Selección de Resúmenes de Menopausia

Semana de 11 al 17 de agosto 2021

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J Obstet Gynaecol Can. 2021 Aug 11;S1701-2163(21)00603-4.doi: 10.1016/j.jogc.2021.08.003.

Guideline No. 422a: Menopause: Vasomotor Symptoms, Prescription Therapeutic Agents, Complementary and Alternative Medicine, Nutrition, and Lifestyle (se adjunta)

Nese Yuksel, Debra Evaniuk, Lina Huang, Unjali Malhotra, Jennifer Blake, Wendy Wolfman, Michel Fortier.

Objective: Provide strategies for improving the care of perimenopausal and postmenopausal women based on the most recent published evidence. **Target population**: Perimenopausal and postmenopausal women. **Benefits, harms, and costs:** Target population will benefit from the most recent published scientific evidence provided via the information from their health care provider. No harms or costs are involved with this information since women will have the opportunity to choose among the different therapeutic options for the management of the symptoms and morbidities associated with menopause, including the option to choose no treatment. **Evidence**: Databases consulted were PubMed, MEDLINE, and the Cochrane Library for the years 2002-2020, and MeSH search terms were specific for each topic developed through the 7 chapters. **Validation methods**: The authors rated the quality of evidence and strength of recommendations using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. See online Appendix A (Tables A1 for definitions and A2 for interpretations of strong and weak recommendations). **INTENDED AUDIENCE**: physicians, including gynaecologists, obstetricians, family physicians, internists, emergency medicine specialists; nurses, including registered nurses and nurse practitioners; pharmacists; medical trainees, including medical students, residents, fellows; and other providers of health care for the target population.

Clin Nutr Res. 2021 Jul 30;10(3):206-218.doi: 10.7762/cnr.2021.10.3.206. eCollection 2021 Jul.

Relationship between Adipose Tissue Derived Hormones and Cardiometabolic Risk according to Obesity Status

So Yoon Hwang 1 , Min Joo Seon 1 , Jong Hwa Lee 2 , Oh Yoen Kim 1 3

Adiponectin, and leptin are adipose tissue derived hormones affecting metabolic status. This study aimed to investigate the relationship between circulating adiponectin and leptin levels, and cardiometabolic parameters by obesity status among healthy women without metabolic disease. Finally 141 participants were included in the analyses and categorized into three groups by their body mass index (kg/m2) (normal weight: 18.5 ≤ body mass index [BMI] < 23.0, n=65; overweight: 23.0 ≤ BMI < 25.0, n=26; obesity: 25.0 ≤ BMI, n=50). Overweight and obesity groups were older, and had significantly higher levels of adiposity, blood pressure, fasting glucose, triglyceride, and high sensitivity C-reactive protein (hs-CRP), and lower levels of high density lipoprotein (HDL)-cholesterol than normal weight group. Circulating leptin levels, and leptin to adiponectin ratio were highest in obesity group, but circulating adiponectin levels were not statistically different among the three groups. Circulating leptin levels were negatively correlated with adiponectin levels, and leptin to adiponectin ratio. In addition, leptin levels were positively correlated with waist circumference, systolic blood pressure, insulin resistance, and hs-CRP, and negatively with HDL-cholesterol. However, circulating adiponectin levels were negatively correlated only with waist circumference, and hs-CRP. These patterns were retained after adjusted for confounding factors such as age, smoking and drinking habits, menopausal status and total calorie intake. In conclusion, circulating adiponectin and leptin levels according to obesity status were differently observed among healthy women, and circulating leptin levels may be a more sensitive parameter for cardiometabolic risk in healthy women.

Breast Cancer Res Treat. 2021 Aug 12.doi: 10.1007/s10549-021-06355-9. Online ahead of print.

A randomized controlled trial of metformin in women with components of metabolic syndrome: intervention feasibility and effects on adiposity and breast density

