)D levels, after adjusting for age, time since menopause, body mass index, smoking and physical exercise. The mean concentration of 25(OH)D decreased with increasing numbers of MetS components (p=0.016). CONCLUSIONS: VD deficiency in postmenopausal women was associated with a higher prevalence of MetS. Women with VD deficiency had a higher risk of MetS, hypertriglyceridemia and low HDL than those with adequate levels.

Excess fat in the abdomen but not general obesity is associated with poorer metabolic and cardiovascular health in premenopausal and postmenopausal Asian women.

Goh VHH, Hart WG.

OBJECTIVES: To examine the associations of various metabolites and hormones and hormone replacement therapy (HRT) with obesity. METHODS: This is a cross-sectional study of 1326 Singaporean women. A DXA-derived percent body fat (PBF) of ≥35% and percent abdominal fat (PAbdF) of >21.8% were used, respectively, to define women with general (GOb) and abdominal (AbdOb) obesity. RESULTS: Higher levels of insulin and glucose, lower levels of HDL, higher levels of TC/HDL and HOMA values, and different levels of some hormones were noted only in the women with abdominal, and not general obesity. The incidence of general and abdominal obesity was higher in postmenopausal women with or without HRT, except that those who were on conjugated estradiol-only HRT had no increase in the incidence of general obesity compared with premenopausal women. CONCLUSIONS: Abdominal obesity is associated with insulin resistance and with higher risks of metabolic syndrome and cardiovascular diseases, whereas general obesity is not. Abdominal obesity may predispose to a higher risk of diabetes. The onset of the menopause tends to increase the incidence of general and abdominal obesity, except that postmenopausal women on conjugated estradiol HRT appear to be relatively protected from general obesity.

Tree nut, peanut, and peanut butter intake and risk of postmenopausal breast cancer: The Netherlands Cohort Study.

van den Brandt PA, Nieuwenhuis L.

PURPOSE: Nut intake has been associated with reduced mortality and risk of cardiovascular diseases, but there is only limited evidence on cancer. We investigated the relationship between nut intake and risk of postmenopausal breast cancer, and estrogen/progesterone receptor (ER/PR) subtypes. METHODS: In The Netherlands Cohort Study, 62,573 women aged 55-69 years provided information on dietary and lifestyle habits in 1986. After 20.3 years of follow-up, 2,321 incident breast cancer cases and 1,665 subcohort members were eligible for multivariate case-cohort analyses. RESULTS: Total nut intake was significantly inversely related to ER negative (ER -) breast cancer risk, with HR 0.55 (95% CI 0.33-0.93) for those consuming at least 10 g nuts/day versus non-consumers (p trend = 0.025). There were no significant inverse associations with ER + or total breast cancer. While there was no variation between PR subtypes, the ER-PR- subtype was also significantly inversely associated with nut intake, with HR 0.53 (95% CI 0.29-0.99), p trend = 0.037. Intake of peanuts and tree nuts separately was also inversely related to ER - breast cancer subtypes, while no associations were found with peanut butter intake. CONCLUSIONS: Our findings suggest an inverse association between nut intake and ER - breast cancer, and no association with total or hormone receptor-positive subtypes.

The effect of weight change over a 2-year period on inflammatory status in postmenopausal women.

Cronin BE, Allsopp PJ, Slevin MM, Magee PJ, McCaffrey TA, Livingstone MBE, Strain JJ, McSorley EM.

BACKGROUND/OBJECTIVES: Body fat distribution has been shown to be a predictor of adhesion molecule and inflammatory marker expression albeit the effect of modest weight change on concentrations of adhesion molecules and inflammatory markers in postmenopausal women are not fully understood. The primary aim was to investigate the effects of weight change on adhesion molecules and inflammatory markers over 24 months in postmenopausal women.
SUBJECTS/METHODS: Body composition was assessed in 254 healthy postmenopausal women using dual-energy X-ray absorptiometry (DXA). Adhesion molecules and inflammatory markers were analysed by multiplex ELISA. Participants weight gain/loss at 24 months was defined as any value that was either above/below the weight value recorded at baseline. RESULTS: Postmenopausal women with an average weight loss of 3% had significantly decreased leptin concentrations by 18% at 24 months (P < 0.01). A 4% increase in body weight or a 9% increase in FMI significantly increased intercellular adhesion molecule-1 (ICAM-1), tumour necrosis factor-α (TNF-α) and leptin concentrations in postmenopausal women at 24 months (P < 0.01). CONCLUSIONS: Modest weight loss in postmenopausal women has a lowering effect on leptin concentrations over 24 months which may improve inflammatory status whilst modest weight gain increases ICAM-1, leptin and TNF-α, markers which are associated with a pro-inflammatory state and vascular complications.

