Selección de Resúmenes de Menopausia

Semana del 8 a 14 de mayo, 2024

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Global prevalence of depression in menopausal women: A systematic review and meta-analysis

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Background: An association between the menopause and depression is widely reported. This review aims to determine the global prevalence of depression in menopausal women (this includes women in perimenopause and postmenopause). Methods: PubMed, Web of Science, Embase, and PsycINFO databases were systematically searched from database inception until March 1, 2024. Studies with validated methods for assessing the prevalence of depression in perimenopausal and postmenopausal women were included. Two authors independently extracted relevant data. Random effects meta-analysis and Meta-regression analysis were performed using Stata software. Results: Total of 55 studies (76,817 participants) were included in the review. A random effects model was used to calculate pooled prevalence. The pooled depression prevalence in menopausal women was 35.6 % (95 % CI: 32.0-39.2 %), with 33.9 % (95 % CI: 27.8-40.0 %) in perimenopausal women, and 34.9 % (95 % CI: 30.7-39.1 %) in postmenopausal women. Subgroup analyses indicated that region, screening tool, study design, and setting moderated the prevalence of depression. Meta-regression indicated that smaller sample sizes and poorer study quality were significantly associated with a higher prevalence. Limitations: There was a high degree of heterogeneity across the included studies. Only articles published in English were included. There was significant publication bias in this meta-analysis. There is insufficient information about many risk factors of menopausal depression in current meta-analysis. Conclusions: Depression is common among menopausal women worldwide. To reduce the negative impact of depression on health outcomes in menopausal women, regular screening and the availability of effective prevention and treatment measures should be made available for this population.

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Denosumab vs. bisphosphonates in primary osteoporosis: a meta-analysis of comparative safety in randomized controlled trials

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Denosumab and bisphosphonates for primary osteoporosis are generally well-tolerated, but their comparative safety remains unclear. We aimed to explore the comparative safety of denosumab and bisphosphonates in primary osteoporosis. Databases such as PubMed and Google Scholar were searched for relevant peer-reviewed randomized controlled trials published in English (as of December 2023). Trials comparing adverse events (AE) between denosumab and bisphosphonates in patients with primary osteoporosis were investigated. Data were pooled using a fixed- or random-effects model to determine the risk ratios (RR) and 95% confidence intervals (CIs) for various AEs in patients treated with denosumab in comparison to patients treated with bisphosphonates. Eleven trials (5,545 patients; follow-up period: 12-24 months) were included in this meta-analysis. All trials had a risk of bias (e.g., reporting bias linked to secondary endpoints and selection bias linked to random allocation). In comparison to bisphosphonates, denosumab was significantly associated with less withdrawal due to AEs (RR = 0.49; 95% CI 0.34-0.71), more five-point major adverse cardiovascular events (RR = 2.05; 95% CI 1.03-4.09), more cardiovascular AEs (RR = 1.61; 95% CI 1.07-2.41), more infections (RR = 1.14; 95% CI 1.02-1.27), more upper respiratory tract infections (RR = 1.56; 95% CI 1.08-2.25), less vertebral fractures (RR = 0.54; 95% CI 0.31-0.93), and less abdominal pain (RR = 0.44;95% CI 0.22-0.87). We explored the comparative safety of denosumab and bisphosphonates for primary osteoporosis, some of which could be attributed to their beneficial effects. However, all trials had a risk of bias. Further investigations are required to confirm our results.

