Selección de Resúmenes de Menopausia

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Premenopausal bilateral oophorectomy and Alzheimer's disease imaging biomarkers later in life

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Introduction: Premenopausal bilateral oophorectomy (PBO) before the age of 46 years is associated with an increased risk of dementia. We investigated the long-term effects of PBO performed before age 50 years on amyloid beta (Aβ), tau, and neurodegeneration imaging biomarkers of Alzheimer's disease (AD). Methods: Mayo Clinic Cohort Study of Oophorectomy and Aging-2 participants were divided into early PBO (< 46 years; n = 61), and late PBO (46-49 years; n = 51) groups and were compared to referent women who did not undergo PBO (n = 119). Results: Early PBO was associated with thinner entorhinal cortex (p = 0.014), higher tau load at higher levels of Aβ load (Pp = 0.005), higher Aβ load (p = 0.026), and smaller temporal lobe cortical thickness (p = 0.022), only at older ages compared to the referent group. Discussion: PBO before the age of 46 years is associated with entorhinal cortex thinning, elevated tau at higher Aβ levels, along with an AD-like pattern of atrophy at older ages.

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Testosterone for Treating Female Sexual Dysfunction

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Testosterone levels vary throughout a woman's reproductive life, reaching their lowest level following menopause, and their nadir at about age 60, when they experience higher levels of sexual dysfunction. Testosterone improved the frequency of sexually satisfying events, desire, arousal, and orgasm in several randomized, controlled studies of surgically and naturally postmenopausal women. Available evidence from large cohort and registry studies does not show potentially concerning cardiovascular or breast safety signals with physiological levels of testosterone. Although no female testosterone products are currently approved in most of the world, one-tenth of the male dose can enhance female sexual function.

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Age of menopause, healthy lifestyle and cardiovascular disease in women: a prospective cohort study

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Background: Menopause is a timely opportunity to screen for cardiovascular disease (CVD) and intervene with healthier lifestyles. We investigated the association between premature/early menopause and the likelihood of CVD and whether a healthy lifestyle is associated with a lower likelihood of CVD in menopausal woman. Methods: The Sax Institute's 45 and Up Study prospectively recruited participants aged ≥45 years (n=267 357) between 2005 and 2009 (New South Wales, Australia). Our study included women without prior CVD and reporting menopausal age at baseline. Primary outcome was new-onset CVD (self-reported heart disease/stroke) based on survey data at Wave 2 (2012-2015) and/or Wave 3 (2018-2020). Logistic regression models assessed the associations of premature (age <40 years) and early (age 40-44 years) menopause with CVD, compared with menopause between 50 and 52 years, adjusting for sociodemographic and clinical variables. Healthy lifestyle adherence was assessed using a score of five factors: smoking, physical activity, sitting, sleep and diet. Results: We included 46 238 women (mean age 62.1±8.2 years), with 5416 (11.7%) cases of CVD over 15-year follow-up. After adjustment, the odds of CVD was higher in women with premature menopause (OR 1.36, 95% CIs 1.17 to 1.59; p<0.0001) and early menopause (OR 1.15, 95% CI 1.03 to 1.28; p=0.013) compared with menopause between 50 and 52 years. Among all women, high (score 9-10) versus low (score 0-5) healthy lifestyle adherence led to 23% lower odds of CVD (OR 0.77, 95% CI 0.68 to 0.86; p<0.0001), and in women with premature menopause, led to 52% lower odds of CVD (OR 0.48, 95% CI 0.30 to 0.77, p=0.0022). Lifestyle effect did not significantly differ between menopause categories (interaction, p=0.71). Conclusion: Women with premature/early

menopause are at higher likelihood for CVD. Lifestyle modification is associated with consistent reduction of the likelihood of CVD in women and should be encouraged across the life course.

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Associations of reproductive hormones and stress-related factors with menopausal symptoms

