



Selección de Resúmenes de Menopausia

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The association between primary ovarian insufficiency and increased multimorbidity in a large prospective cohort

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 Objective: To describe the prevalence of multimorbidity among individuals with premature ovarian insufficiency (POI) and early menopause, in comparison to average age of menopause. Design: Prospective cohort SUBJECTS: This prospective cohort encompassed female postmenopausal individuals from the Canadian Longitudinal Study on Aging (CLSA). The CLSA collected cross-sectional data from 50,000 community-dwelling Canadians aged 45 to 85 between 2010 and 2015. Exposure: The primary exposure was primary ovarian insufficiency (defined by onset of menopause younger than 40 years). Comparators included average age of menopause (age 46 to 55 years), early menopause (40-45 years), late onset menopause (56-65 years), and those who underwent a hysterectomy. Main outcome measures: The primary outcome was multimorbidity, which was defined as two or more chronic conditions. The secondary outcome was severe multimorbidity (defined as three or more chronic conditions) as well as frequencies of specific chronic conditions among a comprehensive list of 15 individual conditions. We assessed the association between multimorbidity and age at menopause using logistic regression and odds ratios, with confidence intervals set at 95%. Odds ratios were adjusted for known predictors of multimorbidity, including age, menopause hormone therapy (MHT), education, ethnicity, self-reported loneliness, living alone, BMI, smoking habits, nutritional risk, social participation, and physical activity. Results: A total of 12,339 postmenopausal participants were included, of which 374 (3.0%) experienced POI and 1396 (11.3%) experienced early menopause. The prevalence of multimorbidity was 64.8% and 51.1% among those with POI and early menopause respectively. In contrast, only 43.9% of individuals with average age of menopause (age 46 to 55 years) had multimorbidity. The OR for multimorbidity in the POI population was 2.5 (95% CI 2.0-3.1) in comparison to those who underwent the average age of menopause. This relationship was maintained after adjustment for confounders (aOR 2.0, 95% CI: 1.5-2.5). The prevalence of severe multimorbidity was also double in the POI group in comparison in the average age group (39.2% versus 21.1%). There was significantly increased risk of ischemic heart disease (aOR 2.8, 95% CI: 1.7-4.7), gastric ulcers (aOR 1.6, 95% CI: 1.1-2.3) and osteoporosis (aOR 1.6, 95% CI: 1.2-2.1) in the POI group. Conclusions: Individuals with POI and early menopause experience increased multimorbidity in comparison to those undergoing menopause at an average age. This trend persists even after adjusting for significant multimorbidity risk factors.

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Effects of Testosterone Hormone on the Sexual Aspect of Postmenopausal Women: A Systematic Review

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A decrease in testosterone levels in women during the postmenopausal period is associated with a wide range of signs and symptoms that can negatively impact their sexual quality of life. Due to this, it is crucial to understand and address this hormone deficiency with appropriate medication. To summarize the effects of testosterone treatment on the sexual aspects of postmenopausal women, PubMed was searched from 1974 to the present using the following MESH terms: (((testosterone) OR (androgens)) OR (testosterone deficiency)) AND (sexual dysfunction) AND (postmenopausal women) AND (current therapy replacement))). The inclusion criteria were studies with observational and experimental approaches that evaluated the mechanism of action of testosterone in postmenopausal women. The updated data indicate that testosterone therapy alleviates many of the signs and symptoms related to sexual dysfunction in menopausal women. However, the evidence is limited due to the small sample sizes and the relatively few studies on this topic. As our understanding of the relationship between testosterone and postmenopausal women advances, there has been significant development in the use of this hormone. To validate these findings and ensure they are generalizable, further randomized controlled trials are essential. Future studies should focus on confirming the efficacy of testosterone therapy.

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Hormone Therapy and Biological Aging in Postmenopausal Women

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Importance: Menopause is associated with biological aging, and hormone therapy (HT) is associated with health outcomes in postmenopausal women. **Objective:** To evaluate the association between HT use and discrepancies between chronological and biological age in postmenopausal women as well as the potential modifying role of socioeconomic status (SES). **Design, setting, and participants:** This population-based, retrospective cohort study included postmenopausal women registered in the UK Biobank. A baseline survey on HT use and biological aging biomarkers was conducted from March 2006 to October 2010. Data analyses were conducted in December 2023. **Exposures:** Information regarding HT use, the age at starting HT, and HT duration was collected via a touchscreen questionnaire. SES was evaluated by education, family income, occupation, and the Townsend Deprivation Index. **Main outcomes and measures:** Biological aging discrepancy was evaluated using validated phenotypic age, which was calculated using chronological age and 9 biomarkers measured at baseline. All-cause and cause-specific mortality were also assessed. **Results:** Among the 117 763 postmenopausal women (mean [SD] age, 60.2 [5.4] years), 47 461 (40.3%) ever used HT. The mean phenotypic age was 52.1 (7.9) years. Ever use of HT was associated with a smaller biological aging discrepancy than never use of HT (β , -0.17 years; 95% CI, -0.23 to -0.10 years). This smaller aging discrepancy was more evident in those who started HT at age 55 years or older (β , -0.32 years; 95% CI, -0.48 to -0.15 years) and in those who used HT for 4 to 8 years (β , -0.25 years; 95% CI, -0.35 to -0.15 years). The association between HT and a smaller aging discrepancy was more evident in women with low SES, with a significant interaction observed for education (higher education: β , -0.08 years [95% CI, -0.17 to 0.01]; other education: β , -0.23 [95% CI, -0.32 to -0.14] years; P for interaction = .02). Phenotypic aging discrepancy mediated 12.7% (95% CI, 6.3% to 23.9%) of the association between HT and all-cause mortality and cause-specific mortality. **Conclusions and relevance:** In this study, postmenopausal women with historical HT use were biologically younger than those not receiving HT, with a more evident association observed in those with low SES. The biological aging discrepancy mediated the association between HT and decreased mortality. Promoting HT in postmenopausal women could be important for healthy aging.