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Pelvic floor disorders and impact on sexual function: a cross-sectional study among non-sexually active and sexually active women

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Background: Pelvic floor disorders are common and associated with impaired sexual function in women. Aim: To assess women with pelvic floor disorders and describe factors associated with not being sexually active and those associated with sexual function in sexually active women. Methods: A cross-sectional study was conducted that included nonpregnant women with symptoms of pelvic floor disorders who were referred to the urogynecologic and surgical outpatient clinic at 2 Norwegian university hospitals: St Olavs Hospital, Trondheim University Hospital, and the University Hospital of Northern Norway, Tromsø. Women answered a questionnaire anonymously.Ou tcomes: Pelvic Organ Prolapse Incontinence Sexual Questionnaire-IUGA Revised. Results: Of 157 respondents, 111 (71%) reported being sexually active (with or without a partner), and 46 (29%) reported not being sexually active. As compared with sexually active women, not sexually active women were older (mean ± SD, 60.2 ± 13.3 vs 51 ± 12.1 years; P < .001), more were menopausal (78% vs 47%, P = .001), and more had symptom debut <1 year (31% vs 9%, P < .001). They reported more distress related to pelvic floor disorders, especially pelvic organ prolapse. In a multivariate logistic regression analysis, menopausal women and women with symptom debut <1 year were 4 times more likely to be not sexually active than premenopausal women (odds ratio, 4.0; 95% CI, 1.7-9.2) and women with symptom debut ≥1 year (odds ratio, 4.0; 95% CI, 1.5-10.7). In sexually active women, colorectal-anal distress was negatively associated with 5 of 6 domains of sexual function: arousal/orgasm (ß = -0.36; 95% CI, -0.02 to -0.005), partner related (ß = -0.28; 95% CI, -0.01 to -0.002), condition specific (ß = -0.39; 95% CI, -0.002 to -0.009), global quality (ß = -0.23; 95% CI, -0.02 to -0.002), and condition impact (ß = -0.34; 95% CI, -0.02 to -0.006). Clinical implications: Health care professionals should discuss sexual function in patients with pelvic floor disorders, especially menopausal women and women with colorectal-anal symptoms. Strengths and limitations: The study used condition-specific measures and recruited women from 2 university hospitals with wide range of age. Limitations include the small sample size and wide confidence intervals. The number of women who considered themselves not sexually active was low, and item nonresponse levels among these women where somewhat high. Of 625 eligible women, 200 (32%) answered the questionnaire. Sexual health and sexual function are still surrounded with taboo, and some women were probably not comfortable answering the questions. Conclusion: Menopausal women and women with recent onset of symptoms of pelvic floor disorders are more likely to be sexually inactive, and colorectal-anal symptoms have the most negative impact on sexual function in sexually active women.

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Three-Year Mortality of Older Hospitalized Patients with Osteosarcopenia: Data from the OsteoSys Study

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Osteosarcopenia, the concurrent presence of sarcopenia and osteopenia/osteoporosis, poses a significant health risk to older adults, yet its impact on clinical outcomes is not fully understood. The aim of this prospective, longitudinal multicentre study was to examine the impact of osteosarcopenia on 3-year mortality and unplanned hospitalizations among 572 older hospitalized patients (mean age 75.1 ± 10.8 years, 78% female). Sarcopenia and low bone mineral density (BMD) were evaluated using Dual Energy X-ray Absorptiometry and the European Working Group on Sarcopenia in Older People (EWGSOP2) and WHO criteria, respectively. Among participants, 76% had low BMD, 9% were sarcopenic, and 8% had osteosarcopenia. Individuals with osteosarcopenia experienced a significantly higher rate of mortality (46%, p < 001) and unplanned hospitalization (86%, p < 001) compared to those without this condition. Moreover, "healthy" subjects-those without sarcopenia or low BMD-showed markedly lower 3-year mortality (9%, p < 001) and less unplanned hospitalization (53%, p < 001). The presence of osteosarcopenia (p = 0.009) increased the 3-year mortality risk by 30% over sarcopenia alone and by 8% over low BMD alone, underscoring the severe health implications of concurrent muscle and bone deterioration. This study highlights the substantial impact of osteosarcopenia on mortality among older adults, emphasizing the need for targeted diagnostic and therapeutic strategies.

