



Selección de Resúmenes de Menopausia

Semana del 19 a 25 de junio, 2024

María Soledad Vallejo. Hospital Clínico. Universidad de Chile

J Clin Lipidol. 2024 Apr 15:S1933-2874(24)00173-9. doi: 10.1016/j.jacl.2024.04.125. Online ahead of print.-33

Unfavorably altered lipid profile in women with primary ovarian insufficiency

Piróg Magdalena 1, Kacalska-Janssen Olga 2, Pulka Anna 2, Jach Robert 2

Background: Hypoestrogenism related to the cessation of ovarian function increases the risk of metabolic disorders in postmenopausal women. Women with primary ovarian insufficiency (POI) are exposed to longer period of estrogen deficiency together with a subsequently higher risk of long-term comorbidities. Objective: To compare metabolic along with hormonal status among newly diagnosed women with POI with pre- and postmenopausal women. To investigate the impact of POI etiology on both metabolic and hormonal profiles. Methods: A case-control study with women assigned to one of the groups: 1) POI (n = 216), 2) age-matched premenopausal (n = 216), 3) postmenopausal (n = 227). Lipid profile, fasting glucose and insulin levels together with insulin resistance were determined among all participants. Results: POI women exhibited increased both total cholesterol (TC, p = 0.04) and low-density lipoprotein cholesterol (LDL-C, p < 0.01) compared to the premenopausal women and higher triglycerides (TG, p < 0.001) than postmenopausal women. POI group showed higher fasting glucose level (p = 0.04) differently to premenopausal women. The idiopathic POI group showed both lower SHBG (p = 0.02) and DHEA-s (p = 0.04) along with reduced TC (p = 0.03) and TG (p = 0.01) together with increased HDL-C (p = 0.04) levels than non-idiopathic POI women. Conclusion: Women with newly diagnosed POI exhibited less favorable lipid profile than pre- or postmenopausal women. The association of negatively changed lipid profile in POI women is mostly mediated by women with unknown cause of premature ovarian cessation.

Fam Cancer. 2024 Jun 21. doi: 10.1007/s10689-024-00412-0. Online ahead of print.

Risk-reducing salpingectomy with delayed oophorectomy to prevent ovarian cancer in women with an increased inherited risk: insights into an alternative strategy

T A Gootzen 1, M P Steenbeek 2, Mhd van Bommel 2, J IntHout 3, C M Kets 4, Rpmg Hermens 3, J A de Hullu 2

Epithelial ovarian cancer (EOC) is the most lethal type of gynaecological cancer, due to lack of effective screening possibilities and because the disease tends to metastasize before onset of symptoms. Women with an increased inherited risk for EOC are advised to undergo a risk-reducing salpingo-oophorectomy (RRSO), which decreases their EOC risk by 96% when performed within guideline ages. However, it also induces premature menopause, which has harmful consequences. There is compelling evidence that the majority of EOCs originate in the fallopian tube. Therefore, a risk-reducing salpingectomy with delayed oophorectomy (RRS with DO) has gained interest as an alternative strategy. Previous studies have shown that this alternative strategy has a positive effect on menopause-related quality of life and sexual health when compared to the standard RRSO. It is hypothesized that the alternative strategy is non-inferior to the standard RRSO with respect to oncological safety (EOC incidence). Three prospective studies are currently including patients to compare the safety and/or quality of life of the two distinct strategies. In this article we discuss the background, opportunities, and challenges of the current and alternative strategy.

Maturitas. 2024 Jun 18:187:108054. doi: 10.1016/j.maturitas.2024.108054. Online ahead of print.

Need for recovery after work and associated risk factors in working menopausal women

Philippe Kiss 1, Herman Depypere 2, Marc De Meester 3, Ilse Vingerhoets 4, Marjolijn Van Hoecke 5, et al.

Objectives: To explore relationships between 'need for recovery' (NFR), a strong predictor of burnout, and menopause symptoms and to identify work-related factors that are associated with a high NFR in Belgian menopausal women. Study design: 760 menopausal women took part in a cross-sectional questionnaire study. NFR, presence of menopause symptoms, job type, age category, work activity, physical workload, psychosocial and physical work environment, balance of work and private life and the opportunity to discuss menopause at work were assessed. Main outcome measures: Uni- and multivariate logistic regression analyses were used to calculate the odds ratios for the presence of

a high NFR. Results: Of menopausal women currently experiencing menopause symptoms, 53.3 % reported problems while performing their work. The overall prevalence of a high NFR in menopausal women was 41.2 %. Women who experienced problems at work had the highest prevalence of a high NFR (61.1 %), and constituted a separate risk group for having a high NFR (OR 3.31 vs. never symptoms; 95%CI 1.72-6.38). The following factors were significantly associated with a high NFR: poor balance of work and private life (OR 7.89; 95%CI 4.32-14.39), physical workload (OR 1.17; 95%CI 1.08-1.28), discomfort from cognitive demands (OR 1.17; 95%CI 1.09-1.26), organizational justice (OR 0.86; 95%CI; 0.78-0.94), and social support from colleagues (OR 0.87; 95%CI 0.79-0.96). Conclusions: Maintaining a good balance of work and private life, reducing physical workload, addressing discomfort from cognitive work demands and assuring a fair work distribution are measures that require a culture where open and easy discussion about menopause is possible.

Sci Rep. 2024 Jun 20;14(1):12680. doi: 10.1038/s41598-024-62820-7.

In vivo brain estrogen receptor density by neuroendocrine aging and relationships with cognition and symptomatology

Lisa Mosconi 1 2, Matilde Nerattini 3 4, Dawn C Matthews 5, Steven Jett 3, et al, and Roberta Diaz Brinton.

