Selección de Resúmenes de Menopausia

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Hormone Replacement Therapy and Alzheimer's Disease: Current State of Knowledge and Implications for Clinical Use

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Alzheimer's disease (AD) is a progressive neurodegenerative disorder responsible for over half of dementia cases, with two-thirds being women. Growing evidence from preclinical and clinical studies underscores the significance of sex-specific biological mechanisms in shaping AD risk. While older age is the greatest risk factor for AD, other distinct biological mechanisms increase the risk and progression of AD in women including sex hormones, brain structural differences, genetic background, immunomodulation and vascular disorders. Research indicates a correlation between declining estrogen levels during menopause and an increased risk of developing AD, highlighting a possible link with AD pathogenesis. The neuroprotective effects of estrogen vary with the age of treatment initiation, menopause stage, and type. This review assesses clinical and observational studies conducted in women, examining the influence of estrogen on cognitive function or addressing the ongoing question regarding the potential use of hormone replacement therapy (HRT) as a preventive or therapeutic option for AD. This review covers recent literature and discusses the working hypothesis, current use, controversies and challenges regarding HRT in preventing and treating age-related cognitive decline and AD. The available evidence indicates that estrogen plays a significant role in influencing dementia risk, with studies demonstrating both beneficial and detrimental effects of HRT. Recommendations regarding HRT usage should carefully consider the age when the hormonal supplementation is initiated, baseline characteristics such as genotype and cardiovascular health, and treatment duration until this approach can be more thoroughly investigated or progress in the development of alternative treatments can be made.

J Epidemiol Community Health. 2024 Oct 17:jech-2023-220706. doi: 10.1136/jech-2023-220706.

Burden of postmenopausal breast cancer attributable to excess body weight: comparative study of body mass index and CUN-BAE in MCC-Spain study

Naiara Cubelos-Fernández 1, Verónica Dávila-Batista, Tania Fernández-Villa, Gemma Castaño-Vinyals, et al. Background: 10% of postmenopausal breast cancer cases are attributed to a high body mass index (BMI). BMI underestimates body fat, particularly in older women, and therefore the cancer burden attributable to obesity may be even higher. However, this is not clear. CUN-BAE (Clínica Universidad de Navarra-Body Adiposity Estimator) is an accurate validated estimator of body fat, taking into account sex and age. The objective of this study was to compare the burden of postmenopausal breast cancer attributable to excess body fat calculated using BMI and CUN-BAE. Methods: This case-control study included 1033 cases of breast cancer and 1143 postmenopausal population controls from the multicase-control MCC-Spain study. Logistic regression models were used to calculate odds ratios (ORs). The population attributable fraction (PAF) of excess weight related to breast cancer was estimated with both anthropometric measures. Stratified analyses were carried out for hormone receptor type. Results: Excess body weight attributable to the risk of breast cancer was 23.0% when assessed using a BMI value ≥30 kg/m2 and 38.0% when assessed using a CUN-BAE value of ≥40% body fat. Hormone receptor stratification showed that these differences in PAFs were only observed in hormone receptor positive cases, with an estimated burden of 19.9% for BMI and 41.9% for CUN-BAE. Conclusion: These findings suggest that the significance of excess body fat in postmenopausal hormone receptor positive breast cancer could be underestimated when assessed using only BMI. Accurate estimation of the cancer burden attributable to obesity is crucial for planning effective prevention initiatives.

Lancet Diabetes Endocrinol. 2024 Oct 14:S2213-8587(24)00270-5. doi: 10.1016/S2213-8587(24)00270-5.

Is it time to revisit the recommendations for initiation of menopausal hormone therapy?

