

Selección de Resúmenes de Menopausia

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Use of hormones and risk of venous thromboembolism

Venina Isabel Poço Viana Leme de Barros, André Luiz Malavasi Longo de Oliveira, Denis Jose do Nascimento, et al

- The risk of venous thromboembolism (VTE) is not increased in women using long-acting reversible contraceptive methods (LARCs) with progestogens.
- Oral contraceptives with levonorgestrel or norgestimate confer half the risk of VTE compared to oral contraceptives containing desogestrel, gestodene or drospirenone.
- Progestogen-only pills do not confer an increased risk of VTE.
- Women using transdermal contraceptive patches and combined oral contraceptives (COCs) are at an approximately eight times greater risk of VTE than non-users of hormonal contraceptives (HCs), corresponding to 9.7 events per 10,000 women/years.
- Vaginal rings increase the risk of VTE by 6.5 times compared to not using HC, corresponding to 7.8 events per 10,000 women/years.
- Several studies have demonstrated an increased risk of VTE in transgender individuals receiving hormone therapy (HT).
- Hormone therapy during menopause increases the risk of VTE by approximately two times, and this risk is increased by obesity, thrombophilia, age over 60 years, surgery and immobilization.
- The route of estrogen administration, the dosage and type of progestogen associated with estrogen may affect the risk of VTE in the climacteric.
- Combined estrogen-progesterone therapy increases the risk of VTE compared to estrogen monotherapy.
- Postmenopausal HT increases the risk of thrombosis at atypical sites.

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Three-year effect of bisphosphonates on bone mineral density after denosumab withdrawal: observations from a real-world study

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Data on long-term treatment regimens for preventing bone mineral density (BMD) loss that occurs after denosumab (Dmab) withdrawal are scarce. Our aim was to evaluate the long-term changes (12-36 months) in BMD and bone turnover markers in a group of postmenopausal women who had been treated with Dmab and received subsequent treatment with bisphosphonates. Secondary objectives were to evaluate factors associated with BMD loss, to compare the BMD change in patients who received oral vs intravenous bisphosphonates, and to assess the frequency of fragility fractures after Dmab discontinuation. The clinical data of 54 patients, 26 of whom had clinical and DXA assessments at 36 months, were analyzed. After 12 months, the mean LS BMD had decreased by 2.8% (± 5.0), FN BMD by 1.9% (± 5.8), and TH BMD by 1.9% (± 3.7). After 36 months, LS BMD had decreased by 3.7% (± 6.7), FN BMD by 2.5% (± 7.1), and TH BMD by 3.6% (± 5.2). C-terminal cross-linked telopeptide of type I collagen significantly increased during the first 12 months after Dmab withdrawal but then decreased at 36 months. BMD loss at 12 months was higher in patients with more than 30 months of Dmab treatment, but this difference was only statistically significant at FN (-3.3% vs -0.3%, $P = .252$ at LS, -3.3% vs 0.3%, $P = .033$ at FN, and -2.1% vs 0.9, $P = .091$ at TH). There were no statistically significant differences regarding the change in BMD at 12 and 36 months between oral and intravenous treatment. Seven patients suffered incidental vertebral fractures (clinical vertebral fractures: $n = 6$, morphometric fractures: $n = 1$) three of which were multiple. None of these patients were treated following international or institutional guidelines or recommendations. In summary, our study suggests that bisphosphonates can help maintain BMD for 36 months after Dmab discontinuation.

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Age at menopause and risk of metabolic dysfunction-associated fatty liver disease: A 14-year cohort study

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Backgrounds & aims: Menopause, characterized by a sudden decline in estrogen levels, has significant effects on women's health, especially when it occurs early. This study aimed to investigate the associations between menopausal age and incidence of metabolic dysfunction-associated fatty liver disease (MAFLD) using a large cohort and a long-

term follow-up. Methods: Menopausal age was categorized into four groups (G1-4 [<40 , 40-44, 45-49, and ≥ 50 years, respectively]). Cox proportional hazards regression analysis was used to assess the risk of developing MAFLD during the follow-up period according to the menopausal age categories. Results: A total of 1,888 participants were included in the final analysis and followed for a median period of 12.3 years. The unadjusted hazard ratios (95 % CIs) for the incidence of new-onset MAFLD were 1.11 (0.93-1.32), 1.15 (0.90-1.47), and 1.52 (1.12-2.07) in G3, G2, and G1, respectively, compared with that in G4. After adjusting for confounders, the hazard ratio (95 % CIs) for the incidence of new-onset MAFLD was 1.40 (1.00-1.95) in G1 compared with that in G4. Conclusion: The risk of developing MAFLD was higher in women with premature menopause (<40 years) than in those with menopause aged ≥ 50 years.