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ANRIL: A Long Noncoding RNA in Age-related Diseases

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The intensification of the aging population is often accompanied by an increase in agerelated diseases, which impair the quality of life of the elderly. The characteristic feature of aging is progressive physiological decline, which is the largest cause of human pathology and death worldwide. However, natural aging interacts in exceptionally complex

ways within and between organs, but its underlying mechanisms are still poorly understood. Long non-coding RNA (lncRNA) is a type of noncoding RNA that exceeds 200 nucleotides in length and does not possess protein-coding ability. It plays a crucial role in the occurrence and development of diseases. ANRIL, also known as CDKN2B-AS1, is an antisense ncRNA located at the INK4 site. It can play a crucial role in agerelated disease progression by regulating single nucleotide polymorphism, histone modifications, or post-transcriptional modifications (such as RNA stability and microRNA), such as cardiovascular disease, diabetes, tumor, arthritis, and osteoporosis. Therefore, a deeper understanding of the molecular mechanisms of lncRNA ANRIL in age-related diseases will help provide new diagnostic and therapeutic targets for clinical practice.

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The association of sociodemographic factors and history of chronic diseases on menopausal symptoms: A cross-sectional study

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Background: Menopausal symptoms are very diverse in terms of prevalence and severity, and this difference is due to various factors such as psychological factors, sociocultural status, lifestyle, geographical location, and other factors. This study aimed to assess the prevalence of menopausal symptoms and evaluate the predictive factors related to the prevalence and severity of menopausal symptoms. Ma terials and methods: This was a cross-sectional analytical study that was performed on 214 women aged 35-65 years old who were referred to Alzahra Educational, Research and Treatment Center in Rasht, Iran. The data collection tool was a valid and reliable questionnaire, using the list of menopausal symptoms and a checklist of subjects' general characteristics. Results: 16.8% of postmenopausal women in our study had at least one menopausal symptom. Using multiple linear regression, race ($p = 0.02$), history of chronic diseases ($p = 0.04$), place of residence ($p = 0.02$), and marital satisfaction ($p = 0.02$) were associated with menopausal symptoms. Nineteen percent of the covariates related to the logistics function were explained by the predictor variables in the model. Conclusion: Evaluation of menopausal symptoms showed that the severity of menopausal symptoms was related to factors such as body mass index (BMI), ethnicity, place of residence, marital satisfaction, and history of chronic diseases, and need to address BMI, psychological issues, and chronic illness.

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Comparison of promestriene with vaginal fractional CO2 laser and radiofrequency treatments of genitourinary syndrome of menopause

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Objective: To compare the effects of fractional CO2 laser and microablative fractional radiofrequency treatment with promestriene topical estrogen on sexual function and genitourinary syndrome of menopause symptoms. Methods: This was a prospective randomized open-label clinical trial conducted with 62 postmenopausal women assigned to three intervention groups: a) topical promestriene for 90 days ($n = 17$); b) fractional CO2 laser treatment ($n = 24$); and c) microablative fractional radiofrequency treatment ($n = 21$). Each of the latter two groups underwent three treatment sessions at 4-week intervals. At baseline and at the end of the study, all participants had a gynecological examination that included vaginal pH measurement, and the completion of the Vaginal Symptom Score, the Vaginal Health Index, and the Female Sexual Function Index. For the energy treatment groups, adverse effects were evaluated after each session. Group homogeneity was assessed at baseline, and results were evaluated over time (from baseline to the end of treatment) and between groups over time. Results: All baseline parameters were similar among studied groups. At the end of the study, all 3 treatments had produced similar effects: a reduction of vaginal pH, and an improvement of vulvovaginal symptoms (Vaginal Symptom Score and Vaginal Health Index scores) as well as sexual function (higher total Female Sexual Function Index scores, and in the desire, arousal, lubrication and pain domain scores), with no differences observed between groups. Side-effects were slight for both energy treatment groups, mainly represented by vaginal discharge. Conclusion: The present study suggests that the two energy treatments were efficient along with promestriene at postmenopausal genitourinary and sexuality symptoms.