



Selección de Resúmenes de Menopausia

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Sexual function in women with premature ovarian insufficiency (POI): Systematic review and meta-analysis

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Premature ovarian insufficiency (POI) is a rare condition characterized by loss of ovarian function before the age of 40. POI seems associated with mood disorders and sexual dysfunction. However, there is a lack of high-quality evidence relating to the impact of POI on sexual function. Therefore, we conducted a systematic review and meta-analysis to evaluate sexual function in women with POI compared to women without the condition. The following online databases were systematically searched up to January 2023: EMBASE, Medline (Ovid), Web of Science, Cochrane, PsychInfo, and Google Scholar. Random effects models were used for analyses, with data reported as Hedges' g and 95 % confidence interval, and the risk of heterogeneity was evaluated. The protocol of this study was registered with PROSPERO (CRD42023437203). A total of 10 studies were included in the systematic review and 5 studies involving 352 women with POI were included in the meta-analysis. Eight of the ten studies concluded that women with POI have reduced sexual function. An overall medium Hedges' g effect size of -0.72 was found (ranging between -0.20 and -1.29) in favor of control women, with moderate heterogeneity ($I^2 = 64\%$). Stratified studies of women on systemic hormone replacement therapy (HRT) showed an even higher Hedges' g effect size, of -0.82 (95 % CI -1.18, -0.47). In conclusion, sexual function in women with POI is reduced compared with control women. Sexual function should be discussed with women with POI and they should be offered psychosexual counseling.

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The risk of depression in the menopausal stages: A systematic review and meta-analysis

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Introduction: For many women, menopause transition can be a period of emotional and physical changes, with different menopausal stages associated with varied risk for depressive symptoms and diagnosis. This review aimed to conduct a systematic review and meta-analyses to provide an estimate for the risk of developing a) clinical depression and b) depressive symptoms at different menopausal stages. **Methods:** We searched Medline, PsycInfo, Embase and Web of Science from inception to July 2023. Seventeen prospective cohort studies with a total of 15,893 women were included in the review, and risk of bias was assessed using the Quality in Prognosis Studies tool (QUIPS). Seven papers with a total of 11,965 participants were included in meta-analyses, using random effects models and pooled odds ratios (OR) calculated for depressive symptoms and diagnoses. **Results:** Perimenopausal women were found to be at a significantly higher risk for depressive symptoms and diagnoses, compared to premenopausal women (OR = 1.40; 95 % CI: 1.21; 1.61, $p < .001$). We did not find a significantly increased risk for depressive symptoms or diagnoses in post-menopausal, compared to pre-menopausal women. **Limitations:** Studies used different criteria to classify the menopausal stages and different measures for depression, which may have contributed to the heterogeneity seen in some models. We were unable to include a model that compared peri to post-menopause, due to a lack of longitudinal studies comparing the two stages. **Conclusions:** The risk of depression in perimenopause, shown in an ethnically diverse sample; highlights the clinical need for screening and support in this potentially vulnerable group.

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Effectiveness and safety of fezolinetant in alleviating vasomotor symptoms linked to Menopause.: A systematic review and Meta-Analysis

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Background & objective: Vasomotor symptoms (VMS) are the most common symptoms during menopause including hot flashes and night sweats. They are highly disruptive to the quality of life. Fezolinetant is an FDA-approved non-hormonal selective neurokinin3 receptor antagonist for the treatment of VMS. In this study, we aim to assess the

efficacy and safety of fezolinetant for VMS associated with menopause. Methods: Databases were searched until September 2023 for relevant studies comparing fezolinetant against placebo. Data was extracted into an online form and analyzed using RevMan (Version 5.4.1). The GRADE approach was conducted to evaluate the quality of evidence regarding efficacy outcomes. We included randomized controlled trials (RCTs) comparing fezolinetant to placebo in postmenopausal women experiencing VMS. Exclusion criteria comprised studies involving participants with contraindications to fezolinetant or those evaluating its efficacy for indications other than VMS associated with menopause. Six studies were included in this study involving 3301 patients. Compared to placebo, fezolinetant reduced the frequency of VMS episodes from baseline (SMD = -0.64, 95 % CI [-0.77, -0.5]) and (SMD = -0.63, 95 % CI [-0.72, -0.53]) at weeks 4 and 12 respectively. Additionally, fezolinetant reduced VMS severity score (SMD = -0.59, 95 % CI [-0.77, -0.42]) and (SMD = -0.4, 95 % CI [-0.54, -0.27]) at weeks 4 and 12 respectively. These reductions were positively reflected on Menopause specific quality of life score (SMD = -0.46, 95 % CI [-0.57, -0.34]), (SMD = -0.37, 95 % CI [-0.48, -0.25]) at weeks 4 and 12 respectively. Regarding safety analysis, fezolinetant showed increased risk for drug-related TEAEs (RR = 1.47, 95 % CI [1.06,2.04]), serious TEAEs (RR = 1.67, 95 % CI [1.09,2.55]), fatigue (RR = 4.05, 95 % CI [1.27,12.88]), arthralgia (RR = 2.83, 95 % CI [1.02,7.8]) and ALT or AST > 3 times (RR = 2, 95 % CI [1.12,3.57]), with no other statistically significant difference regarding other safety terms. Conclusion: Fezolinetant has demonstrated efficacy in reducing the frequency and severity of VMS in postmenopausal women, leading to an improvement in their quality of life. These findings suggest that Fezolinetant may serve as a viable alternative to hormonal therapy for managing VMS.

