

Selección de Resúmenes de Menopausia

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A single-arm, prospective trial investigating the effectiveness of a non-hormonal vaginal moisturizer containing hyaluronic acid in postmenopausal cancer survivors.

Carter J1,2,3, Baser RE4, Goldfrank DJ5,6, Seidel B7, Milli L7, Stabile C8, Canty J5, Saban S5, Goldfarb S, et al.

PURPOSE: To assess the feasibility and efficacy of a non-hormonal hyaluronic acid (HLA) vaginal gel in improving vulvovaginal estrogen-deprivation symptoms in postmenopausal women with a history of hormone receptor-positive (HR+) cancer. **METHODS:** For this single-arm, prospective longitudinal trial, we identified disease-free patients with a history of HR+ breast cancer treated with aromatase inhibitors or HR+ endometrial cancer treated with surgery and postoperative radiation. Participants used HLA daily for the first 2 weeks, and then 3×/week until weeks 12-14; dosage was then increased to 5×/week for non-responders. Vulvovaginal symptoms and pH were assessed at 4 time points (baseline [T1], 4-6 weeks [T2], 12-14 weeks [T3], 22-24 weeks [T4]) with clinical evaluation, the Vaginal Assessment Scale (VAS), Vulvar Assessment Scale (VuAS), Female Sexual Function Index (FSFI), and Menopausal Symptom Checklist (MSCL). **RESULTS:** Of 101 patients, mean age was 55 years (range, 31-78), 68% (n = 69) were partnered, and 60% (n = 61) were sexually active. In linear mixed models, VAS/VuAS scores significantly improved at all assessment points (all p < 0.001). MSCL scores similarly improved (all p < 0.001). FSFI scores significantly improved from T1 to T2 (p < 0.03), T3 (p < 0.001), and T4 (p < 0.001). Severe vaginal pH (> 6.5) decreased from 26% at T1 to 19% at T4 (p = 0.18). **CONCLUSIONS:** HLA moisturization improved vulvovaginal health/sexual function of cancer survivors. While HLA administration 1-2×/week is recommended for women in natural menopause, a 3-5×/week schedule appears to be more effective for symptom relief in cancer survivors.

Menopause. 2020 May;27(5):605-606. doi: 10.1097/GME.0000000000001547.

Aspirin for primary prevention of cardiovascular disease in women.

Shufelt CL1, Manson JE2.

For primary prevention, low-dose aspirin should be considered in women aged 40 to 70 years with a 10-year cardiovascular risk of 20% or more or in women with diabetes and a 10-year cardiovascular risk of 10% or more. The risk of bleeding outweighs the benefits in low-risk women and in women aged 70 years and older.

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The Women's Health Initiative trials of menopausal hormone therapy: lessons learned.

Manson JE1, Bassuk SS1, Kaunitz AM2, Pinkerton JV3.

OBJECTIVE: The Women's Health Initiative (WHI) assessed oral conjugated equine estrogens (CEE) taken with or without medroxyprogesterone acetate (MPA) for prevention of chronic disease in postmenopausal women aged 50-79 years. **METHODS:** Women with an intact uterus (n=16,608) were randomized to CEE+ MPA therapy or placebo for a median of 5.6 years; women with hysterectomy (n=10,739) were randomized to CEE-alone therapy or placebo for a median of 7.2 years. Both cohorts have been followed for 18 years. **RESULTS:** In the overall study population (mean age, 63 y), neither estrogen-progestin therapy (EPT) nor estrogen-only therapy prevented coronary heart disease or led to a favorable balance of chronic-disease benefits and risks. Subgroup analyses, however, suggest that timing of hormone therapy (HT) initiation influences the relation between HT and coronary risk, as well as its overall benefit-risk balance, with more favorable effects in women who are younger (age < 60 year) or recently menopausal (within 10 year) than in women who are older or further past the menopausal transition. In younger women who entered the trial of estrogen-only therapy with oophorectomy, the intervention was associated with a significant 32% reduction in all-cause mortality over long-term follow-up. **CONCLUSIONS:** WHI findings indicate important differences in HT-related clinical outcomes by age and time since menopause. Systemic HT has an acceptable safety profile for menopause management when initiated among healthy women who are younger (or recently menopausal) and not at

elevated risk for cardiovascular disease or breast cancer. Initiation of treatment in older women who are distant from menopause onset, however, should be avoided. Other HT formulations and routes of delivery warrant further study.

