Selección de Resúmenes de Menopausia

Semana del 24 a 30 de agosto 2022

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Maturitas. 2022 Aug 27;166:35-40. doi: 10.1016/j.maturitas.2022.08.006. Online ahead of print.

Association of menopausal hormone therapy with gastric and colorectal cancer risks in Korean women: A nationwide population-based cohort study

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Background: Menopausal hormone therapy (MHT) has been associated with a decreased risk of gastric cancer (GC) and colorectal cancer (CRC); however, few studies have been conducted in diverse ethnic groups, particularly in the Asian population. Therefore, the current study evaluated if MHT is inversely associated with GC and CRC in East Asia using a representative population-based study in Korea. Methods: This retrospective cohort study was conducted using the National Health Insurance Service-National Sample Cohort 2.0 in South Korea from 2002 to 2015. A total of 196,095 women aged ≥40 years were included in the study. The numbers of participants who did and did not use MHT were 19,063 (9.7 %) and 177,032 (90.3 %), respectively. Hazard ratios (HRs) and the corresponding 95 % confidence intervals (CIs) were estimated using a time-dependent Cox proportional hazards model. Age was considered as a time scale, and other confounding factors, including income levels based on insurance premiums, region of residence, and comorbidities, were included in the multivariable-adjusted model. Results: The total number of incident cases of GC and CRC were 1339 (0.68 %) and 1428 (0.73 %), respectively. We observed an inverse association of the use of estrogen replacement therapy (ERT; estrogen-containing therapy regardless of other regimen types) with GC [HR (95 % CI):0.68 (0.51-0.90)], CRC [0.57 (0.42-0.78)] and gastrointestinal cancer [GI, 0.63 (0.51-0.77)]. In the analyses by CRC subsite, the risks of both colon and rectal cancers were associated with ERT. In addition, both estrogen and combined estrogen and progestogen regimens were significantly associated with CRC and GI cancer. Conclusion: ERT was associated with a decreased risk of GC and CRC. Our findings support the protective effect of estrogen against GC and CRC in Korean women.

World J Diabetes. 2022 Jul 15;13(7):553-565. doi: 10.4239/wjd.v13.i7.553.

Factors associated with trabecular bone score in postmenopausal women with type 2 diabetes and normal bone mineral density

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Background: Osteoporosis and type 2 diabetes (T2D) have been recognized as a widespread comorbidity leading to excess mortality and an enormous healthcare burden. In T2D, bone mineral density (BMD) may underestimate the risk of low-energy fractures as bone quality is reduced. It was hypothesized that a decrease in the trabecular bone score (TBS), a parameter assessing bone microarchitecture, may be an early marker of impaired bone health in women with T2D. Aim: To identify clinical and body composition parameters that affect TBS in postmenopausal women with T2D and normal BMD. Methods: A non-interventional cross-sectional comparative study was conducted. Potentially eligible subjects were screened at tertiary referral center. Postmenopausal women with T2D, aged 50-75 years, with no established risk factors for secondary osteoporosis, were included. BMD, TBS and body composition parameters were assessed by dual-energy X-ray absorptiometry. In women with normal BMD, a wide range of anthropometric, general and diabetes-related clinical and laboratory parameters were evaluated as risk factors for TBS decrease using univariate and multivariate regression analysis and analysis of receiver operating characteristic (ROC) curves. Results: Three hundred twelve women were initially screened, 176 of them met the inclusion criteria and underwent dual X-ray absorptiometry. Those with reduced BMD were subsequently excluded; 96 women with normal BMD were included in final analysis. Among them, 43 women (44.8%) showed decreased TBS values (≤ 1.31). Women with TBS ≤ 1.31 were taller and had a lower body mass index (BMI) when compared to those with normal TBS (P = 0.008 and P = 0.007 respectively). No significant differences in HbA1c, renal function, calcium, phosphorus, alkaline phosphatase, PTH and 25(OH)D levels were found. In a model of multivariate linear regression analysis, TBS was positively associated with gynoid fat mass, whereas the height and androgen fat mass were associated negatively (all P < 0.001). In a multiple logistic regression, TBS ≤ 1.31 was associated with lower gynoid fat mass (adjusted odd ratio [OR], 0.9, 95% confidence interval [CI], 0.85-0.94, P < 0.001), higher android fat mass (adjusted OR, 1.13, 95%CI, 1.03-1.24, P = 0.008) and height (adjusted OR, 1.13, 95%CI, 1.05-1.20, P < 0.001). In ROC-curve analysis, height ≥ 162.5 cm (P = 0.04), body mass

index ≤ 33.85 kg/m2 (P = 0.002), gynoid fat mass ≤ 5.41 kg (P = 0.03) and android/gynoid fat mass ratio ≥ 1.145 (P < 0.001) were identified as the risk factors for TBS reduction. Conclusion: In postmenopausal women with T2D and normal BMD, greater height and central adiposity are associated with impaired bone microarchitecture.

J Endocrinol Invest. 2022 Aug 31;1-13. doi: 10.1007/s40618-022-01910-7. Online ahead of print.

