Selección de Resúmenes de Menopausia

Semana del 14 a 20 de mayo, 2025

María Soledad Vallejo. Obstetricia Ginecología. Hospital Clínico. Universidad de Chile

Climacteric. 2025 May 19:1-5. doi: 10.1080/13697137.2025.2500561. Online ahead of print.

Variations in the prevalence of premature and early menopause in low and middle-income regions: a cross-sectional study

Sydney Ross 1, Sol P Juárez 1

Objective: This study aimed to examine differences in premature and early menopause across various regions in low and middle-income countries (LMICs).M ethods: Data for 55 LMICs from the Demographic and Health Surveys (2013-2023) were classified into nine regions. Proportions of premature (aged <40 years) and early (aged <45 years) menopause were calculated. Logistic regressions adjusted for covariates were also run.R esults: The proportion of women in premature menopause ranged from 1.58% in the European and Eastern Mediterranean regions to 6.87% in Southern Africa. For early menopause, proportions ranged from 4.92% in the Eastern Mediterranean region to 15.21% in the Americas. The Eastern Mediterranean region had systematic lower odds across menopause categories, even after the adjustments for relevant covariates. Conclusion: Significant variation exists in the proportion of the different age at menopause categories within LMIC regions. Higher proportions of premature and early menopause were found in all LMIC regions compared to those reported in current literature from high-income countries. A global health perspective on menopause is urgently needed, especially in relation to the increased disease risks with early and premature menopause, such as cardiovascular disease.

Dig Liver Dis. 2025 May 17:S1590-8658(25)00758-3. doi: 10.1016/j.dld.2025.04.048. Online ahead of print.

Effect modification in the impacts of body mass index change on the risk of colorectal cancer in middle-aged and older adults

Su Youn Nam 1, Junwoo Jo 2, Hyonho Chun 3, Seong Woo Jeon 4

Background: Effect modification by cofactors in the association between body mass index (BMI) change and colorectal cancer (CRC) risk has rarely been investigated. Methods: Cancer-free individuals who participated in the national health examinations and cancer screening at 2010 and underwent national health examination at 2014, were enrolled and followed through 2021 RESULTS: Among 3.8 million, 42,555 patients developed CRCs. Persistent high BMI increased CRC risk comparing to persistent normal BMI. Among overweight individuals, BMI loss reduced CRC risk (adjusted hazard ratios [aHR] 0.93; 95 % confidence intervals [CIs] 0.88-0.99) and marked BMI gain (overweight to obesity II) increased CRC risk (aHR 1.91; 95 % CI 1.11-3.29). The impact of BMI change on CRC risk was significant across sex, age, and smoking status, with stronger effects in women, especially postmenopausal women. Persistent underweight in individuals over 50 years increased CRC risk (aHR 1.19; 95 % CI 1.05-1.34). Marked BMI gain increased CRC risk in men (normal to obesity I; aHR 1.21; 95 % CI 1.02-1.44) and women (overweight to obesity II; aHR 2.08; 95 % CI 1.16-3.74). Conclusions: These results highlight the hazardousness of persistent high BMI and further BMI gain with effect modification by cofactors.

BMC Public Health. 2025 May 16;25(1):1811. doi: 10.1186/s12889-025-22966-z.

Association of menarche, menopause, and reproductive history with cognitive performance in older US women: a cross-sectional study from NHANES 2011-2014

Anquan Hu # 1, Lu Xiong # 1, Huijun Wei 1, Liangyan Yuan 1, Yumeng Li 2, Heyan Qin 2, Feng Chen 3, Tao Liu 4

Background: With the increasing global aging population, cognitive impairment, particularly Alzheimer's disease (AD), has become an escalating public health and economic concern. Recent research has increasingly focused on the relationship between female reproductive factors and cognitive health. This study explores the association between reproductive history factors and cognitive performance in women aged 60 and older in the US, providing insights for

the prevention and management of cognitive impairment. Methods: We analyzed participants in the National Health and Nutrition Examination Survey (NHANES) between 2011 and 2014. The cognitive performance was assessed by the Consortium to Establish a Registry for Alzheimer's Disease (CERAD) Word Learning sub-test, Animal Fluency test (AFT), and Digit Symbol Substitution Test (DSST), in relation to reproductive history variables like age of menarche, menopause, reproductive span, number of pregnancies, and parity. Statistical analyses included weighted linear regression for continuous variables and weighted chi-square tests for categorical variables, with adjustments for age, BMI, alcohol intake, smoking, PIR, education, race/ethnicity, hypertension, and diabetes. Results: A total of 698 (weighted sample was 25,558,437) women aged 60 years or older were included in the study. Parity negatively impacted cognitive performance, women with ≥ 5 parity showing reductions in AFT ($\beta = -2.1$, $p = 0.032$), DSST ($\beta = -14$, $p < 0.001$), CERAD trial 1 ($\beta = -0.41$, $p = 0.031$), and CERAD Total scores ($\beta = -1.3$, $p = 0.033$) all in model 2. Delayed menopause was positively associated with cognitive function, showing improvements in CERAD trial 1 ($\beta = 1.2$, $p = 0.002$) and total recall ($\beta = 2.1$, $p = 0.031$) both in model 3. Longer reproductive span was linked to better cognitive function, particularly in immediate recall and processing speed ($\beta = 0.12$, $p < 0.001$ for DSST) in model 3. Conclusion: Higher parity was negatively correlated with processing speed and memory. In contrast, delayed menopause and a longer reproductive span were positively correlated with global cognition and processing speed. These findings suggest that reproductive factors play a potential role in cognitive aging among older women.

