Selección de Resúmenes de Menopausia

Semana del 5 a 11 de febrero, 2025

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Clin Breast Cancer. 2025 Jan 27:S1526-8209(25)00019-9. doi: 10.1016/j.clbc.2025.01.009. Online ahead of print.

High Risk of Metabolic Dysfunction in Nonobese Breast Cancer Survivors

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Background: The aim of this study was to evaluate the metabolic profile of non-obese postmenopausal women with breast cancer (BC) compared to non-obese women without breast cancer. Methods: In this case-control study, 130 women with BC, aged 45-75years, body mass index < 30kg/m2 and without established cardiovascular disease were included. The control group consisted of 130 women with the same inclusion criteria, but without BC. The groups were matched by age and time since menopause. Clinical, anthropometric, and biochemical data were collected. Women who presented three or more diagnostic criteria were considered to have metabolic syndrome (MetS): waist circunference > 88cm; triglycerides ≥ 150mg/dL; HDL-cholesterol < 50mg/dL; blood pressure (BP) ≥ 130/85mmHg; glucose ≥ 100mg/dL. Results: Women with BC had a higher occurrence of MetS and elevated BP compared to the control (30.8% vs. 20.0% and 25.4% vs. 14.6%, respectively) (P < 0.05). A higher percentage of women with BC had values above the desirable range for total cholesterol and glucose compared to the control (56.2% vs. 43.1% and 29.2% vs. 15.4%, respectively) (P < 0.05). In the risk analysis of the metabolic profile, adjusted for age and menopausal status, women with BC had a significantly higher risk for MetS (OR =%2.76, 95% CI 1.48-5.15), elevated glucose (OR = 2.69, 95% CI 1.46-4.96), and hypertension (OR = 3.03, 95% CI 1.51-6.10). Conclusion: Non-obese women with BC had a higher risk for MetS, hypertension, and diabetes, with a worse metabolic profile compared to non-obese women without BC. Prospective studies are needed to validate our results.

Maturita. 2025 Jan 30:195:108208. doi: 10.1016/j.maturitas.2025.108208. Online ahead of print.

Eligibility criteria for the use menopausal hormone therapy (MHT) in women with medical conditions (II): Endometriosis, neurological and autoimmune diseases

MHT Eligibility Criteria Group

This project developed eligibility criteria for menopausal hormone therapy in patients with medical conditions beyond those published in a previous report. A new consortium of scientific societies coordinated by the Spanish Menopause Society met to develop recommendations for the use of menopausal hormone therapy in patients with some medical conditions based on the best available evidence. The project was developed in two phases. As a first step, we conducted six systematic reviews and three meta-analyses on the safety of menopausal hormone therapy, addressing six clinical questions related to rheumatoid arthritis, systemic lupus erythematosus, antiphospholipid syndrome, multiple sclerosis, Parkinson's disease, and endometriosis. In the second step, the six systematic reviews and three meta-analyses (one on lupus erythematosus and two on Parkinson's disease) helped inform a structured process in which a panel of experts defined the eligibility criteria according to a specific framework, which facilitated the discussion and development process. The eligibility criteria were defined in accordance with the World Health Organization's international nomenclature for the categories of use of menopausal hormone therapy: The quality of evidence was classified as high (A), moderate (B), low (C), or very low (D). For the first time, a set of eligibility criteria, based on clinical evidence and developed according to the most rigorous methodological tools, has been defined. This will provide health professionals with a decision-making tool that can be used to manage menopausal symptoms.

Semin Arthritis Rheum. 2025 Jan 30:71:152632. doi: 10.1016/j.semarthrit.2025.152632. Online ahead of print.

The effects of menopausal hormone therapy for the risk of systemic lupus erythematosus: A nationwide cohort study in Korea

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Objectives: This retrospective cohort study aimed to investigate the influence of menopausal hormone therapy (MHT) on the occurrence of systemic lupus erythematosus (SLE) in postmenopausal women. Additionally, the study aimed to examine the specific effects of individual MHT drugs. Methods: In this population-based cohort study conducted in Korea, a total of 452,124 women aged >40 years seeking healthcare for menopause were assessed from January 1, 2011, to December 31, 2014. After employing propensity score matching, 139,331 pairs were included in the MHT and non-MHT groups. Follow-up of participants continued until December 31, 2020. The diagnosis of SLE was based on the International Classification of Diseases 10th edition criteria. Results: The median follow-up in the study was 7.9 [6.9-8.9] years. SLE developed in 134 (0.1 %) of the 139,197 participants in the MHT group and 143 (0.1 %) of the 139,188 of the non-MHT group, individually. The risk of SLE in the MHT group did not show a significant increase compared to the non-MHT group {hazard ratio (HR) 1.114, 95 % confidence interval (CI) 0.88-1.41}. Subgroup analysis results indicated no significant differences based on the type of MHT or the duration of MHT use, except tibolone. In the group that used tibolone within 3 years, the HR for SLE risk was 1.45 (95 % confidence interval: 1.051-2.001). Conclusion: The utilization of MHT did not demonstrate a substantial impact on the development of SLE in postmenopausal women. Caution is required in the early stages of tibolone use.

Pharmacol Res Perspect. 2025 Feb;13(1):e70075. doi: 10.1002/prp2.70075.

