



Selección de Resúmenes de Menopausia

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Association between reproductive lifespan and risk of incident type 2 diabetes and hypertension in postmenopausal women: Findings from a 20-year prospective study

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Background: This study examined the association between reproductive lifespan and incident type 2 diabetes mellitus (T2DM) and hypertension in mid-age women. Also, the combined effect of reproductive lifespan and body mass index (BMI) on the risks of T2DM and hypertension were explored. **Methods:** Reproductive lifespan was defined as the difference between age at menopause and age at menarche, and categorized as <35, 35-37, 38-40, and ≥ 41 years based on the quartile distribution. A multivariable Cox proportional hazard regression was used, adjusting for socio-demographic, lifestyle, and reproductive factors. **Results:** Of 6357 postmenopausal women included (mean [SD] age at last follow-up, 66.3[3.3] years), a total of 655 developed incident T2DM (10.3%) and 1741 developed hypertension (30.0%) during 20 years of follow-up. The total sample had a mean (SD) reproductive lifespan of 37.9 (4.5). Compared with the women who had a reproductive lifespan of 38-40 years, those with a short reproductive lifespan (<35 years) had a 30% increased risk of T2DM and twice the risk of hypertension. Under the combined model, women who had a short reproductive lifespan (<35 years) and who had a BMI ≥ 30 kg/m² at baseline showed a higher risk of T2DM (HR: 6.30, 95% CI: 4.41-8.99) and hypertension (HR: 6.06, 4.86-7.55) compared with women who had a reproductive lifespan of 38-40 years and a BMI < 25 kg/m². **Conclusions:** A higher risk of both incident T2DM and hypertension at midlife was found among women experiencing a shorter reproductive lifespan, with pronounced risk for women experiencing both a short reproductive lifespan (<35 years) and a higher baseline BMI (≥ 30 kg/m²). Women with a short reproductive lifespan may benefit from maintaining healthy body weight in midlife.

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Vasomotor symptoms and carotid artery intima-media thickness among Korean midlife women

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Objectives: To evaluate the association between vasomotor symptoms (VMS) and carotid intima-media thickness (CIMT) in Korean midlife women. **Study design:** This cross-sectional study included 918 Korean women aged 45-65 years who attended their routine health checkup at a single institution between 2013 and 2016. **Main outcome measures:** All participants' results on the Menopause Rating Scale were used to assess the VMS. Severe and very severe VMS were combined into severe VMS. CIMT and blood flow velocities were measured on the common carotid arteries using duplex ultrasound. **Results:** All participants' mean age was 54.73 \pm 5.37 years, and 627 (68.3%) were postmenopausal. A total of 401 (43.7%) women reported VMS: 217 (23.6%), mild; 109 (11.9%), moderate; and 75 (8.2%), severe. The mean CIMT was 0.062 \pm 0.017 mm and 0.064 \pm 0.019 mm in premenopausal and menopausal women, respectively. In the multivariate linear regression analysis, the CIMT of women with moderate VMS was 0.102 mm (95% confidence interval [CI] = 0.002-0.009) more than that of women with no VMA, and the CIMT of women with severe VMS was 0.246 mm (95% CI = 0.012-0.021) more than that of women with no VMS, after adjusting for several confounders, including age, body mass index, and lifestyle factors. Severe VMS were associated with the risk of thickened CIMT (≥ 0.075 mm) and/or plaques (odds ratio = 2.90, 95% CI = 1.74-4.84) in the logistic regression analysis after adjusting for the same variables. **Conclusions:** Moderate and severe VMS are independently associated with increased CIMT in otherwise healthy Korean midlife women. Clinicians managing midlife women with bothersome VMS should consider screening for subclinical cardiovascular diseases.