Semin Reprod Med. 2025 May 16. doi: 10.1055/s-0045-1809186. Online ahead of print.

Progestogens in Menopausal Hormone Therapy: A Double-Edged Sword

Olavi Ylikorkala 1, Johanna M Joensuu 1, Heli Siitonen 1, Tomi S Mikkola 1

Progestogens (norethisterone acetate, medroxyprogesterone acetate, dydrogesterone, micronized progesterone, levonorgestrel, drospirenone, and trimegestone) added to estrogen for endometrial protection are reviewed. They can be given orally or vaginally, norethisterone acetate can also be given transdermally, and levonorgestrel can be given through the intrauterine route. Sequential use of progestogens protects the endometrium if exposure lasts for at least 12 days/month; longer intervals are not safe. Continuous use of progestogens, whether oral, transdermal, or intrauterine, provides the most effective protection. Progestogen addition is accompanied with significant elevations in breast cancer risk, the largest drawback of progestogen use, and dydrogesterone, micronized progesterone, and a levonorgestrel intrauterine device may be safest in this regard. Progestogens also double deep vein thrombosis risk and diminish the positive effect of estrogen on colorectal cancer and vascular health. Recent data imply a neutral effect of progestogens in combination with estrogen on Alzheimer's disease risk, but the risk of vascular dementia is decreased. In conclusion, progestogens are a double-edged sword, effectively protecting the endometrium but causing several side effects and reducing many estrogen-induced benefits. With modern endometrial diagnostic tools, the safety of low-dose unopposed estrogen regimens should be assessed in a prospective controlled trial in women with an intact uterus.

Am Fam Physician. 2025 May;111(5):407-418.

Health Maintenance in Postmenopausal Women

Monica Plesa 1, Anita Wong 1, Ereni Katsaggelos 1

There are unique considerations for preventive care in postmenopausal women. Cardiovascular disease is the leading cause of death for women in the United States, and postmenopausal women should be routinely screened for risk factors such as diabetes, hypertension, and dyslipidemia. Atherosclerotic cardiovascular disease 10-year risk scores should be calculated to guide management of risk factors, including lifestyle changes and medications, particularly statins. Average-risk women should be screened for breast cancer with mammography every 1 to 2 years starting at age 40 years. Lung cancer screening with low-dose computed tomography should be offered annually to current and former smokers aged 50 to 80 years with at least a 20-pack-year history. Colorectal cancer screening is recommended in average-risk women aged 45 to 75 years. Cervical cancer screening should be performed every 3 to 5 years, and it should be discontinued in women older than 65 years with negative results on adequate prior screening. Average-risk women 65 years and older should be screened for osteoporosis with dual-energy x-ray absorptiometry. The diagnosis of osteoporosis is based on a T-score of -2.5 or less, and those with a Fracture Risk Assessment Tool score of 3% or greater for hip fracture or 20% or greater for any major osteoporotic fracture should be treated. Postmenopausal women should be routinely screened for high-risk sexual behavior, HIV, hepatitis, depression, anxiety, and substance use disorders.

Climacteric. 2025 May 14:1-7. doi: 10.1080/13697137.2025.2495310. Online ahead of print.

Profile and risk stratification for sarcopenia in postmenopausal women

Marcelo Luis Steiner, Larissa Gabrielli Lima de Campos, Marina Martinelli Sonnenfeld, Tayná Gueler Silva; et al.

Objective: This study aimed to assess the risk factors associated with sarcopenia and identify risk profiles through cluster analysis in postmenopausal women treated at specialized outpatient clinics. Methods: A retrospective cross-sectional study evaluated data from 287 postmenopausal women. Sarcopenia was determined by handgrip and gait speed testing. Cluster analysis was applied to identify risk subgroups, and logistic regression to identify factors associated with sarcopenia. Results: Sarcopenia was identified in 18.50% of women. Advanced age (odds ratio [OR] = 1.12; 95% confidence interval [CI]: 1.07-1.16; $p < 0.01$), number of pregnancies (OR = 1.14; 95% CI: 1.00-1.29; $p = 0.04$), hip Fracture Risk Assessment Tool (FRAX) (OR = 1.29; 95% CI: 1.12-1.49; $p < 0.01$), systemic arterial hypertension (OR = 3.20; 95% CI: 1.66-6.17; $p < 0.01$) and multiple comorbidities (OR = 2.46; 95% CI: 1.19-5.09, $p = 0.01$) were associated with higher risk for sarcopenia. Cluster analysis revealed an increased risk profile for women who were aged over 70 years, multiparous, hypertensive, with hip FRAX greater than 3% and with major fractures greater than 6%. Conclusion: Postmenopausal women with sarcopenia are more likely to have fragility fractures at 10 years, to be older, multiparous and hypertensive, and to have multiple comorbidities.