Vasc Health Risk Manag. 2024 Apr 12:20:183-194. doi: 10.2147/VHRM.S442277. eCollection 2024.

Association of Handgrip Strength and Cardiovascular Disease Risk Among Middle-Aged Postmenopausal Women: An Analysis of the Korea National Health and Nutrition Examination Survey 2014-2019

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Purpose: Handgrip strength is an indicator of overall muscle strength and has been associated with an increased risk of cardiovascular disease. Evidence suggests that menopause is a risk factor for cardiovascular disease in women, and muscle strength decreases progressively after menopause. Despite the prognostic importance of the decline in muscle strength and increased cardiovascular disease risk among postmenopausal women, evidence of their association is limited. This study aimed to investigate the relationship between handgrip strength and cardiovascular disease risk among postmenopausal, middle-aged Korean women. Patients and methods: Using pooled cohort equations, we calculated the 10-year risk of atherosclerotic cardiovascular disease (ASCVD) among postmenopausal women (N = 2019) aged 50-64 years without cardiovascular disease history from the 2014-2019 Korea National Health and Nutrition Examination Survey. Relative grip strength was defined as measured grip strength divided by body mass index. Logistic regression analysis of a complex sampling design was performed to evaluate the association between relative grip strength and a predicted 10-year ASCVD risk $\geq 7.5\%$. Results: The average handgrip strength was 24.8 kg, and 5.2% of women were considered for sarcopenia (<18 kg). The quartile-stratified relative grip strength was negatively associated with 10-year ASCVD risk ($p < 0.001$). In the multiple logistic regression analysis, the adjusted odds ratio for the highest relative grip strength quartile was 0.53 (95% confidence interval [CI]: 0.36-0.78), and that of the group who breastfed for more than 12 months was 1.75 (95% CI: 1.36-2.25) for 10-year ASCVD risk. Conclusion: Increased handgrip strength may be associated with lower cardiovascular disease risk among middle-aged postmenopausal women in Korea. Our findings provide critical evidence regarding the importance of increasing handgrip strength among postmenopausal, middle-aged women to reduce cardiovascular disease risk. Handgrip strength measurement might be a valuable screening tool for cardiovascular disease prevention.

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Perimenopausal physical activity and dementia risk: A systematic review

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Mixed-gender studies predominate the current literature exploring the interaction between physical activity and dementia risk. Considering that menopause appears to contribute to females' increased risk of cognitive decline when compared to males, further clarity is required on the impact of physical activity in reducing late-life dementia risk specifically in perimenopausal females. A literature search of MEDLINE, EMBASE, Web of Science, SCOPUS and CINAHL databases yielded fourteen studies for review. A significant inverse relationship between perimenopausal

leisure time physical activity, or physical fitness, and future all-cause dementia risk was found in most studies exploring this interaction. Higher levels of perimenopausal household physical activity and combined non-leisure time physical activity also displayed a favourable impact in lowering dementia risk. A dose-response effect was demonstrated, with approximately 10 MET-hour/week of leisure time physical activity required for significant dementia risk reduction. Three of four papers exploring causality provided analyses that are proposed to counter the 'reverse causation' argument, suggesting that physical activity may indeed have a protective role in reducing dementia risk post-menopause. The current systematic review provides promising results regarding the impact of pre- and perimenopausal physical activity on reducing late-life dementia risk, suggesting that promoting perimenopausal physical activity may serve as a crucial tool in mitigating the risk of post-menopausal cognitive decline.

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Bacterial vaginosis after menopause: factors associated and women's experiences: a cross-sectional study of Australian postmenopausal women

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Background Bacterial vaginosis (BV) is the most common cause of vaginal discharge in reproductive age women; however, little is known about it after menopause. We aimed to learn more about BV in Australian postmenopausal women. **Methods** We conducted an online survey (July-September 2021). Participants were recruited via social media and professional networks and asked about demographic characteristics, sexual history and BV experiences. Outcomes of interest were the proportion who had heard of BV, had BV ever, or had BV after menopause. Factors associated with these outcomes were assessed using logistic regression. **Results** Of 906 participants, 83% were included in the analysis. Overall, 37.9% had heard of BV, 11.0% reported having a BV diagnosis ever, 6.3% reported having a BV diagnosis after menopause and 4.4% reported having a BV diagnosis only after menopause. Multivariable analysis found that among all women the odds of having a BV diagnosis after menopause were increased for those who had BV before menopause, had douched in the past 12months, or had a previous STI diagnosis. Among those in a sexual relationship, a BV diagnosis after menopause was associated with a BV diagnosis before menopause, or being in a sexual relationship of 5years or less in duration. About half who reported BV after menopause described recurrences, distress, and a detrimental effect on sexual relationships. **Conclusions** BV in postmenopausal women is associated with sexual activity, and impacts negatively on their lives. Research into BV should not be limited to reproductive age women.