

Selección de Resúmenes de Menopausia

Semana del 1 al 7 de abril de 2020

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Long-Term Effects of Roux-en-Y Gastric Bypass and Sleeve Gastrectomy on Bone Mineral Density: a 4-Year Longitudinal Study.

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INTRODUCTION: Bone mineral density (BMD) declines in the initial years after bariatric surgery, but long-term skeletal effects are unclear and comparisons between sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB) are rare. **DESIGN AND METHODS:** An observational longitudinal study of obese patients undergoing SG or RYGB was performed. Whole-body (WB) BMD, along with BMD of the total hip (TH), femoral neck (FN), and lumbar spine (LS), was measured by dual-energy X-ray absorptiometry (DXA) before surgery and yearly thereafter for 4 years. Calcitropic hormones were also measured. **RESULTS:** Forty-seven patients undergoing RYGB surgery and 28 patients undergoing SG were included. Four years after RYGB, BMD declined by $2.8 \pm 5.8\%$ in LS, $8.6 \pm 5\%$ in FN, $10.9 \pm 6.3\%$ in TH, and $4.2 \pm 6.2\%$ in WB, relative to baseline. For SG, BMD declined by $8.1 \pm 5.5\%$ in FN, $7.7 \pm 6\%$ in TH, $2.0 \pm 7.2\%$ in LS, and $2.5 \pm 6.4\%$ in WB after 4 years, relative to baseline. Vitamin D levels increased with supplementation in both groups. Whereas parathyroid hormone levels increased slightly in the RYGB group, they decreased modestly in the SG group ($P < 0.05$ in both groups). **CONCLUSIONS:** Bone loss after 4 years was comparable between the two procedures, although RYGB was associated with a slightly greater decrease at the TH than SG. Bone health should therefore be monitored after both RYGB and SG.

Nutrients. 2020 Mar 29;12(4). pii: E945. doi: 10.3390/nu12040945.

Associations Among BMI, Dietary Macronutrient Consumption, and Climacteric Symptoms in Korean Menopausal Women.

Kim GD1, Chun H2, Doo M3.

Many postmenopausal women individually experience varying degrees of climacteric symptoms. Among the many influencing factors, body weight and diet are recognized as important contributors to the incidence and severity of these symptoms. This study was performed to investigate the interaction effect of BMI (body mass index) and dietary consumption on the risk of climacteric symptoms among Korean women. Approximately half of the subjects (48.8%) experienced climacteric symptoms. After adjusting for the covariates, the subjects who are overweight or obese showed significantly greater total scores of climacteric symptoms ($p = 0.010$) and subscales of symptoms ($p = 0.027$ for physical climacteric symptoms and $p = 0.007$ for psychological climacteric symptoms), except for urogenital climacteric symptoms ($p = 0.085$), than those subjects at a normal weight. When subjects were divided into groups according to dietary macronutrient consumption, those who are overweight or obese were 2.84-fold (adjusted odds ratio, 95% CI = 1.18-6.80, $p = 0.019$) more likely to experience climacteric symptoms than those at a normal weight among the subjects with high fat consumption. However, the BMI category did not affect the adjusted odds ratio for experiencing climacteric symptoms among subjects who consumed a low-fat diet.

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Association between dietary total antioxidant capacity and breast cancer: a case-control study in a Middle Eastern country.

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OBJECTIVE: The aim of this study was to determine the relationship between dietary total antioxidant capacity (dTAC) and risk of breast cancer among Iranian women. **DESIGN:** In this hospital-based case-control study, dietary intake of participants was collected using a 168-item validated FFQ. Dietary TAC was assessed using FRAP assay considering. Logistic regression was used to obtain ORs for breast cancer across quartiles of dTAC. **SETTING:** Cancer Institute, Iran. **PARTICIPANTS:** We included 412 women with pathologically confirmed breast cancer and 456 apparently healthy controls. **RESULTS:** Mean dTAC was 11.3 ± 5.8 for cases and 12.1 ± 7.9 for controls. A trend towards significant inverse association was seen between dTAC and odds of breast cancer in the whole population; such that after controlling for several potential confounders, individuals in the highest quartile of dTAC were 0.39

times less likely to have breast cancer than those in the lowest quartile (0.61; 95 % CI: 0.38, 0.99, $P < 0.05$). In the stratified analysis by menopausal status, we found that postmenopausal women with the greatest dTAC had lower odds for breast cancer, compared with those with the lowest dTAC (0.47; 95 % CI: 0.24, 0.93, $P < 0.05$). This association strengthened after additional adjustment for BMI (0.28; 95 % CI: 0.11, 0.72, $P < 0.05$). No significant association was seen between dTAC and odds of breast cancer in premenopausal women. **CONCLUSIONS:** We found that dietary TAC was inversely associated with risk of breast cancer, in particular among postmenopausal women. Prospective cohort studies are needed to confirm these findings.