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Real-world evaluation of treatment utilization by women experiencing vasomotor symptoms associated with menopause in the United States and Europe: Findings from the REALISE study

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Objectives: Despite the profound impact of menopausal symptoms on women, treatment utilization is low, and many seek alternative therapies. The REALISE study aimed to evaluate the treatment landscape - that is, pharmacological treatment, lifestyle changes (LC), and use of over-the-counter (OTC) products - for women from six high-income countries experiencing vasomotor symptoms (VMS) and receiving healthcare. **Study design:** Analysis of a secondary dataset, the Adelphi Real World Disease Specific Programme™, a large, cross-sectional, point-in-time survey conducted in the United States and five European countries (February-October 2020). Physicians provided demographic, clinical, and treatment data; women were stratified by VMS severity (mild; moderate-severe) and presence of concomitant sleep/mood symptoms. Women completed forms on VMS severity, concomitant symptoms, LC, and OTC product use. Two subgroups were identified: VMS-only and VMS + sleep/mood. **Main outcome measures:** Prescription treatment, LC, and OTC product utilization. **Results:** Physicians (n = 233) provided data on 1767 women; 825 (46.7 %) completed a self-completion form. Physicians rated 60 % of women with moderate-severe VMS, of whom 709 (66.8 %) were currently prescribed pharmacological treatment; 27.1 % had never been prescribed. Hormone therapy was most frequently prescribed in the moderate-severe group (overall, 49.8 %; VMS-only, 57.4 %; VMS + sleep/mood, 47.3 %), followed by serotonergic antidepressants (15.7 %; 9.7 %; 17.6 %, respectively). Most women (78.3 %) with moderate-severe VMS adopted LC, and 57.6 % used at least one OTC product for VMS relief. **Conclusions:** Nearly a third of women with moderate-severe VMS had never received treatment despite access to healthcare. This, combined with the prevalent use of LC/OTC products, suggests an unmet need for new treatment options to manage VMS and concomitant sleep/mood symptoms.

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The Role of Estrogen across Multiple Disease Mechanisms

Estrogen is a significant hormone that is involved in a multitude of physiological and pathological processes. In addition to its pivotal role in the reproductive system, estrogen is also implicated in the pathogenesis of a multitude of diseases. Nevertheless, previous research on the role of estrogen in a multitude of diseases, including Alzheimer's disease, depression, cardiovascular disease, diabetes, osteoporosis, gastrointestinal diseases, and estrogen-dependent cancers, has concentrated on a single disease area, resulting in a lack of comprehensive understanding of cross-disease mechanisms. This has brought some challenges to the current treatment methods for these diseases, because estrogen as a potential therapeutic tool has not yet fully developed its potential. Therefore, this review aims to comprehensively explore the mechanism of estrogen in these seven types of diseases. The objective of this study is to describe the relationship between each disease and estrogen, including the ways in which estrogen participates in regulating disease mechanisms, and to outline the efficacy of estrogen in treating these diseases in clinical practice. By studying the role of estrogen in a variety of disease mechanisms, it is hoped that a more accurate theoretical basis and clinical guidance for future treatment strategies will be provided, thus promoting the effective management and treatment of these diseases.

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Female and male factors that impact on frequency of sexual intercourse in aging couples: a cross-sectional study

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Objectives: To assess the prevalence and factors associated with dyspareunia and the lack of sexual intercourse in women between 50 and 70 years cohabiting with their partners. **Methods:** This is a descriptive and exploratory cross-sectional study using the snowball technique with prospective data collection using a structured questionnaire to describe multiple aspects of health and sexuality among 266 cohabiting Brazilian couples aged 50 to 70. **Results:** The prevalence of lack of sexual activity was 20%. Factors associated with sexual inactivity were female sexual dysfunction (OR: 9.87, 95% CI: 3.24-30.10, $P < 0.001$), female dissatisfaction with the partner as a lover (OR: 5.86, 95% CI: 2.03-16.88, $P = 0.001$), male sexual dysfunction (OR: 4.51, 95% CI: 1.60-12.70, $P = 0.004$), and poor self-rated male health (OR: 3.66, 95% CI: 1.29-10.40, $P = 0.015$). The prevalence of dyspareunia was 42.3% in the sample of sexually active women. Factors associated with dyspareunia were female sexual dysfunction (OR: 2.7, 95%, CI: 1.26-5.77, $P = 0.010$), moderate/severe vaginal dryness (OR: 4.67, 95% CI: 2.21-9.87, $P < 0.001$), and vaginal discomfort (OR: 4.03, 95% CI: 1.77-9.17, $P < 0.001$). **Conclusions:** The results showed that male, female, and dyadic factors were associated with a lack of sexual activity. On the other hand, only female factors were associated with dyspareunia among sexually active couples.