Dementia and Alzheimer's Disease Associated With Aromatase Inhibitors: A Disproportionality Analysis of the WHO Pharmacovigilance Database (VigiBase)

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Aromatase inhibitors are used for patients with hormone-receptor positive breast cancer. Alzheimer's disease is the most prevalent cause of dementia. Several studies have suggested an association between the use of aromatase inhibitors and the development of Alzheimer's disease. The objective of this study was to identify potential pharmacovigilance signals associated with dementia and Alzheimer's disease and third-generation aromatase inhibitors in menopausal and postmenopausal women. VigiBase, the global database of individual case safety reports of the World Health Organization, was used to investigate this possible association. A disproportionality analysis was performed for women aged 45 years and older. The reporting odds ratio (ROR) and its 95% CI for reporting dementia are exemestane, 2.08 (1.35-3.19); anastrozole, 1.59 (1.09-2.32); and letrozole, 1.43 (1.05-1.95) and for Alzheimer's disease are exemestane, 0.94 (0.30-2.92); anastrozole: 2.63 (1.55-4.45); and letrozole, 1.33 (0.76-2.35). For senile dementia, only letrozole has cases, with an ROR of 6.77 (2.51-18.31). Signals of disproportionate reporting have been observed between the occurrence of dementia, dementia Alzheimer's type, and senile dementia with aromatase inhibitors, which is in line with estrogen functions and aromatase activity, as well as the findings from preclinical studies. Additional research is required to elucidate this intricate matter.

Int J Womens Health. 2025 Jan 31:17:211-220. doi: 10.2147/IJWH.S504748. eCollection 2025.

Association of Depression with Age at Natural Menopause: A Cross-Sectional Analysis with NHANES Data

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Purpose: To evaluate the association between depression and age of natural menopause in American women. Patients and methods: This cross-sectional study utilized eight cycles of the National Health and Nutrition Examination Survey (NHANES) conducted from 2005 to 2023. We assessed depression using the Patient Health Questionnaire-9 (PHQ-9). We obtained ANM information from the Reproductive Health questionnaire. We screened menopausal women between the ages of 40 and 70 years, excluding those with surgical menopause. We used multivariable logistic regression models to investigate the association between depression and ANM. Additionally, we conducted subgroup analyses and interaction tests. Results: A total of 4732 women were included, and the mean age of natural menopause was 47.9 ± 6.8 years. Of these, 1123 (23.7%) were classified as early menopause, 2971 (62.8%) as normal menopause, and 638 (13.5%) as late menopause. Preliminary analysis showed a positive association between PHQ-9 score and the risk of early menopause (OR = 1.11, 95% CI = 1.06-1.16). After full adjustment in multivariate logistic regression, it was estimated that each one-unit increase in the PHQ-9 score was associated with a 7% increased risk of early menopause (OR = 1.07, 95% CI = 1.02-1.12). After classifying depression into three grades: no, mild, and severe, it was found that, compared with American women without depression, the risk of early menopause increased significantly. American women with major depression had an increased risk of early menopause (OR = 2.49, 95% CI = 1.10-5.63). In College or above (OR = 1.10, 95% CI = 1.02-1.19), PIR≤1 (OR = 1.10, 95% CI = 1.04-1.16), Current smoker (OR = 1.12, 95% CI = 1.00-1.24), the positive association between depression and early menopause was more significant. Conclusion: In this cross-

sectional study, the severity of depression in American women was positively correlated with the risk of early menopause. This suggests that women should pay more attention to their mental health and actively manage depression. For women with depression, early intervention and treatment may help improve their reproductive health and delay menopause.

Arch Osteoporos. 2025 Feb 5;20(1):20. doi: 10.1007/s11657-025-01506-7.

Tea consumption and bone health in postmenopausal women: a systematic review and meta-analysis

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Objective: The impact of tea on bone health in postmenopausal women has generated conflicting opinions. The current study pooled previous research to evaluate the relationship between tea consumption and bone health in postmenopausal women. Methods: Relevant papers published before October 2024 were included by conducting a comprehensive literature search in the Embase, PubMed, Scopus, and The Cochrane Library databases. Observational studies reporting the association between tea consumption and bone mineral density (BMD) or the risk of osteoporosis and fractures in women after menopause were deemed eligible. The weighted mean difference (WMD) for BMD and the pooled odds ratio (OR) for osteoporosis and fractures were calculated, together with their corresponding 95% confidence intervals (CIs). Results: The meta-analysis examined 18 studies with a total of 48,615 individuals. The combined results indicated that postmenopausal women who consumed tea had higher BMD at several skeletal sites, including the lumbar spine (WMD, 0.02; 95% CI, 0.01-0.04; $P < 0.001$), greater trochanter (WMD, 0.02; 95% CI, 0.02-0.03; $P < 0.001$), femoral neck (WMD, 0.01; 95% CI, 0.00-0.02; $P = 0.049$), and ward's triangle (WMD, 0.02; 95% CI, 0.01-0.03; $P = 0.002$). Additionally, these women had a lower risk of osteoporosis (OR, 0.41; 95% CI, 0.26-0.67; $P < 0.001$) and fracture (OR, 0.81; 95% CI, 0.67-0.98; $P = 0.031$). Conclusions: The findings of this meta-analysis suggest that postmenopausal women who regularly consumed tea saw an increase in BMD and a decreased likelihood of developing osteoporosis and experiencing fractures. Future research should give priority to conducting prospective cohort studies with a more stringent methodology to verify the dose-response connection between tea consumption and the risk of osteoporosis or fracture in postmenopausal women.