



Selección de Resúmenes de Menopausia

Semana del 8 al 13 Mayo de 2019

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Aerobic exercise training and vascular function with aging in healthy men and women.

Seals DR, Nagy EE, Moreau KL.

Cardiovascular diseases (CVD) remain the leading cause of morbidity and mortality in both men and women in developed societies. Age is the greatest risk factor for CVD due largely to adverse changes to arteries that include stiffening of the large elastic arteries (aortic and carotid arteries) and endothelial dysfunction. Vascular aging is driven by oxidative stress, which reduces nitric oxide (NO) bioavailability and stimulates changes in the extracellular matrix. In women, reductions in circulating estrogens with menopause interact with aging processes to induce vascular dysfunction. Regular aerobic exercise is the most evidence-based strategy for reducing CVD risk with aging in both men and women. Much of this CV-protective effect of aerobic exercise is likely due to its vascular health-enhancing influence. Large elastic artery stiffening with advancing age is attenuated in healthy adults engaged in aerobic exercise training, and aerobic exercise interventions improve arterial stiffness in previously sedentary middle-aged and older men and postmenopausal women. Regular aerobic exercise also enhances endothelial function with aging in men (by reducing oxidative stress and preserving NO bioavailability), but not consistently in estrogen-deficient postmenopausal women. In postmenopausal women, treatment with estradiol appears to restore the ability of aerobic exercise to improve NO-mediated endothelial function by reducing oxidative stress. Several research gaps exist in our understanding of potential sex differences in the vascular adaptations to regular aerobic exercise. More information is needed on the factors that are responsible for sex differences, including the role of circulating estrogens in transducing the aerobic exercise training "stimulus".

J Gynecol Oncol. 2019 Jan 25. doi: 10.3802/jgo.2019.30.e51. [Epub ahead of print]

Effects of hormone therapy on recurrence in endometrial cancer survivors: a nationwide study using the Korean Health Insurance Review and Assessment Service database.

Cho HW, Ouh YT, Lee JK, Hong JH.

OBJECTIVE: The aim of this study was to verify the effects of hormone therapy (HT) on recurrence in endometrial cancer (EC) survivors using the Korean Health Insurance Review and Assessment Service database. **METHODS:** Using the HIRA claims database, we identified all Korean women who were newly diagnosed with EC and underwent surgical staging between 2010 and 2013. Patient characteristics such as age, HT exposure, lymphadenectomy, and adjuvant therapy were evaluated. Cox proportional hazards models were used to estimate the adjusted hazard ratios (HRs) and 95% confidence intervals (CIs) for the recurrence of EC. **RESULTS:** The mean follow-up time of all 5,667 eligible patients was 47.5 months. Of these, 847 (14.9%) received HT. Recurrence was seen in 446 (7.8%) patients. Univariate analysis revealed an increased recurrence rate in patients older than 50 years (HR=2.05; 95% CI=1.62-2.63), patients with high-risk EC (HR=24.51; 95% CI=18.63-32.35), and patients who underwent lymphadenectomy (HR=1.52; 95% CI=1.21-2.03), and a reduced recurrence rate in patients who received HT (HR=0.62; 95% CI=0.46-0.83). Multivariate analysis confirmed the significant increase in recurrence in patients older than 50 years (HR=1.47; 95% CI=1.14-1.89) and in patients with high-risk EC (HR=23.90; 95% CI=18.12-31.51). HT did not increase the recurrence rate of EC (HR=0.81; 95% CI=0.31-2.10). **CONCLUSION:** This study demonstrates that HT does not increase disease recurrence in EC survivors, despite lack of data that could affect the outcome.

J Pediatr Adolesc Gynecol. 2019 May 3. doi: 10.1016/j.jpag.2019.04.010. [Epub ahead of print]

Review of Hormone Replacement Therapy in Girls and Adolescents with Hypogonadism.

Klein KO, Phillips SA.

Girls with either hypo- or hypergonadotropic hypogonadism need treatment with estrogens to initiate puberty and maintain normal hormonal milieu. The focus of this review is hormone replacement treatment in girls with hypogonadism, both to initiate and progress through puberty, and to maintain healthy hormonal milieu in women. It also addresses what is known in the literature regarding estrogen levels in girls and women, instructive cases, practical tables for reference and application, and thoughts on future directions in this area. It represents a thorough literature review with author opinions and recommendations. Girls with normal ovarian function begin puberty on average at 10.5 years old, although there is variation by ethnicity and degree of excess weight gain. The aim of estrogen therapy to initiate puberty is to mimic normal onset and rate of progression. Based on currently available literature, once a diagnosis of hypogonadism is established, we recommend initiating treatment between ages 11 to 12 years of age, with dose increases approximately every 6 months until adult levels are reached. In some situations, treatment may be delayed to allow time for diagnosis or permit more time for linear growth, or address unique risks found in girls treated for various cancers or blood disorders. Once adult dosing is reached, progestins are added to protect uterine health. This can be combined sequential, allowing regular menstruation, or combined continuous when menstrual bleeding is not preferred. Treatment is continued until the average age of menopause, again with various considerations for longer or shorter duration based on risk benefit ratios. Transdermal estrogens are considered the most physiologic replacement and theoretically may have less associated risks. We review what is known about risks and outcomes and areas for future research.

