Selección de Resúmenes de Menopausia

Semana del 23 al 29 de enero de 2019
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Efficacy and safety of a non-hormonal intravaginal moisturizer for the treatment of vaginal dryness in postmenopausal women with sexual dysfunction.

Vale F, Rezende C, Raciclan A, Bretas T, Geber S.

OBJECTIVE: Evaluate the efficacy and safety of a non-hormonal intravaginal moisturizer on reducing the symptoms arising from vaginal dryness and sexual dysfunction. STUDY DESIGN: A total of 37 postmenopausal women used a non-hormonal intravaginal Moisturizer (polycarbophil, butyl ester of a copolymer of methyl vinyl ether/ copolymer PVM/MA, 50% sodium lactate solution, and Carbopol) twice a week for 12 weeks. The vaginal moisture levels, volume of fluid, elasticity, and epithelium integrity were assessed using the Vaginal Health Index. Sexual function was measured using the Female Sexual Function Index questionnaire. All women were evaluated before starting treatment and at the 4th, 8th and 12th weeks of the study. At the end of the study, the patients analysed the treatment regarding to their satisfaction with the product, and its application system, their sense of well-being after using it as well as their perception bout the discharge of the moisturizer (if it run or was held by the vaginal mucosa). RESULTS: There was a significant improvement in the vaginal moisture, fluid volume, elasticity and epithelial integrity ($p < 0.001$). Sexual function improved in the total score and in all six domains ($p < 0.001$). More than 50% of all patients reported being very satisfied with the treatment and product application. The sense of well-being was considered very good by 51.4% of the participants and most (91.9%) indicated that the product did not leak and did not stick to the vaginal mucosa. No severe adverse events were reported. CONCLUSION: Our study suggests that treatment with the non-hormonal intravaginal moisturizer is a safe and efficient therapeutic option for the improvement of vaginal dryness with encouraging benefits for the sexual function of postmenopausal women.

Oral investigational drugs currently in phase I or phase II for the amelioration of menopausal symptoms.

Genazzani AR, Gaspard U, Foidart JM.

Menopausal symptoms have a substantial effect on the quality of life of many women, hence investigations for the amelioration of menopausal symptoms continue to be necessary. The two main approaches to the amelioration of symptoms are hormone therapy (HT) and non-hormonal therapy. Areas covered: This review provides a background for understanding the types of menopausal symptoms and their underlying physiology. The early clinical development of a natural estrogen (estetrol, E4), neurokinin 3 receptor (NK3R) antagonists and other non-hormonal therapies are covered. The status and outcome of these novel treatment modalities are also discussed. Expert Opinion: The recent observation in the Women's Health Initiative (WHI) trials that HT was not associated in the long-term with all-cause mortality, brings renewed interest in the development of new treatment modalities in postmenopausal women. Estetrol (E4), a native estrogen with selective action in tissues, is a potential next generation HT with improved cardiovascular and breast safety. NK3R antagonists may become an interesting new modality for the amelioration of hot flushes in women with contraindications to estrogens.

Association of fried food consumption with all cause, cardiovascular, and cancer mortality: prospective cohort study.

Sun Y, Liu B, Snetselaar LG, Robinson JG, Wallace RB, Peterson LL, Bao W.

OBJECTIVE: To examine the prospective association of total and individual fried food consumption with all cause and cause specific mortality in women in the United States. DESIGN: Prospective cohort study. SETTING: Women's Health Initiative conducted in 40 clinical centers in the US. PARTICIPANTS: 106 966 postmenopausal women aged 50-79 at study entry who were enrolled between September 1993 and 1998 in the Women's Health Initiative and followed until February 2017. MAIN OUTCOME MEASURES: All cause mortality, cardiovascular mortality, and cancer mortality.

RESULTS:31 558 deaths occurred during 1 914 691 person years of follow-up. For total fried food consumption, when comparing at least one serving per day with no consumption, the multivariable adjusted hazard ratio was 1.08 (95% confidence interval 1.01 to 1.16) for all cause mortality and 1.08 (0.96 to 1.22) for cardiovascular mortality. When comparing at least one serving per week of fried chicken with no consumption, the hazard ratio was 1.13 (1.07 to 1.19) for all cause mortality and 1.12 (1.02 to 1.23) for cardiovascular mortality. For fried fish/shellfish, the corresponding hazard ratios were 1.07 (1.03 to 1.12) for all cause mortality and 1.13 (1.04 to 1.22) for cardiovascular mortality. Total or individual fried food consumption was not generally associated with cancer mortality. CONCLUSIONS: Frequent consumption of fried foods, especially fried chicken and fried fish/shellfish, was associated with a higher risk of all cause and cardiovascular mortality in women in the US.