Nutrients. 2020 Apr 24;12(4). pii: E1196. doi: 10.3390/nu12041196.

Proinflammatory Dietary Intake is Associated with Increased Risk of Metabolic Syndrome and Its Components: Results from the Population-Based Prospective Study.

Khan I1, Kwon M1, Shivappa N2,3,4, R Hébert J2,3,4, Kim MK1.

Metabolic syndrome (MetS) is a major public health challenge throughout the world, although studies on its association with the inflammatory potential of diet are inconsistent. The aim of this prospective study was to assess the association between the Dietary Inflammatory Index (DII®) and the risk of MetS and its components in a Korean population. Data from 157,812 Korean adults (mean age 52.8 years; 53,304 men and 104,508 women with mean follow-up of 7.4 years) collected by members of the Korean Genome and Epidemiology Study form the basis for this report. DII scores were calculated based on Semi-Quantitative Food-Frequency Questionnaire data. Multivariable-adjusted Cox proportional hazard models were used to estimate the association between DII scores and MetS. In women, higher DII scores (pro-inflammatory diet) increased the risk of MetS (hazard ratio [HR]quintile5 v. 1 1.43; 95% confidence interval (CI) 1.21-1.69; p for trend ≤ 0.0001) and its five components. A positive association was observed for postmenopausal women, with a 50% higher risk of developing MetS (HRquintile5 v. 1 1.50; 95% CI 1.23-1.83; p for trend = 0.0008) after fully adjusting for potential confounders. Irrespective of the menopausal status of women, higher DII (=Q5) scores were positively associated with all 5 components of MetS ($p < 0.05$). In men, higher DII scores significantly increased the risk of low HDL cholesterol [HR]quintile5 v. 1 1.59 (1.27-1.99); p for trend = 0.0001], elevated waist circumferences [HR]quintile5 v. 1 1.28 (1.08-1.52); p for trend = 0.01], and high blood pressure [HR]quintile5 v. 1 1.17 (1.03-1.32); p for trend = 0.05]. These results indicate that diet with pro-inflammatory potential, as represented by higher DII scores, is prospectively associated with increased risk of MetS, and the relationship is stronger in women than in men.

Nota: Dieta proinflamatoria: Alta en calorías, con muchas grasas saturadas, carbohidratos de absorción rápida y productos procesados.

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An Overview of the Beneficial Effects of Exercise on Health and Performance.

Kramer A1,2.

Life expectancy is steadily increasing in modern societies, and so are noncommunicable diseases such as cardiovascular diseases, diabetes, obesity, and cancer, accounting for more than 70% of all deaths globally. The costs associated with these diseases are enormous, but it has been estimated that the majority of these noncommunicable diseases are preventable. In addition to an unhealthy diet, tobacco use, and harmful use of alcohol, physical inactivity is a key risk factor. Consequently, physical activity is a logical remedy, and in this chapter an overview of the numerous beneficial effects of physical activity on health and performance is given. The chapter is divided into three parts: First, the basics of physical activity and exercise are discussed, for instance exercise classification, exercise intensity operationalization, energy supply, and the acute effects of exercise such as blood flow redistribution and increased cardiac output. In the second part, the effects of exercise on physical performance are summarized. Specifically, it is discussed how endurance, strength, power, and balance can be improved. This discussion includes recommendations regarding the type, intensity, and duration of the exercise leading to improvements in one of these aspects of physical performance, as well as the mechanisms causing these adaptations. In the third part, the beneficial effects of physical activity on physical and mental health are outlined, with particular attention to cardiovascular diseases, the metabolic syndrome, musculoskeletal diseases, mood, anxiety, depression, and dementia. It can be concluded that with adequate programming, regular physical activity is an effective way to improve physical performance, improve physical and mental health, and reduce the risk factors for many noncommunicable diseases such as cardiovascular diseases, metabolic syndrome, sarcopenia, osteoporosis, and depression. In contrast to medication, physical exercise has no negative side effects, costs very little, and targets many health issues at once. If the multitude of beneficial effects of regular exercise were to be combined in a single low-cost drug, it would be prescribed for almost all types of physical and mental health issues.