J Women Aging. 2019 May 5:1-15. doi: 10.1080/08952841.2019.1607679. [Epub ahead of print]

Premature natural menopause and cognitive function among older women in Indonesia.

Sujarwoto S, Tampubolon G.

We examine the association between premature natural menopause and cognitive function among older women in Indonesia. Data come from Indonesia Family Life Survey (IFLS) 2014 (N = 1,031 menopausal women). Multilevel ordered logistic regression was used to take into account unobserved factors in the women's communities, also considering a range of potential confounding factors including their reproductive histories, lifestyles, and sociodemographic characteristics. The findings show that premature natural menopause was significantly associated with lower cognitive function in later life ($\beta = -0.97$, $P < .01$, CI -1.61-(-0.33)). The findings were robust against potential confounding factors including reproductive history, lifestyle, and sociodemographic characteristics.

Gac Med Mex. 2019;155(2):199-201. doi: 10.24875/GMM.19004706.

Efecto de la frecuencia de aplicación de estrógenos locales sobre el grosor endometrial en mujeres posmenopáusicas.

Carranza-Lira S, Culebro-Castro YD, Olguín-Cruces VA, Rosales-Ortiz S, Sulvaran-Victoria D, Sánchez-Merino E. Introduction: Conjugated estrogens, when used by the vaginal route for the relief of vaginal dryness and atrophy, can produce endometrial changes. Objective: To know the effect of vaginal conjugated estrogens application frequency on endometrial thickness in postmenopausal women. Method: Seventy postmenopausal women with vaginal dryness who received conjugated estrogen cream (0.625 mg/1 g) for 12 weeks were studied. The women were divided according to application frequency as follows: group 1, twice-weekly (n = 35), and group 2, thrice-weekly (n = 35). At baseline and at end-of-treatment, vaginal cytology was examined to determine the estrogenic value, and an endovaginal ultrasound was performed to measure endometrial thickness. The comparison between groups was carried out with Mann Whitney's U-test, and the comparison between baseline and post-treatment values, with Wilcoxon's test. Results: Of 70 recruited women, only 38 were studied, 19 in each group, paired by baseline estrogenic value. No difference was found between groups, neither at baseline nor after treatment, in the maturation index, estrogenic value or endometrial thickness. Conclusion: There were no differences in endometrial thickness between the conjugate estrogen cream different application frequencies.

Cancer Epidemiol. 2019 May 1. doi: 10.1016/j.canep.2019.02.009. [Epub ahead of print]

Cancers in France in 2015 attributable to insufficient physical activity.

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

INTRODUCTION: Insufficient physical activity is a known risk factor for various co-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 insufficient physical activity in France in 2015. **METHODS:** Population attributable fractions (PAFs) and numbers of cancer cases attributable to insufficient physical activity (<30 min daily of moderate-to-vigorous physical activity) were estimated by age, sex and cancer site. Assuming a 10-year lag-period, PAFs were calculated using physical activity prevalence from a cross-sectional French population survey and cancer-specific relative risks. **RESULTS:** About half of all French adults were found to be insufficiently physically active, with great variation by age and sex. In 2015, an estimated 2973 cancer cases diagnosed in French adults aged 30y+ were attributable to insufficient physical activity, corresponding to 0.8% of all cancer cases (0.2% in men and 1.6% in women). This comprised 3.8% of all postmenopausal breast cancers (1620 cases), 3.6% of all colon cancers (902 cases) and 6.0% of all cancers of the corpus uteri (450 cases). If at least half of the recommended physical activity level was achieved, 1095 cancer cases could have been avoided. **CONCLUSION:** Insufficient physical activity is associated to about 3000 cancer cases in France, a country with comparatively low but increasing prevalence of this risk factor. This result is important for setting priorities in cancer prevention programmes aiming to increase physical activity in France and Europe in general.

Joint Bone Spine. 2019 Apr 30. pii: S1297-319X(19)30067-3. doi: 10.1016/j.jbspin.2019.04.004. [Epub ahead of print]

Vitamin D Supplementation in France in Patients with or at Risk for Osteoporosis: Recent Data and New Practices.

Souberbielle JC, Cormier C2, Cavalier E, Breuil V, Debiais F, Fardellone P, Guggenbuhl P, et al.

With intermittent vitamin D supplementation, serum 25-hydroxyvitamin D (25OHD) levels may remain stable only if the dosing interval is shorter than 3 months, the ideal perhaps being about 1 month. Recent data support moderate daily vitamin D doses instead of high intermittent doses, notably in elderly patients prone to falls. The level of evidence is low, however, with no head-to-head comparisons of clinical outcomes such as fractures and falls in groups given identical dosages daily versus intermittently. A challenge to daily vitamin D supplementation in France is the absence of a suitable pharmaceutical formulation. In addition, daily dosing carries a high risk of poor adherence. Until suitable vitamin D3 formulations such as tablets or soft capsules each containing 1000 or 1500 IU become available, we suggest intermittent supplementation according to 2011 GRIO guidelines. Among the available dosages, the lowest should be preferred, with the shortest possible interval, e.g., 50 000 IU monthly rather than 100 000 every two months.