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Cognitive shadows in perimenopause: linking subjective cognitive decline (SCD) to menopausal symptom severity

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Objective: As women approach perimenopause, the incidence of Subjective Cognitive Decline (SCD) rises. This study aims to investigate the association between SCD and the severity of perimenopausal symptoms. Setting: Conducted at The Affiliated Hospital of Guizhou Medical University Menopause Clinic from November 2022 to June 2023. Participants, aged 40-55 years, were classified as perimenopausal using the STRAW + 10 criteria. Methods: SCD was assessed separately using the Chinese version of the SCD-Q9 scale and the SCD International Working Group (SCD-I) conceptual framework, while perimenopausal symptoms were evaluated with the Modified Kupperman Index (MKI). Linear relationships between MKI scores and SCD-Q9 scores were clarified using both univariate and multivariate linear regression analyses. Additionally, a multivariate Logistic regression analysis was conducted to examine the association between MKI scores and SCD classification based on SCD-I criteria. Main outcome measures: The primary outcomes were the Modified Kupperman Index scores, SCD-Q9 questionnaire scores, and the diagnosis of SCD based on SCD-I criteria. Results: Among 101 participants, the average MKI score was 18.90 ± 9.74 , and the average SCD-Q9 score was 4.57 ± 2.29 . Both univariate and multivariate linear regressions demonstrated a positive correlation between these scores. A multivariate Logistic regression analysis, using MKI as the independent variable and SCD-I criteria classification as the dependent variable, revealed a significant positive association. Conclusions: A notable association exists between SCD and perimenopausal symptoms severity. This underscores the potential clinical importance of addressing perimenopausal symptoms to mitigate SCD risks in women. Further studies should focus on clarifying the causality between these factors.

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Effect of COVID-19 vaccination on menstrual cycle irregularities among females: A cross-sectional study in Pakistan

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This study was aimed to assess the type and severity of COVID vaccine-induced menstrual disorders and also to investigate the risk factors for menstrual changes following COVID-19 vaccination in Pakistani females. A cross-sectional survey-based study was conducted in females between 12 -70 years of age from February to July 2022. The survey was conducted via in-person interviews as well as via social media. The data was analyzed using standard descriptive statistical parameters, the sociodemographic and clinical features were evaluated and reported as frequencies (percentages). The study comprised a total of 1023 female subjects. Approximately 36.9% of women reported menstrual abnormalities following immunization, with 30.5% experiencing them following their second dose. However, in majority of these women (21%) the symptoms were resolved after 3 months of irregularity. Vaccine type significantly influenced the incidence of menstrual disorders ($p < 0.001$) which were linked to Pfizer-Biontech, Sinopharm, Sinovac, Moderna at rates of 14.9%, 9.5%, 4.7% and 2.7%, respectively. Both AstraZeneca and Moderna were implicated in postmenopausal bleeding (1.6% and 0.8%, respectively). The study showed that females receiving COVID-19 vaccines experienced menstrual irregularities such as short duration of periods, decreased volume of bleeding, and frequent menstrual cycles. However, the symptoms were temporary and self-limiting.