Change in Bone Density and Reduction in Fracture Risk: A Meta-Regression of Published Trials.

Bouxsein ML, Eastell R, Lui LY, Wu LA, de Papp AE, Grauer A, Marin F, Cauley JA, et al; FNIH Bone Quality Project.

Meta-analyses conducted >15 years ago reported that improvements in bone mineral density (BMD) were associated with reduction in vertebral and nonvertebral fractures in osteoporosis trials. Numerous studies have been conducted since then, incorporating new therapies with different mechanisms of action and enrolling many more subjects. To extend these prior analyses, we conducted a meta-regression of 38 placebo-controlled trials of 19 therapeutic agents to determine the association between improvements in BMD and reductions in fracture risk. We used a linear model to examine the relationship between mean percent difference in BMD change between treatment and placebo groups and the logarithm of the relative risk. We found that greater improvements in BMD were strongly associated with greater reductions in vertebral and hip fractures but not nonvertebral fractures. For vertebral fracture, the r2 values for total hip, femoral neck, and lumbar spine BMD change were 0.56, 0.54, and 0.63, respectively ($p \leq 0.0002$). For a 2% or 6% improvement in total hip BMD, we might expect a 28% or 66% reduction, respectively, in vertebral fracture risk. For hip fracture, the r2 values for total hip, femoral neck, and lumbar spine BMD change were 0.48 ($p = 0.01$), 0.42 ($p = 0.02$), and 0.22 (ns), respectively. For a 2% or 6% improvement in total hip BMD, we might expect a 16% or 40% reduction in hip fracture risk. In conclusion, our results extend prior observations that larger improvements in dual-energy X-ray absorptiometry (DXA)-based BMD are associated with greater reductions in fracture risk, particularly for vertebral and hip fractures. Although these results cannot be directly applied to predict the treatment benefit in an individual patient, they provide compelling evidence that improvements in BMD with osteoporosis therapies may be useful surrogate endpoints for fracture in trials of new therapeutic agents.

The female sexual function index: reliability and validity in Spanish postmenopausal women.

Pérez-Herrezuelo I, Hita-Contreras F, Martínez-Amat A, Aibar-Almazán A, Cruz-Díaz D, Wangensteen R, et al.

OBJECTIVE: To examine the reliability and validity of the Spanish version of the Female Sexual Function Index (FSFI) and its ability to discriminate between women with and without female sexual dysfunction (FSD) among Spanish postmenopausal women. METHODS: A total of 152 postmenopausal women completed the Spanish version of FSFI. Internal consistency, test-retest reliability, and construct validity (exploratory factor analysis) were analyzed. Concurrent and divergent validity were assessed using a visual analog scale for overall satisfaction with sexual life and the Hospital Anxiety and Depression Scale, respectively. To determine the ability and the accuracy of the FSFI total score in discriminating between women with and without FSD, a receiver-operating characteristic curve analysis was performed. RESULTS: Factor analysis suggested a three-factor structure (explained variance 77.77%). The Spanish FSFI showed substantial-to-excellent test-retest reliability, with good internal consistency in the FSFI total score (Cronbach's alpha=0.964), and also in its three dimensions. The FSFI total and domains scores showed strong ($r>0.50$) and significant correlations ($P<0.01$) with overall satisfaction with sexual life (concurrent validity), and low correlations with anxiety and depression (divergent validity). The Spanish FSFI total score and dimensions were significantly able to discriminate between women with and without FSD ($P<0.05$), with an optimal cut-off point of <24.95 for the FSFI total score (64.15% sensitivity and 75.76% specificity). CONCLUSIONS: The Spanish FSFI is a valid and reliable instrument for assessing and discriminating for FSD among Spanish postmenopausal women.

Cardiovascular reactivity and psychological hyperarousal in hot flash-associated insomnia disorder.

Bertisch SM, Wiley A, McCormick K, Muresan C, Camuso J, Albert K, Crawford SL, Newhouse P, Taylor JA et al.

