



Selección de Resúmenes de Menopausia

Semana del 19 al 25 de enero 2022

María Soledad Vallejo. Clínica Quilín. Universidad de Chile

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Changes in bone mineral density following laparoscopic sleeve gastrectomy: 2-year outcomes.

Tair Ben-Porat, Shiraz Peret, Amihai Rottenstreich, Ram Weiss, Auryan Szalat, Ram Elazary, Mahmud Abu Gazala. Background: Emerging evidence suggests that sleeve gastrectomy (SG) leads to significant bone mineral density (BMD) losses, but there is a paucity of studies evaluating skeletal consequences beyond 12-months post-operatively. Objectives: To evaluate BMD changes 2 years postoperatively. Setting: A university hospital. Methods: Thirty-three women (mean age: 34.4 ± 12.3 years) who underwent SG and completed 24 months of follow-up were evaluated prospectively at baseline and at 3 (M3), 6 (M6), 12 (M12), and 24 (M24) months postoperatively. Data collected included BMD at the total hip, femoral neck, and lumbar spine measured by dual-energy x-ray absorptiometry and anthropometrics, biochemical, nutritional, and physical activity parameters. Results: At M24, patients achieved a mean body mass index and excess weight loss of 32.4 ± 5.1 kg/m² and $64.5 \pm 21.4\%$, respectively; however, weight stabilized at M12. Femoral neck BMD decreased significantly from baseline to M24 ($.924 \pm .124$ versus $.870 \pm .129$ g/cm², $P < .001$), with no change between M12 and M24 ($P = .273$). Total hip BMD decreased significantly from baseline to M24 ($1.004 \pm .105$ versus $.965 \pm .132$ g/cm², $P < .001$) but increased between M12 and M24 ($P = .001$). No significant changes were noted in lumbar spine BMD. The percentage of changes in the femoral neck and the total hip BMD from baseline to M24 positively correlated with postoperative excess weight loss ($r = .352$, $P = .045$, and $r = .416$, $P = .018$, respectively). Conclusion: Despite notable weight loss, women who underwent SG experienced significant bone loss at the total hip and femoral neck more than 2 years postoperatively. Future studies should investigate intervention strategies to attenuate skeletal deterioration after SG.

Medicina (Kaunas). 2021 Dec 21;58(1):3. doi: 10.3390/medicina58010003.

Appraisal of Experimental Methods to Manage Menopause and Infertility: Intraovarian Platelet-Rich Plasma vs. Condensed Platelet-Derived Cytokines

E Scott Sills 1 2, Samuel H Wood 2 3

The first published description of intraovarian platelet-rich plasma (PRP) appeared in mid-2016, when a new experimental technique was successfully used in adult human ovaries to correct the reduced fertility potential accompanying advanced maternal age. Considering the potential therapeutic scope of intraovarian PRP would likely cover both menopause and infertility, the mainstream response has ranged from skeptical disbelief to welcome astonishment. Indeed, reports of intraovarian PRP leading to restored menses in menopause (as an alternative to conventional hormone replacement therapy) and healthy term livebirths for infertility patients (from IVF or as unassisted conceptions) continue to draw notice. Yet, any proper criticism of ovarian PRP applications will be difficult to rebut given the heterogenous patient screening, varied sample preparations, wide differences in platelet incubation and activation protocols, surgical/anesthesia techniques, and delivery methods. Notwithstanding these aspects, no adverse events have thus far been reported and ovarian PRP appears well tolerated by patients. Here, early studies guiding the transition of 'ovarian rejuvenation' from experimental to clinical are outlined, with mechanisms to explain results observed in both veterinary and human ovarian PRP research. Current and future challenges for intraovarian cytokine treatment are also discussed.

Pharmaceuticals (Basel). 2021 Dec 29;15(1):46. doi: 10.3390/ph15010046.

