Selección de Resúmenes de Menopausia

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European Menopause and Andropause Society (EMAS) and International Gynecologic Cancer Society (IGCS) position statement on managing the menopause after gynecological cancer: focus on menopausal symptoms and osteoporosis.

Rees M1, Angioli R2, Coleman RL3, Glasspool R4, Plotti F2, Simoncini T5, Terranova C2.

INTRODUCTION: Worldwide, it is estimated that about 1.3 million new gynecological cancer cases are diagnosed each year. For 2018, the predicted annual totals were cervix uteri 569,847, corpus uteri 382,069, ovary 295,414, vulva 44,235 and vagina 17,600. Treatments include hysterectomy with or without bilateral salpingo-oophorectomy, radiotherapy and chemotherapy. These can result in loss of ovarian function and, in women under the age of 45, early menopause. AIM: The aim of this position statement is to set out an individualized approach to the management, with or without menopausal hormone therapy, of menopausal symptoms and the prevention and treatment of osteoporosis in women with gynecological cancer. MATERIALS AND METHODS: Literature review and consensus of expert opinion. SUMMARY RECOMMENDATIONS: The limited data suggest that women with low-grade, early-stage endometrial cancer may consider systemic or topical estrogens. However, menopausal hormone therapy may stimulate tumor growth in patients with more advanced disease, and non-hormonal approaches are recommended. Uterine sarcomas may be hormone dependent, and therefore estrogen and progesterone receptor testing should be undertaken to guide decisions as to whether menopausal hormone therapy or non-hormonal strategies should be used. The limited evidence available suggests that menopausal hormone therapy, either systemic or topical, does not appear to be associated with harm and does not decrease overall or disease-free survival in women with non-serous epithelial ovarian cancer and germ cell tumors. Caution is required with both systemic and topical menopausal hormone therapy in women with serous and granulosa cell tumors because of their hormone dependence, and non-hormonal options are recommended as initial therapy. There is no evidence to contraindicate the use of systemic or topical menopausal hormone therapy by women with cervical, vaginal or vulvar cancer, as these tumors are not considered to be hormone dependent.

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Postmenopausal hormone therapy and Alzheimer's disease, dementia, and Parkinson's disease: A systematic review and time-response meta-analysis.

Wu M1, Li M2, Yuan J2, Liang S2, Chen Z2, Ye M3, Ryan PM4, Clark C5, Tan SC6, Rahmani J7, Varkaneh HK7, Bhagavathula AS8.

Hormone therapy continues to be a favourable option in the management of menopausal symptomatology, but the associated risk-benefit ratios with respect to neurodegenerative diseases remain controversial. The study aim was to determine the relation between menopausal hormone therapy and Alzheimer's disease, dementia, and Parkinson's disease in human subjects. A literature search was performed in PubMed/Medline, Cochrane collaboration, and Scopus databases from onset of the database to September 2019. Random-effects model was used to estimate pooled odd ratio (OR) and 95% confidence intervals (CI). Subgroup analysis was performed based on the type and formulation of hormone. In addition, the time-response effect of this relationship was also assessed based on duration of hormone therapy. Associations between hormone therapy and Alzheimer's disease, dementia, and Parkinson's disease in menopausal women were reported in 28 studies. Pooled results with random effect model showed a significant association between hormone therapy and Alzheimer's disease (OR 1.08, 95% CI 1.03 -1.14, I2: 69%). This relationship was more pronounced in patients receiving the combined estrogen-progestogen formulation. Moreover, a significant non-linear time-response association between hormone therapy and Alzheimer's disease was also identified (Coef1 = 0.0477, p1<0.001; Coef2 = -0.0932, p2<0.001). Similarly, pooled analysis revealed a significant association between hormone therapy and all-cause dementia (OR 1.16, 95% CI 1.02 -1.31, I2: 19%). Interestingly, no comparable relationship was uncovered between hormone therapy as a whole and Parkinson's disease (OR 1.14, 95% CI 0.95 -1.38, I2: 65%); however, sub-group analysis revealed a significant relationship between the disease and progestogen (OR

3.41, 95% CI 1.23 - 9.46) or combined estrogen-progestogen formulation use (OR 1.49, 95% CI 1.34 - 1.65). Indeed, this association was also found to be driven by duration of exposure (Coef1 = 0.0626, p1 = 0.04). This study reveals a significant direct relationship between the use of certain hormonal therapies and Alzheimer's disease, all-cause dementia, and Parkinson's disease in menopausal women. However, the association appears to shift in direct after five years in the context of Alzheimer's disease, adding further weight to the critical window or timing hypothesis of neurodegeneration and neuroprotection.

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Salt Reduction to Prevent Hypertension and Cardiovascular Disease: JACC State-of-the-Art Review.

