Selección de Resúmenes de Menopausia

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An examination of sexual function & distress among sexual minority & heterosexual women seeking care at menopause and sexual health specialty clinics

Talia Sobel, Stephanie S Faubion, Jennifer A Vencill, Kristin Cole, Stacey Winham, Courtney Williams, Juliana Kling Background: Sexual minority women (SMW) have worse mental and physical health outcomes compared to heterosexual women, but literature on sexual function in SMW compared to heterosexual women is lacking.Ai m: To evaluate sexual function and sexual distress in women across sexual orientations. Method: Questionnaire data were analyzed for women aged 18 and older who presented to women's health clinics at Mayo Clinic in Minnesota, Arizona, and Florida from 2016 to 2023. Female Sexual Function Index (FSFI) and Female Sexual Distress Scale-Revised (FSDS-R) scores assessed sexual dysfunction (FSFI ≤ 26.55 and FSDS-R ≥ 11). Multivariable logistic models adjusted for confounding factors. Outcomes: Our main outcome was female sexual dysfunction as defined by a composite of FSFI ≤ 26.55 and FSDS-R ≥ 11 to include both sexual function and sexual distress. Results: Of 6241 sexually active women, 3% were SMW and 97% were heterosexual women. The majority were White (93%), with average age 51.6 years old. There was no significant difference in sexual dysfunction rates between heterosexual and SMW by combined endpoint on univariate or multivariable analysis. SMW had higher total FSDS scores (17 vs 15, P = 0.037), indicating more sexual distress. Clinical implications: Sexual health concerns may differ between SMW and heterosexual women emphasizing the need for inclusive, culturally competent care. Strengths & limitations: This study assessed the association of sexual orientation and sexual dysfunction by incorporating sexual functioning problems and sexual distress. Limitations include a small number of SMW and a predominantly White, married, employed, and educated study sample, limiting the generalizability of the findings.Conclusion: Rates of sexual dysfunction were similar between mostly White SMW and heterosexual women presenting to tertiary care centers. SMW reported more sexual distress than heterosexual women. Evaluating these variables in larger, more diverse cohorts is a critical next step.

JNCI Cancer Spectr. 2024 Dec 3:pkae121. doi: 10.1093/jncics/pkae121. Online ahead of print.

Menopausal hormone therapy: assessing associations with breast and colorectal cancers by familial risk

Robert J Macinnis 1 2, Mark A Jenkins 2 3, Roger L Milne 1, Esther M John 5, Mary B Daly 8, Irene L Andrulis, et al. Menopausal hormone therapy (MHT) users are at increased breast cancer (BC) risk and decreased colorectal cancer (CRC) risk compared with never users, but these opposing associations might differ by familial risk of BC and CRC. We harmonized data from three cohorts and generated separate BC and CRC familial risk scores (FRS) based on cancer family history. We defined moderate/strong family history as FRS ≥ 0.4, where 0.4 was equivalent to a 50-year-old woman with one parent diagnosed with either cancer at age 55 years. Of 24,486 women, 1,243 and 405 were diagnosed with incident BC and CRC, respectively. For BC, MHT hazard ratios (HRs) were 1.27 (95%CI = 1.11-1.45) for FRSBC<0.4, 1.01 (95%CI = 0.82-1.25) for FRSBC≥0.4 (P-difference = 0.08). For CRC, MHT HRs were 0.63 (95%CI = 0.50-0.78) for FRSCRC<0.4, 1.21 (95%CI = 0.73-2.00) for FRSCRC≥0.4 (P-difference = 0.03). Associations with MHT that apply to the general population might not hold for women at moderate/strong familial risk of these cancers.

J Racial Ethn Health Disparities. 2024 Dec 13. doi: 10.1007/s40615-024-02209-4. Online ahead of print.