The Utilization of Dehydroepiandrosterone as a Sexual Hormone Precursor in Premenopausal and Postmenopausal Women: An Overview

Justine Tang 1, Li-Ru Chen 2 3, Kuo-Hu Chen 4 5

Dehydroepiandrosterone (DHEA), and its metabolite, dehydroepiandrosterone sulfate ester (DHEAS), are the most abundant circulating steroid hormones, and are synthesized in the zona reticularis of the adrenal cortex, in the gonads,

and in the brain. The precise physiological role of DHEA and DHEAS is not yet fully understood, but these steroid hormones can act as androgens, estrogens, and neurosteroids, and perform many roles in the human body. Since both levels decline with age, use of DHEA supplements have gained more attention due to being advertised as an antidote to aging in postmenopausal women, who may have concerns on age-related diseases and overall well-being. However, current research has not reached an overall consensus on the effects of DHEA on postmenopausal women. This overview is a summary of the current literature, addressing the metabolic pathway for DHEA synthesis and utilization, as well as the effects of DHEA on premenopausal and postmenopausal women with disease states and other factors. As for the therapeutic effects on menopausal syndrome and other age-related diseases, several studies have found that DHEA supplementations can alleviate vasomotor symptoms, preserve the integrity of the immune system, reduce bone loss, and increase muscle mass. Intravaginal DHEA has shown significant beneficial effects in menopausal women with severe vulvovaginal symptoms. On the other hand, DHEA supplements have not shown definitive effects in cardiovascular disease, adrenal insufficiency, insulin sensitivity, and cognition. Due to inadequate sample sizes and treatment durations of current studies, it is difficult to assess the safety and efficacy of DHEA and draw reliable conclusions for the physiological role, the optimal dosage, and the effects on premenopausal and postmenopausal women; therefore, the study of DHEA warrants future investigation. Further research into the roles of these steroid hormones may bring us closer to a therapeutic option in the future.

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Oral Contraceptive Use in BRCA1 and BRCA2 Mutation Carriers: Absolute Cancer Risks and Benefits

Lieske H Schrijver 1, Thea M Mooij 1, Anouk Pijpe 1, Gabe S Sonke 2, Marian J E Mourits 3, Nadine Andrieu, et al. Background: To help BRCA1/2 mutation carriers make informed decisions regarding use of combined-type oral contraceptive preparation (COCP), absolute risk-benefit estimates are needed for COCP-associated cancer. Methods: For a hypothetical cohort of 10,000 women, we calculated the increased or decreased cumulative incidence of COCP-associated (breast/ovarian/endometrial) cancer, examining 18 scenarios with differences in duration and timing of COCP use, uptake of prophylactic surgeries and menopausal hormone therapy. Results: COCP use initially increased breast cancer risk, and decreased ovarian/endometrial cancer risk long-term. For 10,000 BRCA1 mutation carriers ten years of COCP use from age 20-30 years resulted in 66 additional COCP-associated cancer cases by the age of 35 years, on top of 625 cases expected for never users. By the age of 70 years such COCP use resulted in 907 fewer cancer cases than the expected 9,093 cases in never users. Triple-negative breast cancer estimates resulted in 196 additional COCP-associated cases by age 40 years, on top of 1,454 expected. For 10,000 BRCA2 mutation carriers using COCP from age 20-30 years, 80 excess cancer cases were estimated by age 40 years on top of 651 expected cases; by the age of 70 years we calculated 382 fewer cases compared to the 6,156 cases expected. The long-term benefit of COCP use diminished after risk-reducing bilateral salpingo-oophorectomy (RRSO) followed by menopausal hormone therapy use. Conclusion: While COCP use in BRCA1 and BRCA2 mutation carriers initially increases breast/ovarian/endometrial cancer risk, it strongly decreases lifetime cancer risk. RRSO and menopausal hormone therapy use appear to counteract the long-term COCP-benefit.

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Is there any difference in hearing function between surgical and natural menopause?

Dilek Özgedik 1, Arzu Kirbaç 2, Erol Belgin 3

This study was designed to examine cochlear function in surgical postmenopausal women and natural menopause. Three groups, each including 20 patients, were formed: surgical menopause (SM), natural menopause (NM), and healthy controls who had not yet gone through menopause. Conventional audiometry (0.125-8 kHz), ultra-high frequency audiometry (10-16 kHz), and otoacoustic emission (OAE) tests were used in the evaluation of the patients. Almost all the hearing thresholds were significantly poorer in the menopause groups than in the control group ($p < .05$). However, the amplitudes of the healthy controls were higher in transient evoked otoacoustic emissions (TEOAEs), especially in many frequencies of distortion product otoacoustic emissions (DPOAEs) ($p < .05$). In the SM group, all the frequencies between 0.125 and 10 kHz for the right ear, and 1, 2, 6 and 8 kHz air-conduction hearing thresholds for the left ear were significantly poorer compared to the NM group ($p < .05$). There was also a significant decrease in the 4, 6, and 8 kHz DPOAE amplitudes of the SM group compared to the NM group ($p < .05$). This study showed that

postmenopausal women, in particular those with SM had significantly poorer hearing thresholds and lower OAE amplitudes. Menopause may be a potential risk factor for the development of hearing loss in women.

