Selección de Resúmenes de Menopausia

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Menopausal hormone therapy and incidence, mortality, and survival of breast cancer subtypes: a prospective cohort study

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Background: Menopausal hormone therapy (MHT) is associated with an increased risk of postmenopausal breast cancer, predominantly the luminal A-like subtype. The impact of MHT on deaths from breast cancer subtypes is less understood. This study aimed to explore associations between MHT use and the incidence, mortality, and survival of intrinsic-like breast cancer subtypes. Methods: Data from 160,881 participants with self-reported MHT use from the prospective Norwegian Women and Cancer Study were analyzed. Among them, 7,844 incident breast cancer cases, and 721 breast cancer-specific deaths occurred. Cox proportional hazard regression was performed to calculate hazard ratios (HRs) with 95% confidence intervals (CIs) for the association between MHT use and the incidence, mortality, and survival of breast cancer subtypes. Results: MHT use was associated with increased risk of overall, luminal A-like, and luminal B-like breast cancer, with respective HRs of 1.44 (95% CI 1.36-1.52), 1.41 (95% CI 1.31-1.52), and 1.23 (95% CI 1.09-1.40) among current estrogen-progestin therapy (EPT) users compared with never users. The risk increased by 4%, 4%, and 2% per year of EPT use for overall, luminal A-like, and luminal B-like breast cancers, respectively. MHT use was also associated with increased risk of overall and luminal A-like breast cancer mortality, with HRs 1.61% (95% CI 1.36-1.91) and 2.15% (95% CI 1.51-3.05) increased risk among current EPT users compared with non-users. Among patients with breast cancer, pre-diagnostic MHT use was not associated with worse survival from overall breast cancer but was inversely associated with survival from triple-negative breast cancer (TNBC; HR death 0.41; 95% CI 0.24-0.73 among current users). Results varied significantly according to tumor subtype (pheterogeneity = 0.02). Conclusions: Our study suggests that MHT use increases the risk of incident and fatal overall and luminal A-like, and incident luminal B-like breast cancer but does not decrease overall survival among patients with breast cancer. Further research is needed to elucidate the mechanisms underlying MHT use and breast cancer lethality, and to explore whether MHT use among patients with TNBC is indeed free from harm.

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Biological Sex Disparities in Alzheimer's Disease

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Alzheimer's disease is a highly complex and multifactorial neurodegenerative disorder, with age being the most significant risk factor. The incidence of Alzheimer's disease doubles every 5 years after the age of 65. Consequently, one of the major challenges in Alzheimer's disease research is understanding how the brain changes with age. Gaining insights into these changes could help identify individuals who are more prone to developing Alzheimer's disease as they age. Over the past 25 years, studies on brain aging have examined thousands of human brains to explore the neuronal basis of age-related cognitive decline. However, most of these studies have focused on adults over 60, often neglecting the critical menopause transition period. During menopause, women experience a substantial decline in ovarian sex hormone production, with a decrease of about 90% in estrogen levels. Estrogen is known for its neuroprotective effects, and its significant loss during menopause affects various biological systems, including the brain. Importantly, despite known differences in dementia risk between sexes, the impact of biological sex and sex hormones on brain aging and the development of Alzheimer's disease remains underexplored.

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Arm muscle area is correlated to handgrip strength in postmenopausal women

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Objective: To analyze the correlation between arm muscle area and handgrip strength among postmenopausal community dwelling low-income women in order to provide an easy anthropometric indicator to assess muscle mass

quantity and quality.Methods: This was a cross-sectional study involving postmenopausal women (n = 171) from three urban-marginal community es of Guayaquil, Ecuador. Corrected arm muscle area was calculated using the Frisancho formula. Dynapenia was defined as HGS < 16 kg. Spearman's correlation coefficient was calculated at a 5% significance level to test the correlation between corrected arm muscle area and handgrip strength. Results: Median (interquartile range: IQR) age of the sample was 72.0 years (17.0). The median of corrected arm muscle area was 34.8 cm2 (20.7). The overall prevalence of dynapenia was 57.9% (n = 99). There was a significant decreasing trend with age regarding all anthropometric characteristics and handgrip strength, as well as a higher prevalence of dynapenia with age. For the whole sample, a statistically significant positive correlation was found between corrected arm muscle area and handgrip strength [r = 0.267; p < .001]. There was a significant yet weak positive correlation between corrected arm muscle area and handgrip strength in this postmenopausal sample. There is a need for additional research in this regard.