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Milk Intake in Early Life and Later Cancer Risk: A Meta-Analysis

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Dairy consumption in adulthood has been demonstrated to influence cancer risk. Although childhood and adolescence represent critical periods of rapid growth, the relationship between milk intake in early life and later cancer risk is unclear. Thus, we examined this relationship by conducting a meta-analysis of the observational studies. PubMed and Embase were searched for relevant articles that were published throughout December 2021. The summary relative risk (RR) and 95% confidence interval (CI) were estimated using the DerSimonian-Laird random-effects model. The summary RR for the highest vs. lowest milk intake was 0.83 (95% CI = 0.69-1.00; $p = 0.05$; $I^2 = 60\%$; seven studies) for breast cancer, 0.98 (95% CI = 0.72-1.32; $p = 0.88$; $I^2 = 51\%$; four studies) for prostate cancer, and 0.90 (95% CI = 0.42-1.93; $p = 0.78$; $I^2 = 83\%$; three studies) for colorectal cancer. No evidence of an association emerged in subgroup analyses of menopausal status, cancer stage, fat content of milk, life stage of milk intake, or study design. Consistent results were observed in the meta-analyses using total dairy intake. In conclusion, milk intake during childhood and adolescence might not be associated with risks of breast, prostate, and colorectal cancer later in life. Given the small number of studies that were included in our meta-analysis, and the high heterogeneity, more studies are warranted for a definitive conclusion.

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Avoidable bilateral salpingo-oophorectomy at hysterectomy: a large retrospective study

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Objectives: Evaluate the proportion of justified bilateral salpingo-oophorectomy (BSO) at hysterectomy, based on pathologic diagnosis, and determine prevalence of avoidable BSO based on pre- and intraoperative considerations and pathologic diagnosis. **Methods:** Retrospective review of hysterectomies at seven Ontario, Canada hospitals from 2016 to 2019. Surgeries completed by oncologists or for invasive placentation were excluded. Patient, case, and surgeon characteristics were recorded along with pathologic diagnoses. Avoidable BSO criteria were: preoperative diagnosis of cervical dysplasia or benign diagnosis other than endometriosis, gender dysphoria, risk reduction or premenstrual dysphoric disorder; age < 51 years; absence of intraoperative endometriosis and adhesions; unjustified pathology (where "justified" pathology was endometriosis or (pre)malignant diagnosis except for cervical dysplasia). Patients with avoidable BSO were compared to those having at least one criterion for BSO. Binary logistic regression identified factors most strongly associated with avoidable BSO. **Results:** Four thousand one hundred ninety-one hysterectomies were completed with 1,422 (33.9%) patients having concomitant BSO. Pathologic diagnosis justified BSO in most patients (1,035/1,422, 72.8%) with endometrial cancer being most common (439/1,422, 30.9%). When preoperative characteristics, intraoperative findings, and pathologic diagnoses were considered, 79 of 1,422 (5.6%) BSOs were avoidable. Compared to cases with at least one criterion for BSO, avoidable BSOs were more frequently completed by generalists (OR 1.80, 95% CI 1.10-2.99, $P = 0.021$), for preoperative diagnoses of abnormal uterine bleeding/menorrhagia (OR 3.82, 95% CI 2.35-6.30, $P = 0.001$) and fibroids (OR 4.25, 95% CI 2.63-6.92, $P < 0.001$). **Conclusion:** Pathologic diagnosis justified most BSOs at hysterectomy. BSO was avoidable in 5.6% of patients, underscoring the need to standardize practice of BSO.

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The significance of "atrophic endometrium" in women with postmenopausal bleeding

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We evaluated the interpretation of atrophic endometrium (AE) histology as the most common cause for postmenopausal bleeding (PMB). This theory has been accepted for several generations by gynecologists and gynecologic oncologists and has been published in past and current major gynecology textbooks. In our review of the literature, we did not find sufficient histological or clinical proof for this concept. In our view, AE is not a cause of PMB and we back this up with a review of old and current medical literature. The old studies are based on information which was obtained prior to the existence of transvaginal sonogram, sonohysterogram and hysteroscopy. Focal lesions are notorious for being missed by endometrial sampling and curettage. Recent studies show that focal endometrial lesions are a crucial cause for PMB and some of those lesions can harbor cancer. In our opinion, AE is the most common histology found because it is physiologic and a ubiquitous finding in postmenopausal women, but it is not a cause of PMB. Referring to AE as a cause of PMB may result in misdiagnosis of cancer, management delay and unnecessary intervention. To avoid misdiagnosis of cancer, transvaginal sonogram should be considered in all women with PMB and AE on pathology. If

endometrial thickness is found, AE is unlikely to be the cause of the PMB and further workup is warranted to reveal the true etiology for the bleeding.