17 β -estradiol, the most biologically active estrogen, exerts wide-ranging effects in brain through its action on estrogen receptors (ERs), influencing higher-order cognitive function and neurobiological aging. However, our knowledge of ER expression and regulation by neuroendocrine aging in the living human brain is limited. This in vivo brain 18F-fluoroestradiol (18F-FES) Positron Emission Tomography (PET) study of healthy midlife women reveals progressively higher ER density over the menopause transition in estrogen-regulated networks. Effects were independent of age, plasma estradiol and sex hormone binding globulin, and were highly consistent, correctly classifying all women as being postmenopausal or premenopausal. Higher ER density in target regions was associated with poorer memory performance for both postmenopausal and perimenopausal groups, and predicted presence of self-reported mood and cognitive symptoms after menopause. These findings provide novel insights on brain ER density modulation by female neuroendocrine aging, with clinical implications for women's health.

Aging Clin Exp Res. 2024 Jun 18;36(1):132. doi: 10.1007/s40520-024-02785-9.

Osteosarcopenia increases the risk of mortality: a systematic review and meta-analysis of prospective observational studies

Nicola Veronese 1 2, Francesco Saverio Ragusa 3, Shaun Sabico 4, Ligia J Dominguez 5, Mario Barbagallo, et al.

Background & aims: Osteosarcopenia is a recently recognized geriatric syndrome. The association between osteosarcopenia and mortality risk is still largely underexplored. In this systematic review with meta-analysis of prospective cohort studies, we aimed to explore whether osteosarcopenia could be associated with a higher mortality risk. Methods: Several databases were searched from the inception to 16th February 2024 for prospective cohort studies dealing with osteosarcopenia and mortality. We calculated the mortality risk in osteosarcopenia vs. controls using the most adjusted estimate available and summarized the data as risk ratios (RRs) with their 95% confidence intervals (CIs). A random-effect model was considered for all analyses. Results: Among 231 studies initially considered, nine articles were included after exclusions for a total of 14,429 participants (mean age: 70 years; 64.5% females). The weighted prevalence of osteosarcopenia was 12.72%. Over a mean follow-up of 6.6 years and after adjusting for a mean of four covariates, osteosarcopenia was associated with approximately 53% increased risk of mortality (RR: 1.53; 95% CI: 1.28-1.78). After accounting for publication bias, the re-calculated RR was 1.48 (95%CI: 1.23-1.72). The quality of the studies was generally good, as determined by the Newcastle Ottawa a Scale. Conclusions: Osteosarcopenia was significantly linked with an increased risk of mortality in older people, indicating the need to consider the presence of osteoporosis in patients with sarcopenia, and vice versa, since the combination of these two conditions typical of older people may lead to further complications, such as mortality.

Menopause. 2024 Jun 17. doi: 10.1097/GME.0000000000002382. Online ahead of print.

Menopause and brain fog: how to counsel and treat midlife women

Pauline M Maki 1, Nicole G Jaff 2

Brain fog, referring to menopause-related subjective cognitive difficulties, is common in midlife women. Longitudinal studies find small but reliable declines in objective memory performance as women transition into perimenopause, and

these are not explained by advancing age alone. When memory declines occur, performance levels remain within normal limits for all but a very small number of women. Women's experience of brain fog extends beyond memory complaints, reflecting the negative effect on a broad range of cognitive abilities. Clinicians can counsel women about how menopause symptoms, estrogen, hormone therapy, and modifiable risk factors (eg, hypertension, sedentary lifestyle) can influence cognitive health.

J Clin Endocrinol Metab. 2024 Jun 18:dgae426. doi: 10.1210/clinem/dgae426. Online ahead of print.

Polycystic Ovary Syndrome, Metabolic Syndrome, and Inflammation in the Hispanic Community Health Study/Study of Latinos

Hridya C Rao 1, Michelle L Meyer 2, Michelle A Kominiarek 3, Martha L Daviglius 4, Linda C Gallo 5, et al.

Context: Polycystic Ovary Syndrome (PCOS) is a multifaceted endocrine disorder with reproductive and metabolic dysregulation. PCOS has been associated with inflammation and Metabolic Syndrome (MetS); however, the moderating effects of inflammation as measured by C-reactive protein (CRP) and menopause on the PCOS-MetS association have not been studied in Hispanic/Latinas with PCOS who have a higher metabolic burden. Objective: We studied the cross-sectional association between PCOS and (i) MetS in 7316 females of the Hispanic Community Health Study/Study of Latinos (HCHS/SOL), (ii) subcomponents of MetS including impaired fasting glucose (IFG) and elevated triglycerides (TGL), and (iii) effect modification by menopausal status and CRP. Design: HCHS/SOL is a multicenter, longitudinal, and observational study of US Hispanic/Latinos. Our study sample included females from Visit 2 with self-reported PCOS and MetS (ages 23-82 years). Results: PCOS (prevalence=18.8%) was significantly associated with MetS prevalence (OR=1.41[95% confidence interval: 1.13-1.76]), IFG and TGL (OR=1.42[1.18-1.72], OR=1.48[1.20-1.83] respectively). We observed effect modification by menopausal status (OR pre=1.46, pint=0.02; OR post=1.34, pint=0.06) and CRP (OR elevated=1.41, pint=0.04; OR normal=1.26, pint=0.16) on the PCOS-MetS association. We also observed a super-additive interaction between CRP and PCOS, adjusting for which resulted in an attenuated effect of PCOS on MetS (OR=1.29[0.93-1.78]). Conclusions: Hispanic/Latino females with PCOS had higher odds of MetS, IFG, and elevated TGL, than their peers without PCOS. Interaction analyses revealed that the odds of MetS are higher among PCOS females who have pre-menopausal status or high inflammation. Interventions in Hispanic/Latinas should target these outcomes for effective management of the disease.