Findings from the Women's Health Initiative studies led to menopausal hormone therapy (MHT) guidelines generally recommending the initiation of MHT be limited to women within 10 years of their menopause or before the age of 60 years. This recommendation has led to women who experience troublesome menopausal symptoms and who have not commenced MHT within these limits often being denied this type of therapy. Similarly, the majority of women who might benefit from the protective effects of MHT against bone loss and fracture are not offered this treatment option if they do not fit with these criteria. Based on review of the evidence that led to the conditional initiation of MHT, and subsequent studies, we propose that the recommendations regarding the initiation of MHT need to change to be more inclusive of women outside these chronological limits.

Maturitas. 2024 Oct 10:190:108131. doi: 10.1016/j.maturitas.2024.108131. Online ahead of print.

Morning tiredness and insomnia symptoms are associated with increased blood pressure in midlife women

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Objectives: The objective of this study was to investigate how blood pressure, sleep architecture, sleep-disordered breathing, body habitus, and levels of serum follicle-stimulating hormone are associated with symptoms of insomnia and sleep quality during menopausal transition. Methods: 64 healthy premenopausal women (aged 45-47 years) were recruited to the study. Data were collected at baseline and at 10-year follow-up during sleep laboratory and laboratory visits. A sleep questionnaire was used to evaluate sleep quality and insomnia symptoms. Data were analysed using multiple linear and logistic regression with a backward method. Results: During the menopausal transition, a change in insomnia symptoms was associated with a change in morning systolic blood pressure (β = 0.114 (CI95% 0.023-0.205), p = 0.016). At follow-up, at the age of 56, a higher percentage of REM sleep was associated with a lower odds of restless sleep (OR = 0.842 (95 % CI 0.742-0.954), p = 0.007), while both higher systolic and diastolic evening blood pressure was associated with an increased odds of morning tiredness. OR = 1.047 (95 % CI 1.003-1.092), p = 0.034 and OR = 1.126 (95 % CI 1.018-1.245), p = 0.007, respectively. Conclusions: In healthy midlife women, a change blood pressure is related to the development of insomnia symptoms during menopausal transition. In postmenopausal women, a high evening blood pressure may be associated with morning tiredness and a reduced amount of REM sleep may be perceived as restless sleep.

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Potential benefits of hormone replacement therapy on cardiovascular and kidney outcomes in postmenopausal women with chronic kidney disease

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Background: Hormone replacement therapy (HRT) is recommended for alleviating vasomotor symptoms or preventing bone loss in postmenopausal women. This study aimed to investigate the impact of hormone replacement therapy on major adverse cardiovascular events, kidney failure, and mortality in women with chronic kidney disease (CKD). Methods: This population-based cohort study analyzed data from the National Cancer Screening Program and the national health examination of South Korea. Data on postmenopausal women were extracted from the 2009 National Cancer Screening Program. Among these postmenopausal women, those with CKD without kidney replacement therapy were selected through a national health examination from 2009 to 2013. The study outcomes were the risks of major adverse cardiovascular events, kidney failure, and all-cause mortality according to hormone replacement therapy. Results: A total of 768,279 postmenopausal women with CKD were enrolled in this study; of these women, 13.8% (N = 106,052) had a history of hormone replacement therapy. The user and non-user groups differed with respect to baseline characteristics, with the latter being older and having risk factors for cardiovascular disease. After adjustment for confounding factors, the group exposed to hormone replacement therapy showed lower risks of major adverse cardiovascular events, kidney failure, and all-cause mortality. Conclusions: This study suggests the potential benefits of hormone replacement therapy in postmenopausal women with CKD and highlighted its potential advantages for cardiovascular and kidney outcomes.

