Selección de Resúmenes de Menopausia

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Menstruation: An Important Indicator for Assessing Stroke Risk and Its Outcomes

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In recent years, stroke incidence in older adults has declined strikingly, but stroke in younger women has become more common. Abnormalities of menstruation, the shedding of the uterine lining at the beginning of each menstrual cycle, may offer clues about stroke risk in young and midlife women. Endometrial and structural uterine abnormalities are associated with anemia and may be associated with hypercoagulability, possibly increasing stroke risk. Patient factors that influence both menstruation and stroke risk include coagulopathies, polycystic ovarian syndrome, endometriosis, migraine, and other systemic disorders, in addition to menopause. Environmental and iatrogenic factors that influence both menstruation and stroke risk include hormonal contraceptives, nicotine, xenoestrogens, phytoestrogens, oophorectomy, and hysterectomy. Importantly, secondary stroke prevention can affect menstruation. Our current review presents literature supporting the idea that abnormal menstruation may indicate elevated stroke risk in premenopausal women.

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Musculoskeletal Failure

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Osteoarthritis, osteoporosis, and sarcopenia are prevalent musculoskeletal disorders that significantly impact the aging population's health and quality of life. Osteoarthritis, characterized by joint inflammation, leads to pain, stiffness, and reduced mobility. Osteoporosis, a condition marked by bone density loss, increases fracture susceptibility, especially in postmenopausal women and older adults. Sarcopenia, the age-related loss of muscle mass and function, contributes to frailty and an increased risk of falls. Combined, osteoarthritis, osteoporosis and sarcopenia constitute "Musculoskeletal Failure." These 3 conditions share common risk factors like aging, genetics, and hormonal changes, as well as unhealthy lifestyle behaviors resulting in systemic chronic inflammation. Healthy lifestyle behaviors, including regular physical activity and a nutritious diet across the lifespan play a crucial role in the prevention and management of musculoskeletal failure. Awareness of the relationship between lifestyle behaviors, systemic chronic inflammation and the development and progression of these 3 common conditions is a key step in prevention, early detection and are essential for addressing the complex interplay of these musculoskeletal disorders. As the global population ages, understanding and effectively preventing and managing osteoarthritis, osteoporosis, and sarcopenia become paramount for promoting healthy aging and mitigating the societal and economic burden associated with these conditions.

Aging Med (Milton). 2024 Oct 10;7(5):606-613. doi: 10.1002/agm2.12360. eCollection 2024 Oct.

Excess dietary salt is associated with an altered bone strain index, degraded bone microarchitecture, vertebral fractures, and increased prevalence of osteoporosis in postmenopausal women-A study from a teaching hospital in southern India

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Objectives: Excess dietary salt causes increased urinary calcium and this may lead to bone loss. We proposed to study the association between dietary salt intake and bone health in postmenopausal women from southern India. Methods: An observational study in which community-dwelling postmenopausal women were recruited. Daily salt intake and urine calcium/creatinine ratio were assessed. Bone biochemistry and densitometric parameters such as bone mineral density (BMD), trabecular bone score (TBS) vertebral fractures, and bone strain index (BSI) were assessed using Dual

Energy X-Ray Absorptiometry (DXA). Results: A total of 383 postmenopausal women with a mean ± SD age of 59.8 ± 7.2 years and BMI of 25.2 ± 4.6 kg/m2 were recruited. Among the participants, 165/383(43.1%) had osteoporosis at any site and 21% had moderate-severe vertebral fractures. The BMD at lumbar spine and femoral neck, TBS and BSI were significantly ($p < 0.001$) lower and the CTx was significantly ($p = 0.008$) higher among women with high salt intake (7.2 g/day) as compared to those with salt intake of <7.2 g/day. The prevalence of osteoporosis, low TBS, high BSI, and moderate-severe vertebral fractures significantly increased across low to high salt-intake categories. An ROC analysis showed that excess dietary salt was significantly associated with osteoporosis at any site with an AUC of 0.870 (95% CI: 0.832-0.907). On a multivariate analysis, excess salt intake conferred the highest odds of osteoporosis (OR: 2.296; 95% CI: 1.909-2.761). Conclusions: Excess dietary salt is associated with high urinary calcium and compromised bone health among postmenopausal women from southern India. This may be a modifiable risk factor in osteoporosis and warrants further research.

Cardiovasc Hematol Agents Med Chem. 2024 Nov 5. doi: 10.2174/0118715257297949241023053739.

Cardio-metabolic Disorders Affected by Genetic Polymorphisms Related to Premature Menopause

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Background: Premature menopause (PM) is defined as the end of ovulation before the age of 40 years, a condition commonly referred to as primary ovarian insufficiency. It has been shown there is an association between early menopause and a high risk of cardiovascular disease.Aim: This study aimed to evaluate the effect of genetic polymorphisms related to premature menopause on cardio-metabolic disorders Objective: We aimed to investigate the single nucleotide polymorphisms associated with PM and the risk of cardio-metabolic disorders in the MASHAD cohort study. Methods: In this cross-sectional study, a total of 117 women with PM were recruited and compared with 183 healthy women. All participants were assessed for anthropometric indices and genotyped for eight selected polymorphisms within seven different genes. Results: A significant difference was observed in physical activity level (PAL) between the groups. Individuals with rs4806660 CC genotype had a 3.63-fold increased risk of metabolic syndrome. Moreover, individuals with a TT genotype of the rs2303369 polymorphism had a 3.11-- fold increased risk of obesity. Conclusion: Our findings showed that genetic variations are risk factors related to cardio- metabolic disorders in women with premature menopause.

Climacteric. 2024 Nov 6:1-11. doi: 10.1080/13697137.2024.2418503. Online ahead of print.