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Reproductive factors predict risks of cardiovascular disease and premature death in postmenopausal women with type 2 diabetes: The Fukuoka diabetes Registry

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Aims: Reproductive factors (reproductive period, age at menarche, and age at menopause) are associated with a risk of cardiovascular disease (CVD) and death in individuals without focusing on comorbid diabetes. However, it remains unclear whether this association also applies to individuals with diabetes. This study investigated the relationship between reproductive factors and the risk of CVD and death in postmenopausal Japanese women with type 2 diabetes. Methods: 1,592 postmenopausal women with type 2 diabetes without pre-existing CVD were subclassified based on reproductive period (age at menopause minus age at menarche). The primary outcome was a composite of CVD incidence and all-cause death. Results: The risk of the outcome decreased with a longer reproductive period. Compared with a reproductive period of ≤ 29 years, the multivariable-adjusted hazard ratios (95 % CI) were 0.80 (0.39-1.66), 0.73 (0.37-1.43), and 0.43 (0.19-0.99) for reproductive periods of 30-34, 35-39, and ≥ 40 years, respectively (p for trend = 0.046). Earlier age at menarche and later age at menopause were also associated with a decreased risk of the outcome. Conclusions: Evaluating reproductive factors may help predict the risks of CVD and death in postmenopausal women with type 2 diabetes.

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Efficacy and Safety of Non-Ablative Dual Wavelength Diode Laser Therapy for Genitourinary Syndrome of Menopause: A Single-Center Prospective Study

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Introduction: This study evaluates the efficacy and safety of non-ablative diode laser therapy for genitourinary syndrome of menopause (GSM) in post-menopausal women unable to use hormonal therapies. Methods: A pilot prospective study was conducted from September 2023 to April 2024, involving 22 post-menopausal women aged 45-73 years. Participants underwent three sessions of diode laser treatment with the Leonardo® dual-wavelength Diode laser. Assessments were made at baseline, 3 months, and 6 months post-treatment. Main outcome measures included Visual Analog Scale (VAS) scores for GSM symptoms, Vaginal Health Index Score (VHIS), and sexual function evaluated using the Female Sexual Function Index (FSFI-6), Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12), and Sexual Quality of Life-Female (SQOL-F) questionnaire. Results: Significant improvements were observed in VHIS, increasing from 12 to 19.27 at 6 months ($p < 0.001$). GSM symptoms improved significantly: vaginal dryness scores decreased from 7.72 ± 2.37 to 3.72 ± 2.53, burning sensation scores dropped from 6.00 ± 3.22 to 1.90 ± 1.81, and dyspareunia scores reduced from 8.09 ± 2.11 to 3.90 ± 2.58 (all $p < 0.016$). Sexual function improved, indicated by FSFI-6 scores increasing from 12.27 ± 7.29 to 19.30 ± 6.24 ($p < 0.016$) and SQOL-F scores rising from 63.18 ± 22.93 to 71.45 ± 23.31. No adverse events were reported. Conclusion: Non-ablative diode laser therapy is effective and safe for managing GSM symptoms in post-menopausal women, offering significant symptom relief and enhancing sexual health without serious side effects. Further research with a larger cohort and extended follow-up is needed to confirm these findings.

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The effectiveness of yoga on menopausal symptoms: A systematic review and meta-analysis of randomized controlled trials

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Background: The highly prevalent menopausal symptoms among women, along with their deleterious health impacts, call for increased attention to the need for effective interventions targeting this growing public health problem. While increasing evidence demonstrates that yoga interventions benefit menopausal symptoms, no systematic review or meta-analysis has yet systematically examined the effectiveness of yoga on menopausal symptoms. Objective: To systematically examine the effectiveness of Yoga in improving menopausal symptoms, hot flashes, depressive symptoms, anxiety, sleep quality, body mass index, systolic blood pressure, diastolic blood pressure, and quality of life among women with menopause. Design: Systematic review and meta-analysis. Methods: Randomized controlled trials investigating Yoga interventions for women experiencing menopause were included in this study. The quality of the included studies was assessed using the Cochrane Collaboration's 'risk of bias' tool. Meta-analyses were conducted using RevMan 5.4.1 and Stata 18.0. Results: A total of 1302 articles were initially identified. Eventually, 24 studies (n = 2028 individuals) were included in this systematic review. The pooled analysis demonstrated that Yoga had significant beneficial effects on total menopausal symptoms (95 % CI: -1.62 to -0.73), psychological menopausal symptoms (95 % CI: -1.87 to -0.68), somatic menopausal symptoms (95 % CI: -1.37 to -0.39), urogenital menopausal symptoms (95 % CI: -0.97 to -0.59), sleep quality (95 % CI: -1.97 to -0.62), anxiety (95 % CI: -1.82 to -0.09), depressive symptoms (95 % CI: -2.36 to -0.74), body mass index (95 % CI: -1.61 to -1.08), systolic blood pressure (95 % CI: -7.71 to -5.33), and diastolic blood pressure (95 % CI: -5.96 to -4.24). However, no significant differences were observed between Yoga and usual care in terms of hot flashes (95 % CI: -1.00 to 0.37) and quality of life (95 % CI: -0.50 to 1.82).Conclusions: Yoga significantly improved menopausal symptoms, sleep quality, anxiety, depressive symptoms, body mass index, systolic blood pressure, and diastolic blood pressure among women with menopause. This suggests that integrating yoga interventions into clinical practice has the potential to address the significant burden of menopause-related outcomes. Future studies should employ robust designs and utilize large-scale samples to evaluate the optimal dosage of yoga, its long-term effects and underlying mechanisms, its cost-effectiveness, and its safety in menopausal symptom management.