Selección de Resúmenes de Menopausia

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Hot flashes, insomnia, and the reproductive stages: a cross-sectional observation of women from the EPISONO study

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Study objectives: To investigate the association of hot flashes and insomnia in pre- and postmenopausal women. Methods: The study was performed using data from the Sao Paulo Epidemiological Sleep Study (EPISONO). Premenopausal women were classified as with regular menstrual cycles, anovulatory or hormonal contraceptive users. Menopausal women were classified as in perimenopause, early postmenopause or late postmenopause. Women reporting frequent insomnia symptoms and relevant daytime complaints were classified as having insomnia disorder. PSG alterations suggestive of insomnia were also identified. Results: The frequency of hot flashes was 42% among postmenopausal (mainly early postmenopause) and 9% among premenopausal women (mainly anovulatory - p<0.01). About 18.7% had insomnia disorder, 48% had isolated insomnia symptoms and 32.4% had PSG alterations. Comparing menopausal with premenopausal women, the diagnosis of insomnia was similar (premenopausal: 18.9% vs. menopausal: 17.5%), but menopausal women had more frequent isolated insomnia symptoms (premenopausal: 43.9% vs. menopausal: 55.9% - p=0.02) and PSG correlates of insomnia (premenopausal: 26.5% vs. menopausal: 42.6% - p<0.01). Hot flashes were more frequent among women with insomnia disorders (25.5%) and isolated insomnia symptoms (23.0%) when compared with good sleepers (12.6%) in the whole sample (p=0.01). Among late menopausal women, the prevalence of hot flashes was higher in both women with insomnia disorders (42.1%) and isolated insomnia symptoms (37.5%) when compared with good sleepers (14.3% - p=0.05). Conclusions: Hot flashes are associated with insomnia and PSG alterations suggestive of insomnia. The prevalence of hot flashes among women with insomnia disorder is especially high among late postmenopausal women.

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Cardiometabolic health in premature ovarian insufficiency

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Premature ovarian insufficiency (POI) is an increasing public health problem with a prevalence now approaching 4%. POI results in adverse effects on the skeleton and central nervous system as well as disturbances of metabolic and cardiological factors that predispose to a major increased risk of cardiovascular disease (CVD). This article reviews the effects of the premature loss of ovarian function on lipids and lipoproteins, glucose and insulin metabolism, body composition, hemostasis and blood pressure, together with effects on the development of metabolic syndrome and diabetes mellitus. The article examines the effects of POI on vascular endothelial function and inflammation that result in arterial disease, and reviews the effects of hormone replacement therapy (HRT) on these various metabolic processes and on cardiovascular outcomes. It is essential that women with POI receive hormonal treatment to help prevent the development of CVD, and that this treatment is continued at least until the normal age of menopause. It appears that HRT has a more favorable effect than the combined oral contraceptive, but larger clinical trials are needed to establish the optimal treatment. Other therapeutic measures may need to be added to correct existing metabolic abnormalities and, in particular, attention to lifestyle factors such as diet and exercise must be encouraged.

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Management of postmenopausal vulvovaginal atrophy: recommendations of the International Society for the Study of Vulvovaginal Disease

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Objective: To develop a best practice document for the management of postmenopausal vulvovaginal atrophy (VVA). Method: Literature review carried out using clinical terms, treatments or interventions and comorbidity related to VVA. Results: There is a wide variety of interventions that may produce temporal benefits for VVA. However, there are significant limitations in scientific publications concerning VVA and related issues, including variable outcome