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Association of weight, smoking, and alcohol consumption with age at natural menopause

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In South Korea, rapid economic growth and modernization have led to changes in lifestyle factors that may affect age at natural menopause. Data from 4,793 women aged ≥ 55 years, who had a natural menopause, were analyzed from the Korea National Health and Nutrition Examination Survey (2013-2017). Multinomial logistic regression was used to examine the association between lifestyle factors and age at natural menopause after adjusting for birth cohort (Model 1) and sociodemographic and reproductive factors (Model 2). Overall, 3.1% of women experienced premature menopause (< 40 years), 7.6% early menopause (40-44 years), and 12.8% late menopause (≥ 55 years). Women born in the 1940s or earlier among the birth cohorts had the highest prevalence of premature (70.0%), early (58.5%), and late (43.1%) menopause. In Model 2, current smoking (odds ratio = 3.99 and 95% confidence interval = 1.35-11.81) was associated with premature menopause. Low (< 18.5 kg/m²) and high (≥ 25 kg/m²) body mass index were associated with early (odds ratio = 2.30 and 95% confidence interval = 1.01-5.22) and late (odds ratio = 1.38 and 95% confidence interval = 1.10-1.72) menopause respectively. Conversely, there was no association between age at natural menopause and alcohol consumption. The results suggest that healthy lifestyle factors, such as not smoking and proper weight maintenance, are significant factors affecting age at natural menopause. Our findings may help develop health policies and provide targeted care to improve women's health after midlife.

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High Prevalence of Asymptomatic Intracranial Atherosclerosis in Elder Women With Tubal Ligation: Result From a Community-Based Study in Shandong, China

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Background: In addition to traditional cardiovascular risk factors, gender-specific factors may also contribute to intracranial atherosclerosis. This study aimed to comprehensively investigate the association between asymptomatic intracranial atherosclerosis (aICAS) and menstrual or reproductive history (MRH), namely, menstruation, pregnancy, childbirth, menopause, and contraception. **Methods:** Participants in this study were selected from the Kongcun town aICAS study. MRH was collected through structured case report forms, in which menarche age, menstrual regularity, dysmenorrhea, number of pregnancies, number of childbirths, age of first pregnancy, breastfeeding, menopause, menopause age, and contraceptive methods were all involved. All characteristics were compared by chi-squared and nonparametric tests as applicable. Logistic regression model and sensitivity analysis were used to analyze the association between aICAS and MRH. **Results:** A total of 1,052 female participants were involved in this study, of which 5.7% had moderate to severe aICAS. Tubal ligation was significantly associated with aICAS in univariate analysis [crude odds ratio (OR), 2.85; 95% CI, 1.22-6.62; $P = 0.015$]. This association was still significant among female participants over 60 years old after multivariate adjustment (adjusted OR, 4.36; 95% CI, 1.55-12.24; $P = 0.005$). Sensitivity analysis showed a similar result (adjusted OR, 3.76; 95% CI, 1.24-11.41; $P = 0.020$). Menopause lost significant association with aICAS after multivariate adjustment (adjusted OR, 1.68; 95% CI, 0.66-4.24; $P = 0.275$). No other MRH factors were found to be associated with aICAS. **Conclusion:** Tubal ligation may be associated with a higher prevalence of aICAS in Chinese elderly women. This provides a new perspective to study the epidemiological characteristics of ICAS.