Health Disparities and Hormone Therapy Prescribing for Early, Peri-, and Postmenopausal Women: A Scoping Review

Danette Conklin 1 2, Akshaya Ramakrishnan 3, Luchen Yu 4, Sharon Varghese 5, Martha Sajatovic, Sana Loue, et al. Objectives: Menopause hormone therapy has improved the quality of life for perimenopausal and early postmenopausal women, yet women may not be prescribed or use this treatment option. The purpose of this study was to conduct a

scoping review to assess whether health disparities existed in hormone therapy prescription rates and use for peri- and postmenopausal care based on demographic and clinical characteristics in real-world, observational studies conducted in the USA. Methods: A chief librarian conducted a search strategy from 1940 to 10/31/2023 in five bibliographic databases. hundred eighty-four articles were found through database and handsearching. After removing duplicates and excluding articles that did not meet study criteria, 14 articles were included in this review. Data were independently extracted and charted using a data extraction form, which was developed based on the study aims. Reviewers met to confirm agreement and discuss disagreements. Results: Sixteen health disparities, in menopause hormone therapy prescribing or use, were found in this scoping review. Differences between ethnic groups were found in 9 of 14 articles. Education level, menopause route, medical conditions, and practitioner specialization were in 4 of the 14 articles. The remaining 11 health disparities were categorized under chronic medical conditions and social constructs. Conclusions: Health disparities have existed for decades in menopause hormone therapy prescribing and use for peri- and postmenopausal women. Identification of health disparities for underserved groups can help reshape educational initiatives for practitioners in all relevant disciplines.

Nat Aging. 2024 Dec;4(12):1731-1744. doi: 10.1038/s43587-024-00767-0. Epub 2024 Dec 13.

Exploring the effects of estrogen deficiency and aging on organismal homeostasis during menopause

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Sex hormone signaling declines during aging, from early midlife through menopause, as a consequence of reduced circulating estrogens and decreased receptiveness to these hormones in target tissues. Estrogens preserve energy homeostasis and promote metabolic health via coordinated and simultaneous effects throughout the brain and body. Age-associated loss of estrogen production during menopause has been implicated in a higher risk for metabolic diseases and increased mortality. However, it remains unclear whether age-associated changes in homeostasis are dependent on reduced estrogen signaling during menopause. Although menopausal hormone therapies containing estrogens can alleviate symptoms, concerns about the risks involved have contributed to a broad decline in the use of these approaches. Non-hormonal therapies have emerged that target tissues or pathways with varying levels of selectivity, reducing risk. We summarize here the broad effects of estrogen loss on homeostasis during menopause, current and emerging therapies and opportunities for understanding homeostatic disruptions associated with menopause.

Rev Fac Cien Med Univ Nac Cordoba. 2024 Dec 13;81(4):719-733. doi: 10.31053/1853.0605.v81.n4.44652.

Efectos de los estatinas en la densidad mineral ósea de mujeres posmenopáusica de Córdoba, Argentina

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Nuevas evidencias han surgido sobre propiedades pleiotrópicas de las Estatinas (ES) potencialmente beneficiosas en el tratamiento de la osteoporosis (OP). Nuestro objetivo fue estudiar el efecto de las ES sobre la densidad mineral ósea (DMO) en mujeres posmenopáusicas. Métodos: Estudio de corte transversal, analítico, se estudiaron mujeres posmenopáusicas con hipercolesterolemia que recibieron tratamiento con ES de al menos 6 meses de duración, y como grupo control (GC) mujeres posmenopáusicas que no recibieron ES asistidas en dos servicios de reumatología de la ciudad de Córdoba desde agosto de 2014 hasta septiembre de 2018. Resultados: 202 mujeres posmenopáusicas recibieron estatinas (ES) y 203 constituyeron el GC. La edad promedio, peso e IMC fue de 62,54 años, 69,60 kg y 27,13 en el grupo ES vs 58,58 años, 65,70 kg y 26,83 en el grupo control (p= 0,0001, p= 0,01, p=ns respectivamente). La DMO lumbar, de cuello femoral y de cadera total fue estadísticamente más alta en pacientes que recibieron ES que en controles (-0,87 vs -1,74 p=0,00, - 1.15 vs 1,56 p= 0,00 y - 0,33 vs - 0,75 p= 0,01). En cuanto al tiempo de tratamiento ES, se encontró diferencia significativa solamente en relación a DMO y columna lumbar entre los grupos de 6 a 12 meses y los que recibieron entre 12 y 36 meses. No se encontró relación entre la DMO y los diferentes tipos de ES recibidas. Conclusión: El tratamiento con ES podría ser beneficioso en mejorar la DMO en mujeres posmenopáusicas hipercolesterolémicas medicados con dichos fármacos.