evaluations, variability in population age range, and small, often underpowered sample sizes. Therapeutic management of VVA should follow a sequential order, considering women's age, symptoms, general health as well as treatment preference. Beneficial options include lubricants, moisturizers, vaginal estrogens (estradiol, estriol, promestriene, conjugated estrogens), androgens, prasterone, and laser application. In women with general menopausal symptoms who are candidates for systemic hormone therapy, the lowest effective dose should be used. Oral ospemifene is an effective selective estrogen receptor modulator to treat VVA. Systemic androgens have a limited role. Although laser procedures are commonly used, at this moment the International Society for the Study of Vulvovaginal Disease does not endorse its use out of the setting of clinical trials. Pelvic floor muscle training improves blood flow and elasticity of the vulvovaginal tissue. In breast cancer survivors, moisturizers and lubricants are first line therapy. However, limited absorption of low/ultra-low doses of estrogens suggests safety, especially in women under treatment with aromatase inhibitors. As clinical practice and available preparations vary between countries this text should be adapted to local circumstances. Conclusions: There is a wide range of therapeutic options to individualize VVA treatments.

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Long-term risk of subsequent major osteoporotic fracture and hip fracture in men and women: a population-based observational study with a 25-year follow-up

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The risk of subsequent major osteoporotic and hip fracture following an initial fracture was increased in both sexes over 25 years, with modest time-dependent attenuation. This risk was highest in men, underscoring the importance of targeted treatment strategies particularly in this under-treated population. Introduction: The risk of subsequent fractures is increased following an index fracture, and declines over time. We aimed to determine whether this risk was sustained over 25 years and evolved similarly in men and women. Methods: Using population-based databases, we performed a matched cohort study in 16,876 men and 39,230 women ≥ 50 years who sustained an index fracture during 1989-2006. Rates of subsequent major osteoporotic fractures (MOF) and hip fractures until 2016 were compared to rates for matched controls (n = 160,983). Age- and sex-stratified cumulative incidences to 25 years were estimated in the presence of competing mortality. Hazard ratios (HRs) with 95% confidence intervals (CI) for subsequent fractures were estimated for each on the first 15 years of follow-up with a final category ≥ 15 years, adjusted for comorbidities. Results: Risk for MOF and hip fractures remained elevated up to 25 years in both sexes. The cumulative incidence of fractures was higher in cases vs controls in both sexes and across all age categories except in those > 90 years. Crude rate ratios for subsequent MOF were 2.5 (95% CI 2.3-2.7) in men and 1.6 (95% CI 1.6-1.7) in women and were higher in the younger age groups. Adjusted HRs (aHRs) for subsequent MOF were higher in men than in women in the first year (men aHR 2.6, 95% CI 2.1-3.3; women aHR 1.6, 95% CI 1.4-1.7). Conclusions: The risk of subsequent fractures following an initial fracture was increased over 25 years and the magnitude of risk was initially greater in men than in women.

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Association between Daily Sunlight Exposure and Fractures in Older Korean Adults with Osteoporosis: A Nationwide Population-Based Cross-Sectional Study

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Purpose: We aimed to investigate the association between daily sunlight exposure duration and fractures in older Korean adults with osteoporosis. Materials and methods: We utilized data from the 2008-2011 Korea National Health and Nutrition Examination Survey. Osteoporosis was diagnosed based on a T-score of ≤-2.5 using dual energy X-ray absorptiometry. The duration of daily sunlight exposure and fracture were assessed via intensive health interviews by trained staff using standardized health questionnaires. Fracture was defined as one or more fractures of the femur, wrist, and spine. Results: A total of 638 patients with osteoporosis aged ≥65 years were included. The odds ratio (OR) of total fractures was 0.55 times lower in the group with ≥5 h of daily sunlight exposure than in the group with <5 h of exposure after adjusting for age, sex, family history of osteoporosis or fracture, body mass index, bone mineral density of the femoral neck, serum 25-hydroxyvitamin D, current smoking, alcohol intake, daily calcium intake, and physical activity [95% confidence interval (CI) 0.31-0.97, p=0.040]. In patients with vitamin D insufficiency, the OR of total fracture was 0.52 times lower in the group with ≥5 h of daily sunlight exposure than in the group with less exposure after adjusting the above variables (95% CI 0.28-0.97, p=0.041). Conclusion: Sunlight exposure for ≥5 h a day was significantly associated with a decreased OR of fracture in older Korean adults with osteoporosis. This association was also significant in patients with vitamin D insufficiency.