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American Association of Clinical Endocrinologists/American College of Endocrinology Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis-2020 Update Executive Summary.

Camacho PM1, Petak SM2, Binkley N3, Diab DL4, Eldeiry LS5, Farooki A6, Harris ST7, Hurley DL8, et al.

Objective: The development of these guidelines is sponsored by the American Association of Clinical Endocrinologists (AACE) Board of Directors and American College of Endocrinology (ACE) Board of Trustees and adheres with published AACE protocols for the standardized production of clinical practice guidelines (CPG). **Methods:** Recommendations are based on diligent reviews of the clinical evidence with transparent incorporation of subjective factors, according to established AACE/ACE guidelines for guidelines protocols. **Results:** The Executive Summary of this 2020 updated guideline contains 52 recommendations: 21 Grade A (40%), 24 Grade B (46%), 7 Grade C (14%), and no Grade D (0%). These detailed, evidence-based recommendations allow for nuance-based clinical decision-making that addresses multiple aspects of real-world care of patients. The evidence base presented in the subsequent Appendix provides relevant supporting information for the Executive Summary recommendations. This update contains 368 citations: 123 (33.5%) EL 1 (highest), 132 (36%) EL 2 (intermediate), 20 (5.5%) EL 3 (weak), and 93 (25%) EL 4 (lowest). New or updated topics in this CPG include: clarification of the diagnosis of osteoporosis, stratification of the patient according to high-risk and very high-risk features, a new dual action therapy option, and transitions from therapeutic options. **Conclusion:** This guideline is a practical tool for endocrinologists, physicians in general, regulatory bodies, health-related organizations, and interested laypersons regarding the diagnosis, evaluation, and treatment of postmenopausal osteoporosis.

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Body size, body composition and endometrial cancer risk among postmenopausal women in UK Biobank.

Omiyale W1, Allen NE1,2, Sweetland S3.

Previous studies on the association of adiposity with endometrial cancer risk have mostly used body mass index (BMI) as the main exposure of interest. Whether more precise measures of body fat, such as body fat percentage and fat mass estimated by bioimpedance analyses, are better indicators of risk than BMI is unknown. The role of central adiposity and fat-free mass in endometrial cancer development remains unclear. We used Cox regression models to estimate hazard ratios (HR) and corresponding 95% confidence intervals (CI) for the associations of various measures of body size/composition with the risk of endometrial cancer among 135 110 postmenopausal women enrolled in UK Biobank. During a mean follow up of 6.8 years, 706 endometrial cancers were diagnosed, with a mean age at diagnosis of 65.5 years. The HRs (95%CI) for endometrial cancer per 1 SD (SD) increase in BMI, body fat percentage and fat mass were broadly comparable, being 1.71 (1.61-1.82), 1.92 (1.75-2.11) and 1.73 (1.63-1.85), respectively. There was an indication of positive association between central adiposity, as reflected by waist circumference (HR per 1-SD increase = 1.08, 95%CI:1.00-1.17) and waist to hip ratio (HR per 1-SD increase = 1.13, 95%CI: 1.01-1.26), and endometrial cancer risk after accounting for BMI. Fat-free mass was not an independent predictor of risk in this cohort. These findings suggest that body fat percentage and fat mass are not better indicators of endometrial cancer risk than BMI. Further studies are needed to establish whether central adiposity contributes to risk beyond overall adiposity.