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FIGO position statement on opportunistic salpingectomy as an ovarian cancer prevention strategy

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Epithelial ovarian cancer, with the highest mortality rate among gynecologic malignancies, often goes undetected until advanced stages due to non-specific symptoms. Traditional prevention strategies such as bilateral salpingo-oophorectomy (BSO) are limited to high-risk women and induce surgical menopause, often leading to significant health concerns. Recent findings suggest that many serous epithelial ovarian cancers originate in the fallopian tubes rather than the ovaries. This has led to the hypothesis that salpingectomy, with preservation of the ovaries, may reduce the risk of ovarian cancer while avoiding the adverse effects of early menopause. Studies show that bilateral salpingectomy (BS) significantly reduces ovarian cancer incidence even in average-risk women. Bilateral salpingectomy has been demonstrated to be safe with minimal added operative time, no adverse effects on ovarian function and is also cost effective. Opportunistic salpingectomy (OS), at the time of non-gynecologic surgeries, is a promising strategy for reducing ovarian cancer risk, especially among average-risk women who have completed childbearing. It offers a safe and cost-effective alternative to traditional methods. Emerging data supports incorporating OS into standard surgical practices for benign gynecologic conditions and considering it during unrelated abdominal/pelvic surgeries after adequate patient counseling and informed consent. Further training of non-gynecologic surgeons in OS is recommended to expand its preventive benefits.

Cancers (Basel). 2024 Sep 26;16(19):3267. doi: 10.3390/cancers16193267.

Menopausal Hormone Therapy in Breast Cancer Survivors

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Menopausal symptoms negatively impact quality of life in breast cancer survivors. The paucity of data on the impact of Menopausal Hormone Therapy (MHT) on oncological outcomes in these patients limits informed clinical discussion. Defining the risk of cancer recurrence with MHT is central to the appraisal of risk/benefit, particularly with low-risk disease (based on genomic profile). The aim of this review is to summarize the current data evaluating MHT in breast cancer patients. A systematic review of the literature was performed to evaluate the impact of MHT on oncological outcomes in breast cancer survivors. Three major databases (PubMed, EMBASE and Medline) were searched. The review included all prospective studies published in English. Four randomized control trials and four non-randomized prospective studies were identified. An increase in breast cancer recurrence with MHT was observed in the early randomized trials whilst no increased risk of recurrence was reported in the observational studies. There remains a need to quantify MHT-related recurrence risk in patients with molecularly favorable disease.

Healthcare (Basel). 2024 Oct 1;12(19):1963. doi: 10.3390/healthcare12191963.

The Relationship between Physical Activity and Quality of Life in Postmenopausal Women: A Cross-Sectional Study

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Background: Postmenopausal women frequently encounter a range of symptoms, including fatigue, diminished physical strength, reduced energy levels, vasomotor symptoms such as hot flushes, and vaginal atrophy, all of which adversely affect their overall quality of life. Engaging in physical activity and structured exercise may effectively alleviate these symptoms and enhance overall well-being. The present study aimed to investigate the relationship between physical activity and quality of life in postmenopausal Greek women. Methods: This cross-sectional clinical study included 219 postmenopausal women. Women with natural menopause for at least 12 consecutive months were enrolled in this descriptive, cross-sectional study. The female participants were asked to fill out the International Physical Activity Questionnaire-short form (IPAQ), the Hospital Anxiety and Depression Scale (HADS), and the EuroQol (EQ-5D-5L) instrument. Anthropometric measurements included weight, height, and waist circumference measurements. Results: A total of 219 postmenopausal women with an age of 61.4 ± 6.1 years and body mass index (BMI) of 25.6 ± 3.7 kg/m2 were studied. Out of the total postmenopausal women studied, 64.8% were physically active. The mean value of MET-min/week was M = 1383.46 ± 1030.12. Physical activity among postmenopausal Greek women showed a strong correlation of PA with quality of life ($r = 0.5$; $p \leq 0.001$) and age ($r = 0.55$; $p \leq 0.001$) and a medium correlation with the HADS ($r = 0.4$; $p \leq 0.05$). Conclusions: There was a 64.8% prevalence of physically active postmenopausal Greek women. The findings underscore the significance of fostering physical activity and quality of life among postmenopausal women to formulate efficacious therapeutic interventions. The results demonstrate a correlation between physical activity and the age of female participants, quality of life, and the HADS and can be used to improve postmenopausal women's physical activity levels, which is recommended as a strategy for improving the quality of life in postmenopausal women.