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Sedentary work and breast cancer risk: A systematic review and meta-analysis

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Objectives: This systematic review and meta-analysis aimed to assess sedentary work's contribution to breast cancer risk quantitatively using thorough research articles. Methods: We performed a meta-analysis using a registered protocol in PROSPERO (registration number: CRD42020204629). Literature from PubMed, Embase, and Cochrane involving sedentary work and breast cancer risk was reviewed. We calculated the overall pooled risk ratios (RRs) and 95% CI with a random-effect model from the included studies. Furthermore, we performed stratified analyses by characteristics of studies. Results: Thirty-one studies (13 cohort studies and 18 case-control studies) were included in the analysis. The overall effect of the pooled analysis was an RR of 1.16 (95% CI 1.08-1.23). The results were 1.20 (95% CI 1.10-1.30) and 1.12 (95% CI 1.02-1.23) for cohort and case-control studies. The effect of sedentary work did not seem to be consistently attenuated by controlling body mass index, menopausal status, or experience of hormone replacement therapy. Conclusion: The results from this meta-analysis suggest that sedentary behavior within the occupational domain was associated with a 15.5% increased risk of breast cancer. It is essential to reduce the sedentary time spent at work and to secure time for leisure-time physical activity among sedentary workers as a primary preventive measure.

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Impact of premature natural menopause on body composition and physical function in elderly women: A Korean frailty and aging cohort study

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Induced premature menopause accelerates the rate of body composition changes (decrease in skeletal muscle mass and increase in fat mass) and deteriorating physical function. However, few studies have focused on the impact of premature natural menopause. This study aimed to investigate the impact of age at natural menopause (ANM) on body composition and physical function in elderly women. Using data from the Korean Frailty and Aging Cohort Study, 765 community-dwelling elderly women aged 70 to 85 years who experienced natural menopause were recruited in this study. Body composition was measured using dual-energy X-ray absorptiometry. Physical function was evaluated by grip strength, the timed up and go test (TUG), and the short physical performance battery (SPPB). Participants were categorized into 4 groups according to their ANM: <40 (premature natural menopause, PNM), 40 to 44 (early natural menopause, ENM), 45 to 54 (normal menopause, NM), and ≥55 (late menopause, LM) years.There were no significant differences in the body composition parameters, such as the appendicular skeletal muscle mass index (PNM: 5.90 ± 0.90 vs ENM: 5.91 ± 0.70 vs NM: 5.85 ± 0.73 vs LM: 5.90 ± 0.75, kg/m2, P = .75) and trunk fat mass index (PNM: 19.4 ± 3.9 vs ENM: 19.9 ± 4.4 vs NM: 19.9 ± 3.9 vs LM: 20.0 ± 3.8, %, P = .87) between the groups. In the physical function evaluation, there was no significant difference between the groups in grip strength (PNM: 19.8 ± 0.6 vs ENM: 20.3 ± 0.4 vs NM: 20.6 ± 0.2 vs LM: 20.6 ± 0.4, kg, P = .53). However, in the TUG (PNM: 11.8 ± 0.4 vs ENM: 10.3 ± 0.3 vs NM: 10.6 ± 0.1 vs LM: 10.2 ± 0.3, seconds, P < .01) and SPPB (PNM: 10.0 ± 0.2 vs ENM: 10.5 ± 0.2 vs NM: 10.6 ± 0.1 vs LM: 10.8 ± 0.2, points, P < .05), the PNM group showed significantly lower values than the other groups did. There was no difference in physical function between the groups except the PNM.Premature natural menopause did not affect the body composition in elderly women but was associated with physical function deterioration. Therefore, more attention should be paid to the prevention of the physical function deterioration caused by premature natural menopause in elderly women.