



## Selección de Resúmenes de Menopausia

Semana del 7 al 13 de marzo de 2018

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**Eur J Epidemiol. 2018 Mar 10. doi: 10.1007/s10654-018-0374-z. [Epub ahead of print]**

### **Lifestyle factors, cardiovascular disease and all-cause mortality in middle-aged and elderly women: a systematic review and meta-analysis.**

Colpani V, Baena CP, Jaspers L, van Dijk GM, Farajzadegan Z, Dhana K, Tielemans MJ, Voortman T, et al.

Cardiovascular disease (CVD) risk factors, incidence and death increases from around the time of menopause comparing to women in reproductive age. A healthy lifestyle can prevent CVD, but it is unclear which lifestyle factors may help maintain and improve cardiovascular health for women after menopausal transition. We conducted a systematic review and meta-analysis of prospective cohort studies to evaluate the association between modifiable lifestyle factors (specifically smoking, physical activity, alcohol intake, and obesity), with CVD and mortality in middle-aged and elderly women. Pubmed, Embase, among other databases and reference lists were searched until February 29th, 2016. Study specific relative risks (RR) were meta-analyzed using random effect models. We included 59 studies involving 5,358,902 women. Comparing current versus never smokers, pooled RR were 3.12 (95% CI 2.15-4.52) for CHD incidence, 2.09 (95% CI 1.51-2.89) for stroke incidence, 2.76 (95% CI 1.62-4.71) for CVD mortality and 2.22 (95% CI 1.92-2.57) for all-cause mortality. Physical activity was associated with a decreased risk of 0.74 (95% CI 0.67-0.80) for overall CVD, 0.71 (95% CI 0.67-0.75) for CHD, 0.77 (95% CI 0.70-0.85) for stroke, 0.70 (95% CI 0.58-0.84) for CVD mortality and 0.71 (95% CI 0.65-0.78) for all-cause mortality. Comparing moderate drinkers versus non-drinkers, the RR was 0.72 (95% CI 0.56-0.91) for CHD, 0.63 (95% CI 0.57-0.71) for CVD mortality and 0.80 (95% CI 0.76-0.84) for all-cause mortality. For women with BMI 30-35 kg/m<sup>2</sup> the risk was 1.67 (95% CI 1.24-2.25) for CHD and 2.3 (95% CI 1.56-3.40) for CVD mortality, compared to normal weight. Each 5 kg/m<sup>2</sup> increase in BMI was associated with 24% (95% CI 16-33%) higher risk for all-cause mortality. This meta-analysis suggests that physical activity and moderate alcohol intake were associated with a reduced risk for CVD and mortality. Smoking and higher BMI were associated with an increased risk of these endpoints. Adherence to a healthy lifestyle may substantially lower the burden of CVD and reduce the risk of mortality among middle-aged and elderly women. However, this review highlights important gaps, as lack of standardized methods in assessing lifestyle factors and lack of accurate information on menopause status, which should be addressed by future studies in order to understand the role of menopause on the association between lifestyle factors and cardiovascular events.

**Arch Osteoporos. 2018 Mar 9;13(1):23. doi: 10.1007/s11657-018-0423-y.**

### **Decreasing trend of hip fractures incidence in Italy between 2007 and 2014: epidemiological changes due to population aging.**

Tarantino U, Piscitelli P, Feola M, Neglia C, Rao C, Gimigliano F, Iolascon G.