He FJ1, Tan M2, Ma Y3, MacGregor GA2.

There is strong evidence for a causal relationship between salt intake and blood pressure. Randomized trials demonstrate that salt reduction lowers blood pressure in both individuals who are hypertensive and those who are normotensive, additively to antihypertensive treatments. Methodologically robust studies with accurate salt intake assessment have shown that a lower salt intake is associated with a reduced risk of cardiovascular disease, all-cause mortality, and other conditions, such as kidney disease, stomach cancer, and osteoporosis. Multiple complex and interconnected physiological mechanisms are implicated, including fluid homeostasis, hormonal and inflammatory mechanisms, as well as more novel pathways such as the immune response and the gut microbiome. High salt intake is a top dietary risk factor. Salt reduction programs are cost-effective and should be implemented or accelerated in all countries. This review provides an update on the evidence relating salt to health, with a particular focus on blood pressure and cardiovascular disease, as well as the potential mechanisms.

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A study on bone mass density using dual energy X-ray absorptiometry: Does high body mass index have protective effect on bone density in obese patients?

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Osteoporosis is known as reduction of bone density, which is diagnosed using dual-energy X-ray absorptiometry. Although some studies have shown high body mass index (BMI) as a protective factor for osteoporosis and fracture risks, some other studies demonstrated obesity as a risk factor for osteoporosis. The aim of this study is to evaluate the relationship between BMI and bone mineral density (BMD) in premenopausal and postmenopausal females. Furthermore, we determined the correlation between BMI and fracture risk in postmenopausal females. Materials and Methods: In this study, we evaluated the relationship between the age and BMI with 10-year probability fracture risk (estimated using fracture risk assessment tool) and BMD in the L1-L4 spine and femoral neck. Data were collected from BMD center, Askariye Hospital, Isfahan, Iran, from May 2016 to July 2017. Results: The study consisted of 1361 individuals, including 305 premenopausal females and 1056 postmenopausal females. The results showed a statistically significant increase of BMD ($P < 0.001$) and a decrease of fracture risk ($\beta = -0.158$, $R 2 = 0.518$) with an increase of BMI in postmenopausal females. Moreover, lumbar spine and femoral neck BMD were significantly higher in individuals with BMI ≥30 than in those with BMI <25 in both premenopausal and postmenopausal females ($P < 0.001$). In addition, older postmenopausal females indicated significantly lower L1-L4 BMD ($r = -0.280$, $P < 0.05$) and femoral neck BMD ($r = -0.358$, $P < 0.05$). Conclusion: The results showed a positive correlation between BMI and BMD of the spine and femoral neck which did not differ by menopausal status. However, there was a correlation between BMI and fracture risk in postmenopausal females.

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Gabapentin for the treatment of hot flushes in menopause: a meta-analysis.

Yoon SH1, Lee JY2, Lee C3, Lee H4, Kim SN2.

OBJECTIVE: Gabapentin is used to treat vasomotor symptoms (VMS) in postmenopausal women with contraindications to hormonal therapy or who prefer alternatives. We investigated the efficacy and tolerability of gabapentin for treating menopausal hot flushes via a meta-analysis. METHODS: We searched the PubMed, MEDLINE, EMBASE, and CENTRAL databases for English-language articles published until June, 2018. The following search terms were used: "menopause," "hot flushes," "vasomotor symptoms," "gabapentin," and "non-

hormonal therapy." Primary outcomes were frequency, duration, and composite score of hot flushes. Secondary outcomes were adverse effects and dropout rate. We estimated the standardized mean difference (SMD) and combined odds ratio (OR) using fixed or random-effects models, depending on study heterogeneity. Subgroup and meta-regression analyses of gabapentin dosage were performed. RESULTS: We included seven randomized controlled trials that compared single-agent gabapentin with placebo for treating hot flushes in the meta-analysis. Women who received gabapentin reported a significantly greater reduction in the frequency (SMD 2.99 [95% confidence interval 2.01-3.98], P<0.001), duration (0.89 [0.49-1.30], P<0.001), and composite score (2.31 [1.50-3.11], P<0.001) of hot flushes. Adverse events were significantly more frequent among those taking gabapentin than among those taking the placebo (OR 1.58 [0.98-2.18], P<0.001; and 1.19 [0.43-1.95], P=0.002 for dizziness and unsteadiness, respectively). CONCLUSIONS: Gabapentin could be used to treat VMS in postmenopausal women with contraindications to hormonal therapy. Future studies should investigate the lowest effective dose of gabapentin to minimize adverse effects.

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Does vitamin D status influence lumbar disc degeneration and low back pain in postmenopausal women? A retrospective single-center study.

Xu HW1, Yi YY, Zhang SB, Hu T, Wang SJ, Zhao WD, Wu DS.