Edgar Tapia 1 , Diana Evelyn Villa-Guillen 2 , Pavani Chalasani , Sara Centuori, Denise J Roe, et al.
Purpose: Obesity is a known risk factor for post-menopausal breast cancer and may increase risk for triple negative breast cancer in premenopausal women. Intervention strategies are clearly needed to reduce obesity-associated breast cancer risk. Methods: We conducted a Phase II double-blind, randomized, placebo-controlled trial of metformin in overweight/obese premenopausal women with components of metabolic syndrome to assess the potential of metformin for primary breast cancer prevention. Eligible participants were randomized to receive metformin (850 mg BID, n = 76) or placebo (n = 75) for 12 months. Outcomes included breast density, assessed by fat/water MRI with change in percent breast density as the primary endpoint, anthropometric measures, and intervention feasibility. Results: Seventy-six percent in the metformin arm and 83% in the placebo arm (p = 0.182) completed the 12-month intervention. Adherence to study agent was high with more than 80% of participants taking ≥ 80% assigned pills. The most common adverse events reported in the metformin arm were gastrointestinal in nature and subsided over time. Compared to placebo, metformin intervention led to a significant reduction in waist circumference (p < 0.001) and waist-to-hip ratio (p = 0.019). Compared to placebo, metformin did not change percent breast density and dense breast volume but led to a numerical but not significant decrease in non-dense breast volume (p = 0.070). Conclusion: We conclude that metformin intervention resulted in favorable changes in anthropometric measures of adiposity and a borderline decrease in non-dense breast volume in women with metabolic dysregulation. More research is needed to understand the impact of metformin on breast cancer risk reduction.

Climacteric. 2021 Aug 12;1-8.doi: 10.1080/13697137.2021.1956452. Online ahead of print.

Cognitive performance of women at various stages of reproductive aging and associated risk factors

M Kaur 1 , M Kaur 1
Objective: Menopausal transition among midlife women is accompanied by the issues of hot flushes, mood swings as well as sleep disturbances, night sweats, urogenital diminution and cognitive changes. The present cross-sectional study is an attempt to recognize the cognitive differences associated with various stages of reproductive aging. Methods: The study included women (N = 404) aged between 40 and 65 years from rural areas of Punjab (North India). The Mini-Mental State Examination (Hindi version) was used to evaluate orientation, registration, attention, recall, language and visual spatial skills domains of the global cognitive functioning of all participants. Results: The results of the present study exhibited a decline in cognitive scores across successive menopausal transitional stages in most of the cognitive domains except registration. The results of multivariate regression analysis demonstrated that illiteracy, vegetarian diet, perimenopause and late postmenopause phase were significantly associated with lower global cognitive scores. Conclusion: With increased longevity, early identification of potential risk factors associated with cognitive decline among women during their midlife can be beneficial in improving the mental health of postmenopausal women.

Sleep Sci. Apr-Jun 2021;14(2):92-100.doi: 10.5935/1984-0063.20200041.

Assessment of the frequency of sleep complaints and menopausal symptoms in climacteric women using the Jenkins Sleep Scale

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Objective: To identify the frequency of sleep complaints (SC) and associated menopausal symptoms in climacteric women, apparently healthy, residing in three different capital cities of the Colombian Caribbean. Material and methods: Cross-sectional study which is part of the investigation project CAVIMEC [Calidad de Vida en la Menopausia y Etnias Colombianas]. Data were collected by interviewers, on a door-to-door visit. Healthy women residing in the Colombian Caribbean, 40-59 years old, were studied. Sociodemographic characteristics form and scales were applied: Menopause Rating Scale, Jenkins Sleep Scale, Perceived Psychological Stress (perceived stress), Goldberg Anxiety and Depression Scale, SCOFF scale (eating disorders), and Loneliness Scale by Hughes. The women were divided into two groups: with SC and without SC, according to the Jenkins scale result. Crude and adjusted logistic regressions were performed: SC (dependent variable) with sociodemographic characteristics and the results of the scales used (independent variables). Results: Five hundred eighty-five women were studied. 16.5% with SC. No differences were observed in age, BMI, and high blood pressure. Proportionally more women with SC had depression, anxiety, perception of loneliness, severe menopausal symptoms, somatic, psychological, urogenital, and quality of life severe impairment (p<0.05). There were no differences in eating disorders and perceived stress. In the adjusted model, only

depression was associated with SC, OR: 9.81 [95% CI: 1.29-74.3], p<0.05. Conclusion: SC were identified in 16.5% of the climacteric women of the Colombian Caribbean. In an adjusted model, probable depression was the only factor associated with SC.

Osteoporos Int. 2021 Aug 11;1-10.doi: 10.1007/s00198-021-06080-5. Online ahead of print.