We analyzed hospitalization for hip fractures in elderly Italian people from 2007 to 2014. The number of fractures increased by 5.50% (women +3.36; men +12.9%) only due to people aged  $\geq 85$  years old. Incidence rates per 10,000 inhabitants decreased in all the age groups (65-74, 75-84, and also  $\geq 85$ ). PURPOSE: To assess the burden of hip fractures in elderly Italian population moving from our previous researches documented a reduced incidence of hip fractures in Italian women aged 65-74 years old. METHODS: We analyzed national hospitalization records from 2007 to 2014 to compute age- and sex-specific rates at national and regional level. RESULTS: Seven hundred forty-one thousand six hundred thirty-three a total of 741,633 hospitalizations were observed in people  $\geq 65$  (women 568,203; men 173,430), with an overall increase of 5.50% over the 8-year period (females +3.36; males +12.9%). About 43.75% of total hip fractures were suffered by patients aged  $\geq 85$  years old. Women aged  $\geq 85$  accounted for 34.49% (n = 255,763) of total fractures. The incidence rate per 10,000 inhabitants in people aged 65-74 decreased from 28.65 to 25.31 in women (-13.02%) and from 13.41 to 11.65 in men (-13.12%). Incidence per 10,000 in people 75-84 decreased from 121.6 to 105.2 in women (-13.49%) and from 55.8 to 47.5 in men (-14.87%). Also, in people aged  $\geq 85$ , the incidence per 10,000 declined from 300.99 to 268.72 in women (-10.72%) and from 174.59 to 171.17 in men (-1.96%). Standardized rates (SR) per 10,000 in the overall population aged 65 years old and over decreased between 2007 and 2014 from 22.9 to 20.1 and from 7.0 to 6.3 in women and men, respectively. Decreasing trends

were documented in all Italian regions between 65 and 79 years old, with further reduction up to 84 years old in 16 regions out of 20. Region Lazio showed a decreasing trend also in people aged > 85 years old. **CONCLUSION:** While the number of hospitalizations for hip fractures in Italy is still increasing due to the fractures occurring in people  $\geq 85$  years old, incidence rates are decreasing in all the age groups, including the oldest one, possibly because the number of subjects aged  $\geq 85$  is growing faster than the number of fractures.

**Climacteric. 2018 Mar 9:1-11. doi: 10.1080/13697137.2018.1439914. [Epub ahead of print]**

### **Migraine, hormones and the menopausal transition.**

Hipolito Rodrigues MA, Maitrot-Mantelet L, Plu-Bureau G, Gompel A.

Migraine is a common, disabling and incapacitating headache disorder that may be triggered by many factors, such as hormones especially during the perimenopausal period, where large alterations in estradiol levels can occur. The evidence implies that hormonal fluctuations are one of the important triggers of migraine. During reproductive life and during hormonal contraception, the course of migraine can be impacted. Different types of migraine with and without aura can be variously influenced by hormones. Migraine can constitute a risk factor for stroke and this must be taken in account for menopause hormone therapy. Hormone therapy is a possible approach to prevent migraine that happens during the menopause transition. Scarce data on the various regimens and types of hormone therapy are available. Transdermal estradiol displays a more favorable profile on migraine than oral estrogens because it may provide more constant levels of estrogens.

**Osteoporos Int. 2018 Mar 8. doi: 10.1007/s00198-018-4414-z. [Epub ahead of print]**

### **Estrogen therapy for osteoporosis in the modern era.**

Levin VA, Jiang X, Kagan R.

Menopause predisposes women to osteoporosis due to declining estrogen levels. This results in a decrease in bone mineral density (BMD) and an increase in fractures. Osteoporotic fractures lead to substantial morbidity and mortality, and are considered one of the largest public health priorities by the World Health Organization (WHO). It is therefore essential for menopausal women to receive appropriate guidance for the prevention and management of osteoporosis. The Women's Health Initiative (WHI) randomized controlled trial first proved hormonal therapy (HT) reduces the incidence of all osteoporosis-related fractures in postmenopausal women. However, the study concluded that the adverse effects outweighed the potential benefits on bone, leading to a significant decrease in HT use for menopausal symptoms. Additionally, HT was not used as first-line therapy for osteoporosis and fractures. Subsequent studies have challenged these initial conclusions and have shown significant efficacy of HT in various doses, durations, regimens, and routes of administration. These studies support that HT improves BMD and reduces fracture risk in women with and without osteoporosis. Furthermore, the studies suggest that low-dose and transdermal HT are less likely associated with the adverse effects of breast cancer, endometrial hyperplasia, coronary artery disease (CAD), and venous thromboembolism (VTE) previously observed in standard-dose oral HT regimens. Given the need for estrogen in menopausal women and evidence supporting the cost effectiveness, safety, and efficacy of HT, we propose that HT should be considered for the primary prevention and treatment of osteoporosis in appropriate candidates. HT should be individualized and the once "lowest dose for shortest period of time" concept should no longer be used. This review will focus on the prior and current studies for various HT formulations used for the prevention and treatment of osteoporosis, exploring the safety profile of low-dose and transdermal HT that have been shown to be safer than oral standard-dose HT.