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Real-world effectiveness of osteoporosis treatment in the oldest old.

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We studied effectiveness of osteoporosis treatment in women older than 80 years, who often are not included in clinical trials. Treatments were as effective on bone density and fractures as in younger women. **INTRODUCTION:** To study real-world effectiveness of osteoporosis treatment on BMD and fractures in the oldest old women (≥ 80 years) compared with women (60-79 years) in the clinical setting using Swedish health register data. **METHODS:** National registers and data from DXA machines were used to study effectiveness of all available osteoporosis treatments in women 60-79 and ≥ 80 years using three approaches: (1) Total Hip BMD change up to 8 years after treatment start; (2) fracture incidence where patients served as their own controls, comparing the first 3 months after treatment start with the subsequent 12 months; and (3) comparison of fracture incidence post-fracture in women ≥ 80 years treated with osteoporosis treatment or calcium/vitamin D. **RESULTS:** Analysis 1: Total Hip BMD increased by up to 6.7% and 7.7% in women 60-79 and ≥ 80 years old, respectively. The mean increase in BMD was 1.1%-units per year in both age groups. Analysis 2: Relative to the 3-month baseline, fracture incidence decreased during the subsequent 12 months of treatment. Incidence rate ratios were estimated at 0.65, 0.74, 0.29, and 0.81 for any, hip, vertebral, and non-hip-non-vertebral fracture, respectively. Analysis 3: A 24-month incidence of any fracture in women ≥ 80 years given post-fracture osteoporosis treatment was lower (HR = 0.78) than in women given calcium/vitamin D, but treatment allocation was not random, with lower mortality (HR = 0.51) in patients receiving OP treatment. **CONCLUSIONS:** Osteoporosis medication in women > 80 years in clinical practice likely works, and the magnitude of effect is similar to what was estimated in younger women. The choice between osteoporosis treatment and calcium/vitamin D after fracture in women ≥ 80 years is not random but appears associated with the patient's health status and presence of vertebral fractures, rather than the known risk profile of sustaining a fracture at a high age.

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Correlation Between Bone Density and Lumbar Compression Fractures.

Takahashi T1,2, Takada T1, Narushima T1, Tsukada A1, Ishikawa E2, Matsumura A2.

Objectives: Bone densitometry is widely used to evaluate osteoporosis; however, it is pointed out that bone density may be high in the case of fractures, deformities, and osteosclerotic changes. The present study evaluated bone density measured at our hospital and evaluated its correlation with the presence or absence of lumbar spine fractures. **Methods:** Bone density of the lumbar spine and femur was measured in 185 patients from July 2017 to June 2019 at our hospital, and the presence or absence of a lumbar spine compression fracture was evaluated on the basis of the image. Information regarding age, sex, lumbar bone density, presence or absence of lumbar fracture, number of lumbar fractures, and grade of lumbar fracture was also statistically evaluated. **Results:** Analysis was performed for 185 patients (20 males and 165 females, average age 76.9 ± 7.5 years). The bone density was 0.830 ± 0.229 of compression fractured bodies (number of vertebral bodies were 132) and 0.765 ± 0.178 g/cm³ of noncompression fractured bodies (number of vertebral bodies was 608). **Discussion:** The presence of lumbar fractures significantly increases bone density. For diagnosing osteoporosis, both bone density and the possibility of lumbar spine fractures must be considered.

BMC Womens Health. 2020 Mar 30;20(1):64. doi: 10.1186/s12905-020-00916-8.

Associations between menopausal hormone therapy and sleep disturbance in women during the menopausal transition and post-menopause: data from the Norwegian prescription database and the HUNT study.

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BACKGROUND: Impaired sleep is common in menopausal women. The aim was to examine associations between uses of systemic menopausal hormone therapy (MHT) and sleep disturbance in a large population sample. **METHODS:** Female participants aged 45 to 75 years were selected from the Norwegian Health Study in Nord-Trøndelag (HUNT3, 2006-2008) (N = 13,060). Data were linked to the Norwegian Prescription Database, identifying use of prescribed MHT and use of sleep medication. Data were analyzed using multiple linear regression. **RESULTS:** In total, 996 women used systemic MHT (7.6%), with the highest prevalence of 10.3% among women 55 to 64 years of age. Despite high reports of frequent nocturnal awakening (24.7%) and high reports of hot flashes, use of MHT was low in this large population based survey. Although MHT use was associated with more sleep disturbance in unadjusted analyses, the association was not significant after adjusting for relevant covariates. Using sleep medication, reporting poor health, tobacco and alcohol use, doing daily exercise, having higher levels of anxiety, and being less satisfied with life were factors showing the strongest associations with sleep disturbance. **CONCLUSION:** The lack of association between MHT and sleep disturbance suggests that other factors, such as self-perceived good health, a healthy lifestyle and anxiety/depression, are more relevant to sleep than MHT.