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A Recent Update on the Role of Estrogen and Progesterone in Alzheimer's Disease

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Alzheimer's disease (AD), one of the most prevalent neurodegenerative disease responsible for 60%-80% dementia cases globally. The disease is more prevalent among elder females. Female reproductive hormones are found to be essential for cellular activities in brain. The physiological role of neurotrophins and sex hormones in hippocampal region during neurogenesis and neuron differentiation was studied as well. In addition to triggering cellular pathways, estrogen and progesterone carry out a number of biological processes that lead to neuroprotection. They might have an impact on learning and memory. One of estrogen's modest antioxidant properties is its direct scavenging of free radicals. The neurotrophic effect of estrogen and progesterone can be explained by their ability to rise the expression of the brain-derived neurotrophic factor (BDNF) mRNA. Additionally, they have the ability to degrade beta-amyloid and stop inflammation, apoptotic neuronal cell death, and tau protein phosphorylation. To enhance their neuroprotective action, various cross-talking pathways in cells that are mediated by estrogen, progesterone, and BDNF receptors. This include signaling by mitogen-activated protein kinase/extracellular regulated kinase, phosphatidylinositol 3-kinase/protein kinase B, and phospholipase/protein kinase C. Clinical research to establish the significance of these substances are fragmented, despite publications claiming a lower prevalence of AD when medication is started before menopause. This review article emphasizes an update on the role of estrogen, and progesterone in AD.

Int J Womens Health. 2024 Dec 5:16:2087-2101. doi: 10.2147/IJWH.S475149. eCollection 2024.

Association Between Female Androgen Levels, Metabolic Syndrome, and Cardiovascular Disease: An NHANES Analysis (2013-2016)

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Background: The impact of androgens on metabolic diseases, cardiovascular diseases (CVD), and long-term mortality in the general female population remains poorly understood. This study, utilizing data from the National Health and Nutrition Examination Survey (NHANES) database managed by the Centers for Disease Control and Prevention, seeks to elucidate the relationship between androgen levels and metabolic syndrome (MS), CVD, and mortality in adult women. Methods: After excluding ineligible individuals, descriptive analyses were conducted on demographic characteristics, metabolic-related indicators, and disease prevalence, based on the presence of high androgenemia and androgen quartile grouping. Logistic regression models were developed to assess the associations of androgen markers, including total testosterone (TT), Free Androgen Index (FAI), with MS, CVD, and cox regression models were used to explore the relationships with mortality. Results: Our results show that, even without adjustment for age, age at menarche, marital status, and smoking status, both in patients with hyperandrogenemia and across the general population stratified by quartiles of FAI, higher androgen levels are associated with increased waist circumference, weight, Body Mass Index, fasting insulin, and the monocyte/high-density lipoprotein cholesterol ratio. In adjusted correlational analysis, MS remained positively correlated with FAI, even after controlling for age, tobacco use, and alcohol consumption. As FAI quartiles increased, the correlation strengthened, achieving an odds ratio (OR) of 1.45 (95% CI 1.04 to 2.02, P=0.03) in the highest quartile. This indicates that androgen levels are strongly associated with metabolic syndrome, with FAI proving more sensitive than TT. Conclusion: The greater sensitivity of FAI may be attributed to its ability to reflect bioavailable testosterone more accurately than TT, underscoring its potential utility in clinical assessments of metabolic risk. This study found no significant correlation between androgen levels and CVD or mortality.