Clin Physiol Funct Imaging. 2025 May;45(3):e70011. doi: 10.1111/cpf.70011.

Physiological alterations around the menopause transition-A 2-year follow-up in PRE, PERI, and POST menopause females

Paul A Baker 1, Sam R Moore 1 2, Abbie E Smith-Ryan 1 2 3

Introduction: The menopause transition is a critical period marked by significant physiological adaptations. Data on the dynamic changes in body composition and metabolism during this transition are limited. The purpose was to determine body composition and metabolic changes over a 2-year follow-up in a cross-sectional sample of premenopausal (PRE), perimenopausal (PERI), and postmenopausal (POST) females. Methods: Twenty-three females who previously participated in a cross-sectional study returned for a 2-year follow-up visit were classified as PRE, PERI, or POST based on menstrual history and a Menopause Health Questionnaire. Muscle size [muscle cross-sectional area (mCSA)] and muscle quality [echo intensity, (EI)] were evaluated in the vastus lateralis with ultrasound. Bone mass and body composition were assessed using dual-energy X-ray absorptiometry, and metabolic flexibility through submax exercise with indirect calorimetry. Results: At the 2-year follow-up, POST females had an increase in EI (change: 26.93 ± 12.82 a.u., group×time p-adjusted = 0.001) with no change in mCSA (change: -2.03 ± 2.40 cm^2, group×time p = 0.980). PERI compared to PRE females had lower total bone mass (group×time p-adjusted = 0.029) with an even lower bone mass in POST compared to PERI females (group×time p-adjusted = 0.023). No differences in metabolic flexibility at any exercise intensity were observed between groups over time (group×time $p = \geq 0.05$). Conclusion: This study highlights a decline in muscle quality and total bone mass despite stable muscle size, emphasizing the need for targeted exercise and nutrition interventions to support muscle and bone health in females around the menopause transition.

Clin Endocrinol (Oxf). 2025 May 11. doi: 10.1111/cen.15271. Online ahead of print.

Sex Hormones and Risk of Incident Dementia in Men and Postmenopausal Women

Yanqing Zhao 1, Qi Wang 1, Chunying Fu 1, Meiling Li 1, Wenting Hao 2 3, Xiaoyi Wang 1, Qixiang Song, et al.

Background: Dementia poses a major global public health challenge, with its risk varying by sex. Women were nearly twice as likely to have Alzheimer's and other forms of dementia compared to men. Although testosterone levels are believed to influence cognitive function in older adults, existing studies have reported inconsistent findings, leaving the relationship between sex hormones and dementia unclear. Methods: We used data from UK Biobank. Serum total testosterone and sex hormone binding globulin (SHBG) were measured by immunoassay. Serum free testosterone was calculated using vermeulen method. The incident dementia and Alzheimer's disease (AD) was recorded from hospital inpatient data. Cox proportional hazards regression was conducted to assess the association between sex hormones and dementia, adjusted for age and other variables. Restricted cubic spline models were employed to quantify dose-response relationships. Result: A total of 186,296 men (mean age: 56.68 years, SD: 8.18) and 126,109 postmenopausal women (mean age: 59.73 years, SD: 5.78) were included. After 12.0 (IQR: 11.0-13.0)-year follow-up, 3874 (2.08%) male participants and 2523 (2.00%) female participants developed dementia. Men in the highest quintile of free testosterone levels had a reduced risk of all-cause dementia (HR: 0.63, 95%CI: 0.56-0.71) and AD (0.49, 0.60-0.72) compared to

those in the lowest quintile. Conversely, men in the highest quintile of SHBG levels had an increased risk of all-cause dementia (1.47, 1.32-1.64) and AD (1.32, 1.11-1.58) compared to those in the lowest quintile. Among postmenopausal women, those in the fourth quintile of free testosterone levels exhibited a lower risk of all-cause dementia (0.84, 0.78-0.95) and AD (0.76, 0.63-0.91). Higher SHBG was linked to an increased incidence of all-cause dementia (1.35, 1.28-1.55) and AD (1.52, 1.25-1.85) in menopausal women. Conclusion: Our findings revealed that higher SHBG and lower free testosterone concentrations seem to be associated with higher incidence of all-cause dementia and AD and further studies must be done to determine causality.