**Rocz Panstw Zakl Hig. 2018;69(1):95-101.**

### **Body composition and fatty tissue distribution in women with various menstrual status**

Dmitruk A, Czezelewski J, Czezelewska E, Golach J, Parnicka U.

Background: Menopause, also referred to as climacterium, is a period of multiple changes in the structure and functions of a woman organism. Objective: Determination of differences in body composition and fatty tissue distribution in women from groups discriminated based on their menstrual status. Material and Methods: The survey covered 312 women aged 38-75 years. Menstrual status of the surveyed women was established according to WHO guidelines based on answers to a questionnaire, and three groups were discriminated: women in the premenopausal

period (group 1), in the perimenopausal period (group 2), and in the postmenopausal period (group 3). The following anthropological measurements were taken: body height, body mass, waist and hip circumference, and thickness of 6 skinfolds. Their results enabled evaluating the somatic built of women in the separated groups. Fatty tissue distribution was determined based on TER distribution index calculated as a ratio of the sum of trunk skinfolds (TSS) to the sum of extremity skinfolds (ESS). Body composition of the women, including percentage of body fat, lean body mass, soft tissue mass, and total body water, was assessed using an IOI 353 analyzer by JAWON MEDICAL. In addition, percentages of women with underweight, normal content of fatty tissue, and these with overweight and obesity were calculated. The WHR index was computed in the case of obese women. Results: The highest values of body mass, hip circumference and most of the skinfolds were determined in the perimenopausal group, whereas the postmenopausal women were characterized by the highest percentage of body fat (PBF) and by the lowest contents of lean tissue, soft tissue, and total water content in the body. The highest percentage of obese women was found in the postmenopausal group, including 40% of them having visceral type obesity. The occurrence of the menopause contributed to changes in fatty tissue distribution, causing its shift from extremities toward the trunk. Conclusions: The study showed differences in the somatic built and body composition in groups of women distinguished based on their menstrual status.

**J Fam Pract. 2018 Mar;67(3):175-176.**

### **Clinical Inquiries: Does exercise relieve vasomotor menopausal symptoms?**

Lyon C, Mullen R, Deffenbacher B, Reed A, Nashelsky J.

No. Exercise doesn't decrease the frequency or severity of vasomotor menopausal symptoms in perimenopausal and postmenopausal women (strength of recommendation: A, systematic review of randomized controlled trials [RCTs] and consistent RCT).

**Menopause. 2018 Mar 5. doi: 10.1097/GME.0000000000001091. [Epub ahead of print]**

### **Climacteric-related symptoms in menopause transition and beyond: a prospective 19-year follow-up study on previously hysterectomized women.**

Katainen R, Engblom JR, Polo-Kantola P.

**OBJECTIVE:** Only a few extended follow-up studies have investigated the natural progress of climacteric-related symptoms. The results have been conflicting. Thus, our aim was to evaluate, through a 19-year longitudinal study, whether these symptoms decrease or disappear as time elapses after menopause. **METHODS:** Our study was a prospective follow-up survey of 65 hysterectomized peri or postmenopausal women. The women were interviewed at the baseline, and at 6 and 19 years thereafter. Changes in various climacteric-related symptoms were evaluated by repeated-measures analysis of variance with time as the independent variable. The analyses were adjusted for baseline age, body mass index, employment, and use of hormone therapy. Climacteric-related symptoms were evaluated with the Women's Health Questionnaire, of which we included seven symptom domains (vasomotor, sleep, depressive, anxiety/fears, cognitive, sexual, and somatic). **RESULTS:** Vasomotor symptoms decreased remarkably during the follow-up period. In addition, a statistically significant decrease was found in sleep problems and cognitive difficulties. However, the decrease was minor, and thus probably clinically insignificant. **CONCLUSIONS:** The only symptom with notable decrease was vasomotor symptoms. The etiology of other symptoms, commonly connected to menopause transition, is probably multifactorial and not substantially dependent on the climacteric.