OBJECTIVES: Given the neurocognitive hyperarousal observed in patients with insomnia disorder and associations of nocturnal hot flashes with cardiovascular disease risk, we examined whether women with hot flash-associated insomnia disorder demonstrate exaggerated cardiovascular responsivity to acute stressors, and also a profile of psychological hyperarousal. METHODS: Peri and postmenopausal women with and without hot flash-associated insomnia disorder underwent assessments of cardiovascular autonomic responsivity to acute stress paradigms and psychological hyperarousal. Hemodynamic responses (heart rate, blood pressure) to nociceptive, social-evaluative, and cognitive stress paradigms were measured in the morning. Psychological hyperarousal was evaluated using questionnaires assessing daytime and presleep hyperarousal, anxiety, and sleep-related cognitions. RESULTS: Women (25 with and 15 without hot flash-associated insomnia) aged 53.4±4.8 years reported a range of insomnia symptoms. Resting-state hemodynamics were similar between groups. Heart rate and blood pressure responses to stress paradigms did not differ by group nor did they correlate with insomnia severity. Women with insomnia disorder had higher generalized anxiety disorder scores (mean 2.7±3.0 vs 1.0±1.4; P=0.05) and sleep-related cognitions than those without insomnia (P≤0.05). Insomnia symptom severity was moderately correlated with presleep and daytime hyperarousal, anxiety, and sleep-related cognition (all r≥0.43). CONCLUSIONS: Though hot flash-associated insomnia is characterized by psychological hyperarousal before sleep and during the daytime, it does not relate to cardiovascular responsiveness to acute stressors. Our findings do not support the hypothesis that altered cardiovascular control is a potential mechanism by which hot flash-associated insomnia confers higher cardiovascular disease risk.

Relationship between Serum Vitamin D Levels and HDL Cholesterol in Postmenopausal Women from Colombian Caribbean.

Sarmiento-Rubiano LA, Angarita Ruidiaz JA, Suarez Dávila HF, Suarez Rodríguez A, Rebolledo-Cobos RC, Becerra JE.

Background: Previous evidence suggests that metabolic disorders in postmenopausal women could be related with low serum vitamin D levels. For example, vitamin D deficiency has been associated with increased risk factors for cardiovascular disease (CVD), mainly those related with metabolic syndrome. Objective: To assess the relationship between the serum vitamin D (25-OH-D) levels and the metabolic syndrome markers in postmenopausal women. Methods: This descriptive and cross-sectional study was conducted in 183 postmenopausal women of four municipalities from Colombian Caribbean. The serum 25-OH-D levels and the anthropometric and biochemical markers were assessed and correlated with metabolic syndrome. Results: The average value of serum vitamin D (25-OH-D) was 26.34 ± 9.08 ng/mL, and 69.95% of the women had vitamin D levels <30 ng/mL, of which 43.72% were with insufficiency (<30 to >20 ng/mL) and 26.23% with deficiency (<20 ng/mL). Of the evaluated women, the 81.42% seemed to have metabolic syndrome. Through the linear regression, one significant positive association was observed between the HDL cholesterol and the 25-OH-D levels (P=0.014). Conclusion: In the evaluated population in this study, vitamin D deficiency is related with low HDL cholesterol levels.

Can increasing the prevalence of vegetable-based diets lower the risk of osteoporosis in postmenopausal subjects? A systematic review with meta-analysis of the literature.

Zeng LF, Yang WY, Liang GH, Luo MH, Cao Y, Chen HY, Pan JK, Huang HT, Han YH, Zhao D, Lin JT, et al.

OBJECTIVES: Several epidemiological investigations have assessed the association between vegetable-based diet intake (VDI) and risk of osteoporosis in postmenopausal subjects (OPS), but the outcomes have been inconsistent. We performed a review of the updated literature to evaluate this correlation. METHODS: We searched for relevant studies published in September 2018 or earlier. Two researchers conducted eligibility assessment and data extraction. Discrepancies were resolved through consultation with a third expert. Pooled odds ratios (ORs) were calculated with 95% confidence intervals (CIs). RESULTS: Ten studies, which included 14,247 subjects, were identified. On comparing the highest category of VDI consumption with the lowest category of VDI consumption, the pooled OR for OPS was

0.73 (95% CI = 0.57-0.95), i.e., participants with a higher intake of vegetables had a 27% (95% CI = 5-43%) lower risk of OPS. Significant benefits were found on subgroup analyses of case-control studies (OR, 0.61 [95% CI, 0.48-0.78]), but not on subgroup analyses of cross-sectional studies (OR, 0.82 [95% CI, 0.57-1.16]). The synthesized effect estimates were in the direction of decreased risk of OPS on subgroup analyses of the femoral region (OR, 0.57, 95% CI = 0.41-0.80) and the lumbar spine (OR = 0.55, 95% CI = 0.38-0.81), but not on subgroup analyses of the calcaneus (OR = 0.85, 95% CI = 0.33-2.16) and the lumbar and/or femoral region (OR = 1.04, 95%CI = 0.79-1.38). Positive results were observed on pooled analyses of the Dual energy X-ray absorptiometry (DEXA) measurement method (OR, 0.72 [95% CI, 0.54-0.95]), but not on pooled analyses of the Standardized Quantitative Ultrasound (QUS) measurement method (OR, 0.85 [95% CI, 0.33-2.16]). This might have resulted from a type II error due to wide confidence intervals and less number of included studies. CONCLUSION: This meta-analysis seemingly confirms that higher consumption of VDI was associated with a lower risk of OPS. Taken together, these results highlight the need for future high-quality design-based trials on quantified vegetable intake and OPS.