Hip fracture predicts subsequent hip fracture: a retrospective observational study to support a call to early hip fracture prevention efforts in post-fracture patients

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Purpose: This large retrospective cohort study aimed to provide hip fracture data, in the context of other fractures, to help inform efforts related to hip fracture prevention focusing on post-fracture patients. Methods: A cohort of 115,776 patients (72.3% female) aged > 65 (median age 81) with an index fracture occurring at skeletal sites related to age-related bone loss between January 1, 2011, and March 31, 2015, was identified using health services data from Ontario, Canada, and followed until March 31, 2017. Results: Hip fracture was the most common second fracture (27.8%), occurring in ≥ 19% of cases after each index fracture site and most frequently (33.0%) after hip index fracture. Median time to a second fracture of the hip was ~ 1.5 years post-index event. Patients with index hip fracture contributed the most to fracture-related initial surgeries (64.1%) and post-surgery complications (71.9%) and had the second-highest total mean healthcare cost per patient in the first year after index fracture ($62,793 ± 44,438). One-year mortality (any cause) after index hip fracture was 26.2% vs. 15.9% in the entire cohort, and 25.9% after second hip fracture. Conclusion: A second fracture at the hip was observed in one in four patients after any index fracture and in one in three patients with an index hip fracture, on average within 1.5 years. Index hip fracture was associated with high mortality and post-surgery complication rates and healthcare costs relative to other fractures. These data support focusing on early hip fracture prevention efforts in post-fracture patients.

Aging (Albany NY). 2021 Aug 10;13(undefined).doi: 10.18632/aging.203395. Online ahead of print.

Bisphosphonates and breast cancer survival: a meta-analysis and trial sequential analysis of 81508 participants from 23 prospective epidemiological studies

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Background: We assessed the effect of bisphosphonates (BPs) on breast cancer (BCa) patient survival and explored how long the effect can persist after treatment. Methods: We performed a meta-analysis and trial sequential analysis (TSA) of prospective studies including randomized controlled trials (RCTs) and cohort studies. We performed extensive sensitivity analyses to assess the robustness of the findings. Results: Seventeen RCTs and eight cohorts with 81508 BCa patients were identified. A significant beneficial effect of BPs on BCa survival was found (RR, 0.725; 95% CI, 0.627-0.839), and the TSA results also suggested firm evidence for this beneficial effect. Both summarized results from RCTs and cohorts provided firm evidence for this effect, although the effect estimates were stronger from cohorts than RCTs (RR, 0.892; 95% CI, 0.829-0.961; 0.570; 95% CI, 0.436-0.745; respectively). This beneficial effect was confirmed for bone-metastases (RR, 0.713; 95% CI, 0.602-0.843) and postmenopausal women (RR, 0.737; 95% CI, 0.640-0.850). Importantly, our results demonstrated that this beneficial effect was retained at least 1-2 years after treatment completion (RR, 0.780; 95% CI, 0.638-0.954) and could persist for up to more than 4 years after treatment completion (RR, 0.906; 95% CI, 0.832-0.987). Extensive sensitivity analyses showed the robustness of our results. The GRADE quality of evidence was generally judged to be moderate to high. Conclusions: The present study provides firm evidence for a significant beneficial effect of BPs on BCa survival in patients with early-stage BCa, and this effect was retained at least 1-2 years after BP treatment completion.

Postgrad Med J. 2021 Aug 9;postgradmedj-2021-140336. doi: 10.1136/postgradmedj-2021-140336.

Can fibromyalgia be considered a characteristic symptom of climacterium?

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Fibromyalgia syndrome (FMS) is a chronic pain syndrome, characterised by diffuse pain in musculoskeletal system and accompanied by stiffness, fatigue, tender points, sleep disturbances and cognitive and gastrointestinal symptoms.

It affects middle-aged women (between 40 and 65) predominantly. Climacteric syndrome, which is characterised by vasomotor, somatic (headache, sleep disorders, myalgia and arthralgia) and psychical (mood changes) symptoms, results from the change in brain neurotransmitter concentrations due to gradual decline of ovarian hormone levels. Currently, studies focus on the similarities of FMS and climacteric syndrome in terms of age of occurrence, epidemiology, etiopathogenesis, symptomatology and treatment. Hormonal fluctuation during menopausal transition is likely the triggering factor for both syndromes. Therefore, hormone replacement therapy is a favourable approach in the treatment of FMS due to the antiallodynic, anti-inflammatory and neuroprotective effect of oestrogen. In this review, we emphasise the similarity of FMS and climacteric syndrome and suggested that FMS could be considered as a characteristic symptom of climacterium.