**Menopause. 2018 Mar 5. doi: 10.1097/GME.0000000000001089. [Epub ahead of print]**

### **Association between waist-to-height ratio and anxiety in middle-aged women: a secondary analysis of a cross-sectional multicenter Latin American study.**

Arroyo KJ, Ramos-Torres G, Mezones-Holguin E, Blümel JE, Barón G, Bencosme A, Benítez Z, Bravo LM, et al.

**OBJECTIVE:** The aim of the study was to evaluate the association between waist-to-height ratio (WHtR) and anxiety in middle-aged women. **METHODS:** We carried out a secondary analysis of data from a multicenter study of women between 40 and 59 years old from 11 Latin America countries. Anxiety was assessed using the Goldberg Anxiety and Depression Scale. WHtR was calculated according to World Health Organization standards and categorized in tertiles: upper, middle, and lower using 0.45 and 0.6 as cutoff values. Prevalence ratios (PRs) and 95% CIs were calculated by generalized linear models of Poisson family with robust standard errors, both crude and

adjusted models based on statistical and epidemiological criteria. RESULTS: Data of a total of 5,580 women were analyzed. Mean age was  $49.7 \pm 5.5$  years, and 57.9% were postmenopausal. The 61.3% of women had anxiety and mean WHtR was  $0.54 \pm 0.1$ . In the crude model, compared with women in lower tertile, those in the middle (PR: 1.07; 95% CI, 1.01-1.13) and upper (PR: 1.23 95% CI, 1.07-1.29) WHtR tertile were significantly more likely to have anxiety. In the adjusted models, only women in upper tertile were, however, more likely of displaying anxiety than those in lower tertile (PR: 1.13; 95% CI, 1.08-1.18). CONCLUSIONS: In this series, WHtR was associated with anxiety in middle-aged women. It is advisable to further study this anthropometric measure in order for it to be incorporated in the routine clinical practice and evaluation of middle-aged women.

**Prz Menopauzalny. 2017 Sep;16(3):104-106. doi: 10.5114/pm.2017.70588. Epub 2017 Oct 12.**

### **Differences in the What's My M3? test between pre- and postmenopausal women.**

Carranza-Lira S, Pablo-Cruz E.

Aim of the study: To evaluate the differences in the What's My M3 test between pre and postmenopausal women.

Material and methods: Pre- and postmenopausal women who attended an endocrine gynaecology consultation were studied. In all them, the What's My M3? test was applied. Descriptive statistics, central tendency and dispersion measures were used. Differences between groups were assessed with Mann Whitney U test, and Spearman correlation analysis was carried out for age and time since menopause with the What's My M3? score. Results: A total of 404 patients, aged 45 to 55 years, were surveyed. Women with previous diagnosis of depressive disorder, antidepressant use, history of hysterectomy with or without bilateral salpingo-oophorectomy were excluded. Finally 202 premenopausal and 164 postmenopausal were studied. A score in the What's My M3? test  $\geq 33$  was considered as abnormal. Postmenopausal women had a higher score in the test than premenopausal women, 15 (0-69) and 6 (0-42) respectively ( $p < 0.001$ ). In the sub-analysis of the What's My M3? test, also the postmenopausal women had statistically significant greater score in depression, anxiety, bipolar disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. It was found that when older, the women had a higher score ( $p < 0.001$ ), (Spearman's Rho,  $p < 0.005$ ). Conclusions: Postmenopausal women had higher score in the What's My M3? test than premenopausal women.

*Nota. My M3 is The 3 Minute Test for Depression, Anxiety, Bipolar Disorder and post-traumatic stress disorder.*