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Objective: The main aim was to evaluate the relationships between menopausal symptoms, endogenous hormones, and stress-related factors. Methods: Participants were recruited through online advertisements at Vilnius University and social networks. Sixty-three White Lithuanian women aged 50.2 ± 2.9 years without any known diseases or conditions that could affect menopausal symptoms, hormone levels, or mental health were selected to participate in the cross-sectional study. The Menopause-Specific Quality of Life Questionnaire was used to assess the intensity of menopausal symptoms in four domains (vasomotor, psychosocial, physical, and sexual). The levels of reproductive hormones were measured in blood serum. To evaluate the level of chronic stress, we used the Perceived Stress Scale 10 (PSS-10) and the assessment of hair glucocorticoids (cortisol, cortisone). Multiple linear regression analysis was performed to estimate the associations between menopausal symptoms severity, endogenous hormones, and stress-related factors. Results: Age (the unstandardized β [B] = 0.12), follicle-stimulating hormone concentration (B = 0.9), and PSS-10 score (B = 0.08) were associated with the total Menopause-Specific Quality of Life Questionnaire score (all $P < 0.05$). The vasomotor domain was related to age (B = 0.19), follicle-stimulating hormone (B = 1.24), and dehydroepiandrosterone sulfate concentration (B = -2.8) (all $P < 0.05$). The psychosocial domain was associated with the PSS-10 score (B = 0.13, $P < 0.001$). The physical domain was associated with the number of sleep hours (B = -0.35, P = 0.02). The sexual domain was negatively related to testosterone concentration (B = -3.5, P = 0.01). Conclusions: The results of the present study show that not only hormonal changes but also other factors, such as age, hours of sleep, and experienced stress, are associated with the intensity of menopausal symptoms.

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The range and variation in serum estradiol concentration in perimenopausal and postmenopausal women treated with transdermal estradiol in a real-world setting: a cross-sectional study

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Objectives: The aims of the study are to explore the range and variation in serum estradiol concentration, and to estimate the prevalence of "poor absorption" (women using licensed estradiol doses with subtherapeutic levels), in perimenopausal and postmenopausal women using transdermal estradiol in the real world. Methods: This is a cross-sectional analysis in a specialist menopause clinic in the UK. Results: Serum samples were obtained from 1,508 perimenopausal and postmenopausal women. A total of 61.87% were using licensed doses. The median estradiol concentration was 355.26 pmol/L (interquartile range 198.44-646.15 pmol/L). A reference interval for the whole cohort was defined as 54.62-2,050.55 pmol/L. There was substantial interindividual variation across the dose range. Variance was greater in younger women (P = 0.002) and gel users (P = 0.002). There was a trend toward greater variance in women using higher doses, but the association failed to reach statistical significance (P = 0.074). One in four women (24.84%) using the highest licensed dose had subtherapeutic levels (<200 pmol/L). Older women (≥50 y) and patch users were more likely to have low levels (odds ratio 1.77, 95% confidence interval 1.22-2.62, P = 0.003; and odds ratio 1.51, 95% confidence interval 1.18-1.95, P = 0.001, respectively). Conclusions: The reference interval for perimenopausal and postmenopausal women using on-label and off-label doses of transdermal estradiol in the real world is wide, and there is considerable interindividual variation. The number of estradiol users with low estradiol levels (<200 pmol/L) is higher than previously recognized. Measurement of serum estradiol can be helpful to identify women who may benefit from an off-label dose. Dose customization is key to ensure that all women can reap the benefits of HT.
Nota: 200 pmol/L= 54.5 pg/mL

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The Association Between Antipsychotics and Bone Fragility: An Updated Comprehensive Review

Michele Mercurio 1 2, Giovanna Spina 1, Olimpio Galasso, Giorgio Gasparini, Cristina Segura-Garcia, Pasquale, et al. Background: Antipsychotic drugs appear to be related to reduced bone mineral density (BMD). We conducted a narrative review to collect the available literature investigating the relationship between antipsychotic use and bone fragility. Methods: A review of the published literature was conducted and reported through PubMed/Scopus/Cochrane libraries. We included studies using any antipsychotic treatment where the bone metabolism, osteoporosis, and/or risk of fractures has been assessed. Results: After screening 1707 items, we finally included 15 papers. A total of 3245 initial patients were identified, of whom 1357 patients with a mean age of 43.8 years underwent antipsychotic treatment and were analyzed. The mean antipsychotic treatment duration of the treated group was 15.8 ± 13.9 years. Among the included studies, two reported a statistically significant difference in lumbar BMD reduction between the antipsychotic exposed group and the control group. Femoral neck BMD levels had been reported in four of the case-control studies; two reported a statistically significant difference in femoral neck BMD reduction between the antipsychotic exposed group and the control group. Conclusions: Prolonged use of antipsychotic treatment seems to be associated with an increased risk of reduced BMD, and, consequentially, with an augmented risk of bone fragility and fractures. This effect is not limited to vulnerable groups, such as those with significant medical comorbidities, the elderly, and postmenopausal women, but may also apply to anyone using antipsychotics in the long-term. Clinicians' awareness of antipsychotic prescriptions should optimize their potential while reducing this risk.