Physical Activity and Risk of Breast Cancer: A Meta-Analysis of 38 Cohort Studies in 45 Study Reports.

Chen X, Wang Q, Zhang Y, Xie Q, Tan X.

OBJECTIVES: To evaluate and quantify the association between physical activity (PA) and risk of breast cancer. METHODS: A systematic review meta-analysis was conducted. The literature was independently and manually searched by 2 reviewers through 3 English databases (PubMed, Embase, and ISI Web of Science) for data till October 2017. The quality of included studies was assessed by the Newcastle-Ottawa Quality Assessment Scale. Fixed-effects models were used to estimate the pooled relative risk and 95% confidence intervals (95% CI). Dose-response analysis was chosen for quantifying the association between PA and risk of breast cancer. The Begg test and the Egger test were used to estimate potential publication bias. Heterogeneity between studies was evaluated with I2 statistics. RESULTS: The meta-analysis included 38 cohort studies published between 1994 and 2017, which included 68 416 breast cancer cases. The overall relative risk (ORR) for breast cancer was 0.87 (95% CI 0.84-0.90). The inverse association was consistent among all subgroup analyses. In subgroup analysis by menopausal status, the ORR of breast cancer was 0.83 (95% CI 0.79-0.87) for premenopausal status and 0.91 (95% CI 0.85-0.97) for postmenopausal status. In subgroup analysis by PA type, the ORR for total activity was 0.87 (95% CI 0.81-0.93), for recreational activity 0.88 (95% CI 0.85-0.91), for occupational activity 0.91 (95% CI 0.84-0.99), and for nonoccupational activity 0.87 (95% CI 0.83-0.92). The risk of breast cancer was significantly lower in people with exposure periods longer than 1 year and less than 5 years (ORR 0.62; 95% CI 0.46-0.78), followed by those with lifetime activity (ORR 0.81; 95% CI 0.69-0.93). The ORR for subjects with body mass index of less than 25 kg/m2 (0.88; 95% CI 0.83-0.93) was close to that for subjects with body mass index of more than 25 kg/m2 (0.87; 95% CI 0.77-0.97). A linear relationship was found between breast cancer risk and PA (recreational activity and total activity), and the ORR was reduced by 3% (95% CI 0.95-0.99) for every 10 metabolic equivalent of energy hours per week increment in recreational PA and by 2% (95% CI 0.97-0.99) for every 10 metabolic equivalent of energy hours per week increment in total PA. CONCLUSIONS: PA is significantly associated with a decrease in the risk of breast cancer.

Mediterranean diet is associated with bone mineral density and muscle mass in postmenopausal women.

Silva TRD, Martins CC, Ferreira LL, Spritzer PM.

PURPOSE: This study aimed to investigate the association between the Mediterranean diet (MD), body composition, and bone mineral density (BMD) in postmenopausal women. METHODS: In this cross-sectional study, 105 apparently healthy postmenopausal women aged between 45 and 65 years were included. BMD, percentage body fat, and appendicular lean mass index (ALMI, appendicular lean mass/height squared) were assessed by dual-energy X-ray absorptiometry. Dietary intake was assessed by a validated food frequency questionnaire. Assessment of MD adherence was based on intake of cereals, vegetables, fruits, meats, dairy products, fish, red wine, and olive oil, and expressed as the Mediterranean diet score (MDS). RESULTS: Women with higher adherence to the MD had higher ALMI (6.6 ± 0.8 kg/m2 vs. 6.3 ± 0.7 kg/m2; p = 0.039) and lumbar spine BMD (1.076 ± 0.149 vs. 0.997 ± 0.143 g/cm2; p = 0.007) compared to those with lower MDS. Linear regression analysis adjusted for previous hormone therapy, previous smoking behavior, and habitual physical activity showed an independent positive contribution of MDS to lumbar spine BMD (mean difference 0.088 g/cm2, 95% confidence interval 0.028-0.147; p = 0.004) and ALMI (mean

difference 0.296 kg/m2, 95% confidence interval 0.020-0.591; p = 0.049). CONCLUSION: Bone mineral density at the lumbar spine and ALMI were positively associated with the MDS in a sample of postmenopausal women from a non-Mediterranean region.