Systemic and local effects of vaginal dehydroepiandrosterone (DHEA): NCCTG N10C1 (Alliance).

Barton DL, Shuster LT, Dockter T, Atherton PJ, Thielen J, Birrell SN, Sood R, Griffin P, Terstriep SA, et al.

BACKGROUND: Dehydroepiandrosterone (DHEA) is helpful for treating vaginal symptoms. This secondary analysis evaluated the impact of vaginal DHEA on hormone concentrations, bone turnover, and vaginal cytology in women with a cancer history. METHODS: Postmenopausal women, diagnosed with breast or gynecologic cancer, were eligible if they reported at least moderate vaginal symptoms. Participants could be on tamoxifen or aromatase inhibitors (AIs). Women were randomized to 3.25 versus 6.5 mg/day of DHEA versus a plain moisturizer (PM) control. Sex steroid hormone levels, biomarkers of bone formation, vaginal pH, and maturation index were collected at baseline and 12 weeks. Analysis included independent t tests and Wilcoxon rank tests, comparing each DHEA arm with the control. RESULTS: Three hundred forty-five women contributed evaluable blood and 46 contributed evaluable cytology and pH values. Circulating DHEA-S and testosterone levels were significantly increased in those on vaginal DHEA in a dose-dependent manner compared to PM. Estradiol was significantly increased in those on 6.5 mg/day DHEA but not in those on 3.25 mg/day DHEA ($p < 0.05$ and $p = 0.05$, respectively), and not in those on AIs. Biomarkers of bone formation were unchanged in all arms. Maturation of vaginal cells was 100% (3.25 mg/day), 86% (6.5 mg/day), and 64% (PM); pH decreased more in DHEA arms. CONCLUSION: DHEA resulted in increased hormone concentrations, though still in the lowest half or quartile of the postmenopausal range, and provided more favorable effects on vaginal cytology, compared to PM. Estrogen concentrations in women on AIs were not changed. Further research on the benefit of vaginal DHEA is warranted in hormone-dependent cancers.

Cancers in France in 2015 attributable to high body mass index.

Arnold M, Touillaud M, Dossus L, Freisling H, Bray F, Margaritis I, Deschamps V, Soerjomataram I.

BACKGROUND: Overweight, as defined by high body mass index (BMI), is an established risk factor for various morbidities including cancer. Globally, its prevalence has increased markedly over the past decades. The aim of this study was to estimate the proportion and number of cancers that were attributable to high BMI in France in 2015. METHODS: Population attributable fractions (PAFs) and numbers of cancer cases attributable to high BMI (a population mean BMI above the optimum of 22kg/m2) were estimated by age and sex, for cancer sites with convincing or probable evidence of an established causal link. Assuming a 10-year lag-period, PAFs were calculated using mean BMI estimates from a cross-sectional French population survey, and relative risk estimates from published meta-analyses. RESULTS: An estimated 18,639 cancer cases diagnosed in France in 2015 were attributable to high BMI, corresponding to 5.3% of all cancer cases (6.7% in women and 4.1% in men). This included 4507 cases of postmenopausal breast and 3380 cases of colon cancer. The highest estimated PAFs were for oesophageal adenocarcinoma and corpus uteri cancer (37% and 34%, respectively). CONCLUSION: High BMI is associated with a substantial number of cancer cases in France, a country with a low but increasing prevalence of overweight and obesity when compared to other European countries. Assuming that the association between high BMI and cancer is causal, these results highlight the need to prioritise the prevention of this risk factor as part of cancer control planning in France and elsewhere in Europe.