Cost-effectiveness analysis of five drugs for treating postmenopausal women in the United States with osteoporosis and a very high fracture risk

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Purpose: Five strategies were recommended by the American Association of Clinical Endocrinologists/American College of Endocrinology (AACE/ACE) guidelines for the treatment of postmenopausal osteoporosis (PMO) patients with a very high fracture risk. We aimed to assess their cost-effectiveness in the United States (US). Methods: A microsimulation Markov model was created to compare the cost-effectiveness of five treatment strategies, including zoledronate, denosumab, abaloparatide, teriparatide, and romosozumab in PMO patients with a recent fracture from the healthcare perspective of the US. The data used in the model were obtained from published studies or online resources. Base-case analysis, one-way deterministic sensitivity analysis (DSA) and probability sensitivity analysis (PSA) were conducted for 65-, 70-, 75-, and 80-year-old patients. Results: In base case, at 65 years, zoledronate was the cheapest strategy. The incremental cost-effectiveness ratios (ICER, which represent incremental costs per QALY gained) of denosumab, teriparatide, abaloparatide, and romosozumab against zoledronate were $13,020/QALY (quality-adjusted years), $477,331 /QALY, $176,287/QALY, and $98,953/QALY, respectively. Under a willing-to-pay (WTP, which means the highest price a consumer will pay for one unit of a good of service) threshold of $150,000/QALY, denosumab and romosozumab were cost-effective against zoledronate. The PSA results showed that denosumab was the most cost-effective option with WTP thresholds of $50,000/QALY, $100,000/QALY and $150,000/QALY. The results were similar in other age groups. The DSA results indicated that the most common parameters that have important influence on the outcome were drug persistence, incidence of adverse events, the efficacy of drugs on hip fractures and the cost of the drug. Conclusion and relevance: Among PMO patients with a very high fracture risk in the US, zoledronate is the cheapest strategy and denosumab is the most cost-effective choice among these five strategies.

Menopause. 2022 Sep 1;29(9):1083-1085. doi: 10.1097/GME.0000000000002049. Epub 2022 Aug 23.

Clinical management of hypoactive sexual desire disorder in postmenopausal women

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Approximately 10% to 12% of women meet the criteria for hypoactive sexual desire disorder, with the highest prevalence in midlife women, ranging from 14.5% to 33%. Despite the negative effect on health and quality of life, most women are reluctant to discuss sexual concerns with healthcare professionals. Although healthcare professionals have the best opportunities to address these problems, most of them have limited awareness, education, and comfort about addressing sexual concerns, resulting in a conspiracy of silence. The purpose of this Practice Pearl is to improve the understanding of hypoactive sexual desire disorder, including symptoms, etiology, diagnosis, and treatment.

Maturitas. 2022 Aug 17;166:21-34. doi: 10.1016/j.maturitas.2022.08.002. Online ahead of print.

The effect of opportunistic salpingectomy for primary prevention of ovarian cancer on ovarian reserve: a systematic review and meta-analysis

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Background: Opportunistic salpingectomy (OS) is an attractive method for primary prevention of ovarian cancer. Although OS has not been associated with a higher complication rate, it may be associated with earlier onset of menopause. Objective: To provide a systematic review and meta-analysis of the effect of OS on both age at menopause and ovarian reserve. Methods: A search was conducted in the Cochrane Library, Embase and MEDLINE databases from inception until March 2022. We included randomized clinical trials and cohort studies investigating the effect of OS on onset of menopause and/or ovarian reserve through change in anti-Müllerian hormone (AMH), antral follicle count (AFC), estradiol (E2), follicle stimulating hormone (FSH) and luteinizing hormone (LH). Data was extracted independently by two researchers. Random-effects meta-analyses were conducted to estimate the pooled effect of OS on ovarian reserve. Results: The initial search yielded 1047 studies. No studies were found investigating the effect of

OS on age of menopause. Fifteen studies were included in the meta-analysis on ovarian reserve. Meta-analyses did not result in statistically significant differences in mean change in AMH (MD -0.07 ng/ml, 95%CI -0.18;0.05), AFC (MD 0.20 n, 95 % CI -4.91;5.30), E2 (MD 3.97 pg/ml, 95%CI -0.92;8.86), FSH (MD 0.33mIU/ml, 95%CI -0.15;0.81) and LH (MD 0.03mIU/ml; 95%CI -0.47;0.53). Conclusion: Our study shows that OS does not result in a significant reduction of ovarian reserve in the short term. Further research is essential to confirm the absence of major effects of OS on menopausal onset since clear evidence on this subject is lacking.

Front Neuroendocrinol. 2022 Aug 24;101032. doi: 10.1016/j.yfrne.2022.101032. Online ahead of print.

What is there to know about the effects of progestins on the human brain and cognition?

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Progestins are an important component of hormonal contraceptives (HCs) and hormone replacement therapies (HRTs). Despite an increasing number of studies elucidating the effects of HCs and HRTs, little is known about the effects of different types of progestins included in these medications on the brain. Animal studies suggest that various progestins interact differently with sex steroid, mineralocorticoid and glucocorticoid receptors and have specific modulatory effects on neurotransmitter systems and on the expression of neuropeptides, suggesting differential impacts on cognition and behavior. This review focuses on the currently available knowledge from human behavioral and neuroimaging studies pooled with evidence from animal research regarding the effects of progestins on the brain. The reviewed information is highly relevant for improving women's mental health and making informed choices regarding specific types of contraception or treatment.