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High-density lipoprotein metrics during midlife and future subclinical atherosclerosis in women: the SWAN HDL study

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Objective: The clinical utility of high-density lipoprotein cholesterol (HDL-C) in risk classification is limited, especially in midlife women. Novel metrics of HDL may better reflect this risk. We clustered a comprehensive profile of HDL metrics into favorable and unfavorable clusters and assessed how these two clusters are related to future subclinical atherosclerosis (carotid intima media thickness [cIMT], interadventitial diameter [IAD], and carotid plaque presence) in midlife women. Methods: Four hundred sixty-one women (baseline age: 50.4 [2.7] years; 272 White, 137 Black, 52 Chinese) from the Study of Women's Health Across the Nation HDL ancillary study who had baseline measures of HDL cholesterol efflux capacity (HDL-CEC), lipid contents (HDL-phospholipids [HDL-PL] and HDL triglycerides [HDL-Tg]), and HDL particle (HDL-P) distribution and size, followed by carotid ultrasound (average 12.9 [SD: 2.6] years later), were included. Using latent cluster analysis, women were clustered into a favorable (high HDL-CEC, HDL-PL, large and medium HDL-P, less HDL-Tg and small HDL-P, larger size) or an unfavorable HDL cluster (low HDL-CEC, HDL-PL, large and medium HDL-P, more HDL-Tg, and small HDL-P, smaller size) and then linked to future subclinical atherosclerosis using linear or logistic regression. Results: The favorable HDL cluster was associated with lower cIMT, IAD, and odds of carotid plaque presence. These associations were attenuated by body mass index, except in Chinese women where the association with cIMT persisted (0.72 [0.63, 0.83]). Conclusions: The association between favorable HDL clusters and a better postmenopausal subclinical atherosclerosis profile is largely explained by body mass index; however, racial/ethnic differences may exist.

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Recommended measurement instruments for genitourinary symptoms associated with menopause: the COMMA (Core outcomes in menopause) consortium

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Objective: The aim of the study is to identify appropriate definitions and patient-reported outcome measures (PROMs) for each of the eight core outcomes previously selected for genitourinary symptoms associated with menopause: pain with sex, vulvovaginal dryness, vulvovaginal discomfort or irritation, discomfort or pain when urinating, change in most bothersome symptom, distress, bother or interference of genitourinary symptoms, satisfaction with treatment, and side effects. Methods: We conducted a systematic review to identify possible definitions and PROMs, including their measurement properties. Identified definitions and relevant PROMs with acceptable measurement properties were entered into an international consensus process involving 28 participants from 10 countries to achieve final recommendations for each core outcome. Results: A total of 87 publications reporting on 34 PROMs were identified from 21,207 publications screened. Of these 34 PROMs, 29 were not considered to sufficiently map onto the core outcomes, and 26 of these also had insufficient measurement properties. Therefore, only five PROMs corresponding to two core outcomes were considered for recommendation. We recommend the PROMIS Scale v2.0 - Sexual Function and Satisfaction: Vaginal Discomfort with Sexual Activity to measure the outcome of "pain with sexual activity" and the Day-to-Day Impact of Vaginal Aging (DIVA) Questionnaire to measure "distress, bother or interference" from genitourinary symptoms. Six definitions of "side effects" were identified and considered. We recommend that all trials report adverse events in study participants, which is a requirement of Good Clinical Practice. Conclusions: Suitable PROMs and definitions were identified to measure three of eight core outcomes. Because of the lack of existing measures, which align with the core outcomes and have evidence of high-quality measurement properties, future work will focus on developing or validating PROMs for the remaining five core outcomes.

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Management of unscheduled bleeding on HRT: A joint guideline on behalf of the British Menopause Society, and other societies.

Kristyn Manley 1, Timothy Hillard 2 3, Justin Clark 4 5, Geeta Kumar 6 7, Jo Morrison 8 9, et al.

Unscheduled bleeding on hormone replacement therapy (HRT) can affect up to 40% of users. In parallel with the increase in HRT prescribing in the UK, there has been an associated increase in referrals to the urgent suspicion of cancer pathway for unscheduled bleeding. On behalf of the British Menopause Society (BMS) an expert review panel

was established, including primary and secondary care clinicians with expertise in the management of menopause, with representatives from key related organisations, including the Royal College of Obstetricians & Gynaecologists, the British Gynaecological Cancer Society, British Society for Gynaecological Endoscopy, Royal College of General Practitioners and Faculty of Sexual and Reproductive Health, and service development partners from NHS England and GIRFT (Getting it Right First Time). For each topic, a focused literature review was completed to develop evidence led recommendations, where available, which were ratified by consensus review within the panel and by guideline groups.