OBJECTIVE: To investigate the relationship between serum vitamin D concentration and lumbar disc degeneration (LDD) in postmenopausal women and the epidemiologic factors affecting low back pain (LBP). METHODS: Between July 2017 and December 2018, 232 participants were retrospectively enrolled. Serum concentrations of bone turnover markers were measured using electrochemiluminescence assays. Disc degeneration was evaluated using the Pfirrmann grading system. Other variables were assessed using relevant questionnaires. RESULTS: The mean age of the women was 65.6±10.1 and their serum 25(OH)D concentrations were 19.38±9.21 ng/mL. The prevalences of severe vitamin D deficiency (<10 ng/mL) and normal status (>30 ng/mL) were 12.9% and 12.5%, respectively. The severely deficient group had higher visual analog scale (VAS) scores for LBP (P=0.002) and lower bone mineral density T scores (P=0.004) than the other groups. Lower 25(OH)D concentration (<10 ng/mL) was significantly associated with more severe LDD in the lumbosacral region (L4-S1, L1-S1, P<0.05), but less so in the upper lumbar region. There was an inverse relationship between vitamin D concentration and the severity of disc degeneration (L2-L3, L4-S1, L1-S1, P<0.05). After adjustment for confounding factors, smoking, vitamin D deficiency, lack of vitamin D supplementation, high body mass index, and low bone mineral density T score were associated with higher incidence of moderate-to-severe pain in postmenopausal women (P<0.05). CONCLUSIONS: Vitamin D deficiency is associated with LDD and LBP in postmenopausal women. Specifically, a serum vitamin D concentration<10 ng/mL is a marker of severe LDD and LBP. Smoking, severe vitamin D deficiency, lack of vitamin D supplementation, high body mass index, and osteoporosis are associated with a higher prevalence of moderate-to-severe pain.

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The association between hormone therapy and sarcopenia in postmenopausal women: the Korea National Health and Nutrition Examination Survey, 2008-2011.

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OBJECTIVE: Menopausal transition contributes to sarcopenia, but the effects of hormone therapy (HT) on sarcopenia in postmenopausal women have not been determined. This study assessed the effect of HT on sarcopenia in postmenopausal women. METHODS: The present study included 4,254 postmenopausal women who participated in the Korea National Health and Nutritional Examination Surveys from 2008 to 2011. Appendicular skeletal muscle mass divided by weight (ASM/Wt) and the prevalence of sarcopenia were analyzed in groups of women stratified by duration of HT use. RESULTS: ASM/Wt was higher and the prevalence of sarcopenia was lower in participants with a history of prolonged (≥13 mo) HT use than in participants with a shorter duration of HT use or no HT use. After adjusting for multiple confounding factors, prolonged use of HT remained significantly associated with estimated mean ASM/Wt and the prevalence of sarcopenia (odds ratio: 0.60; 95% confidence interval: 0.41-0.88; P=0.01). In addition, the prevalence of sarcopenia was linearly associated with history of hypertension, duration of hypertension, physical activity, and duration of HT use. Subgroup analysis showed that the association between duration of HT use and the prevalence of sarcopenia was maintained in younger (<65 y old) and leaner (body mass index <25 kg/m)

postmenopausal women. CONCLUSIONS: The present study showed that the prolonged use of HT was associated with high muscle mass and a low prevalence of sarcopenia in postmenopausal women.

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Association between hysterectomy and depression: a longitudinal follow-up study using a national sample cohort.

Choi HG1,2, Rhim CC3, Yoon JY3, Lee SW3.

OBJECTIVES: This study investigated the influence of hysterectomy on depression using a national sample cohort from South Korea. METHODS: We extracted data entered into the Korean Health Insurance data based form 2002 through 2013 and classified patients into a group of women who had undergone a hysterectomy (n = 9,971) and a 1:4 matched control group (n=39,884). A Cox proportional hazards model was used to analyze the hazard ratios (HRs) and 95% confidence intervals (CIs) to assess the risk of depression in the hysterectomy group and the control group. The HR was calculated as the risk of depression in the hysterectomy group compared to that in the control group. RESULTS:The incidence of depression in the hysterectomy group was 6.59 per 1,000 person-years and that in the control group was 5.70 per 1,000 person-years. The adjusted HR for depression was 1.15 in the hysterectomy group (95% CI=1.03-1.29, P<0.05). In a subgroup analysis, the adjusted HR for depression was 1.16 (95% CI; 1.03-1.31, P=0.014) for patients who underwent hysterectomy without bilateral salpingo-oophorectomy. In an additional subgroup analysis, the adjusted HR for depression after hysterectomy was 1.18 (95% CI; 1.04-1.35, P=0.012) in the younger than 50-year-old group. CONCLUSION: The incidence of depression was higher in women who underwent hysterectomy than in the matched control group.