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Prevalence of post-menopausal depression and associated factors: A web-based cross-sectional study in Greece

Georgios Papazisis 1, Ioannis Tsakiridis 2, Alexandra Ainatzoglou 3, Athanasia Pappa 4, Thalia Bellali 5, Dimitrios Kouvelas 3, Themistoklis Dagklis 2

Objectives: The impact of depression on post-menopausal women is an important public health issue but remains largely unknown. The purpose of this study was to identify the prevalence of post-menopausal depression in Greece and outline the profile of the women it affects. **Study design:** A sample of post-menopausal women completed an anonymous, self-administered, web-based survey which included the Beck Depression Inventory-II (BDI-II) and questions regarding socio-demographic data. **Main outcome measures:** The dependent variable of interest was a BDI-II score ≥ 20 (the cut-off for moderate depression according to the BDI). **Results:** Overall, 502 post-menopausal women participated in the study. The median BDI-II score was 13 (range 0-50); 136 (27.1%) of the women scored ≥ 20 and were considered screen-positive for depression. According to the multivariate logistic regression model, age < 55 years (OR: 1.621; 95% CI: 1.036-2.535), not working (OR: 1.580; 95% CI: 1.013-2.465), smoking (OR: 1.656; 95% CI: 1.081-2.536) and history of depression (OR: 1.650; 95% CI: 1.045-2.604) were independently associated with post-menopausal depression. Subgroup analyses revealed that current smokers (OR: 2.514; 95% CI: 1.485-4.256) had higher odds of moderate depression, while obesity (OR: 2.455; 95% CI: 1.206-4.996), absence of healthcare insurance (OR: 4.413; 95% CI: 1.970-9.887) and a history of depression (OR: 2.253; 95% CI: 1.212-4.190) were identified as independent risk factors for severe post-menopausal depression. **Conclusions:** More than one out of four post-menopausal women were screen-positive for symptoms indicative of depression, while a personal history of depression, age < 55 years, smoking and current working status were independent predictors of its emergence.

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Life habits of postmenopausal women: Association of menopause symptom intensity and food consumption by degree of food processing

Priscilla Rayanne E Silva Noll 1, Matias Noll 2, Juliana Zangirolami-Raimundo 3, Edmund Chada Baracat 4, et al.

Objective: To evaluate in postmenopausal women the association between menopause symptom intensity and the quality of life and clinical, anthropometric, and lifestyle factors, focusing on food consumption by degree of processing. **Study design:** A cross-sectional study of 288 postmenopausal women using interviews. **Main outcome measures:** The Kupperman-Blatt Menopausal Index and the Women's Health Questionnaire were used to evaluate the main outcomes of menopausal symptom intensity and quality of life, respectively. Data on socioeconomic, clinical, anthropometric, and lifestyle variables (smoking, alcohol intake, physical activity, and food consumption) were collected. **Results:** Most women had moderate to severe intensity of menopausal symptoms. The highest tertile of ultra-processed food consumption was associated with a greater intensity of vasomotor symptoms (prevalence ratio [PR] 0.73, 95% confidence intervals [CI] 0.55-0.96) and sexual behavior (PR 1.22, CI 1.01-1.49). Higher intakes of sugar-sweetened beverages and sausages were associated with somatic symptoms (PR 1.23, CI 1.01-1.49) and poorer memory/concentration (PR 1.22, CI 1.02-1.47/ PR 1.22, CI 1.01-1.48). The highest tertile of vegetable intake was associated with greater protection against depressive mood (PR 0.64, CI 0.43-0.96), vasomotor symptoms (PR 0.79, CI 0.63-0.99), and sleep disorders (PR 0.83, CI 0.69-0.99), and better quality of life (PR 0.79, CI 0.62-0.99). **Conclusion:** More intense vasomotor, sexual, somatic, and memory and concentration symptoms are associated with a higher consumption of ultra-processed foods, whereas those with a higher consumption of vegetables reported lower menopause symptom intensity and a better quality of life.