Systemic hormone therapy after breast and gynecological cancers: an Italian expert group consensus opinion

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The specific Italian Group of Study of the Menopause formulated a consensus opinion on the use of estrogen therapy (ET) or combined estro-progestin hormone therapy (HT) after breast and gynecological cancers. This consensus is based on the risk of recurrence of the specific cancer during ET/HT, the presence of steroid receptors in cancer cells, the use of adjuvant hormone therapies and data on the use of ET/HT after cancer. The following positions were reached. ET/HT can be used after vulvar cancers and melanoma, but with great caution after the rare adenocarcinomas. ET/HT can be used after cervical cancer, but ET should be used with caution after adenocarcinomas. ET/HT can be used after International Federation of Obstetrics and Gynecology (FIGO) stage I-II estrogen-dependent endometrial cancers, except in Black women, and can probably be used after estrogen-independent endometrial cancers. ET/HT cannot be administered or should be used with great caution after most uterine sarcomas. ET/HT can probably be used after ovarian neoplasms except for granulosa cell tumors, and with great caution after low-grade serous ovarian carcinoma and serous borderline ovarian tumors. ET/HT can be used with great caution in women after estrogen receptor (ER)/progesterone receptor (PR)-positive breast cancer and is probably allowed after ER/PR-negative breast cancer.

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Hormone Replacement Therapy Relieves Periodontitis by Inhibiting Alveolar Bone Loss and Inflammation

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Objective: Hormone replacement therapy (HRT) is a commonly used strategy for treating menopausal symptoms, while its relation with periodontitis remains unclear. This study aimed to explore the potential effects of HRT on periodontitis, mainly in aspects of bone loss and inflammation. Methods: The alveolar bone height (ABH), alveolar bone thickness (ABT), and bone mineral density (BMD) were measured in menopausal women with periodontitis who had received HRT or had not received HRT by cone beam computed tomography. Based on a rat model of periodontitis, the alveolar bone loss was evaluated by micro-computed tomography and bone-related biochemical markers. The expression/levels of inflammatory markers were measured to reflect periodontal inflammation. Results: Although the differences were not all significant in each premolars/molars, the mesial/distal ABH and buccal/lingual ABT were lower, and the mesial/distal BMD was higher in patients in the HRT group than those in the control group. In a rat model of periodontitis, the alveolar bone loss was relieved by HRT. Additionally, HRT significantly weakened the elevation of inflammatory markers, including TNF-α, IL-1β, and IL-6 in periodontitis rats. Conclusions: HRT contributes to the remission of periodontitis by inhibiting alveolar bone loss and inflammation.

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Pain during menopause

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Menopause is a biological process marking the end of a woman's reproductive years, typically occurring between the ages of 45 and 55. While often associated with hot flashes, mood swings, and hormonal changes, pain is a frequently overlooked and under-addressed aspect of the menopausal experience. This review article explores the multifaceted nature of pain during menopause, and sheds light on its various manifestations and the factors contributing to its prevalence and severity. Pain during menopause may include musculoskeletal discomfort, headaches or migraines, and vulvovaginal pain. The etiology of these is intricate, involving hormonal fluctuations, psychosocial factors, and genetic predispositions. Fluctuations in estrogen and progesterone levels play a pivotal role in musculoskeletal pain and joint stiffness, and increase susceptibility to conditions such as osteoarthritis. Furthermore, mood disorders, stress, and sleep disturbances may exacerbate the perception of pain. Gender norms, as well as changes in reproductive capacity and societal views on aging, may adversely the impact the self-esteem of individuals undergoing menopause. These symptoms can significantly impact a woman's quality of life, underscoring the need for early identification and appropriate management strategies. This review article highlights the factors contributing to pain during menopause, evaluates the effects of hormones on menopausal pain, and investigates management strategies for pain during menopause, including both pharmacological and non-pharmacological approaches. It also emphasizes the need for further research to better understand the interplay of factors contributing to pain during menopause, in order to allow for more tailored and effective interventions. In understanding and addressing this often-neglected aspect of menopause, healthcare providers can enhance the overall wellbeing and quality of life for women transitioning through this natural life stage.

J Alzheimers Dis. 2024 Nov;102(1):119-128. doi: 10.3233/JAD-240646. Epub 2024 Oct 23.

Associated risk and resilience factors of Alzheimer's disease in women with early bilateral oophorectomy: Data from the UK Biobank

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Background: Bilateral oophorectomy (BO) confers immediate estradiol loss. We examined prevalence and predictors of Alzheimer's disease (AD) in women with early BO comparing their odds ratios of AD to those of women with spontaneous menopause (SM). Methods: A cohort from UK Biobank (n = 34,603) included women aged 60 + at baseline with and without AD who had early BO or SM. AD was determined based on AD related ICD-10 or ICD-9 code. We used logistic regression to model the association of menopause type with AD. Model predictors included age, education, age at menopause, hormone therapy (HT), APOE4, body mass index (BMI), cancer history, and smoking history. Results: Those with early BO had four times the odds of developing AD (OR = 4.12, 95% CI [2.02, 8.44]) compared to those with SM. APOE4 (OR = 4.29, 95% CI [2.43, 7.56]), and older age (OR = 1.16, 95% CI [1.05, 1.28]) were associated with increased odds of AD in the BO group. Greater years of education were associated with reduced odds of AD for both BO (OR = 0.91, 95% CI [0.85, 0.98]), and SM (OR = 0.95, 95% CI [0.90, 0.99]), while ever use of HT was associated with decreased odds of AD only for the BO group (OR = 0.43, 95% CI [0.23, 0.82]). Conclusions: Women with early BO, particularly with an APOE4 allele, are at high risk of AD. Women with early BO who use HT and those with increased education have lower odds of developing AD.