

Selección de Resúmenes de Menopausia

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Association between visceral fat and bone mineral density in perimenopausal women

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Background: The effects of visceral fat and body fat on osteoporosis (OP) have long been controversial. This study investigated the correlation between visceral fat and bone mineral density (BMD) in perimenopausal women aged 40-60. The goal was to evaluate the current state of BMD and its influencing factors, with the specific objective of establishing a foundation for preventing and treating osteoporosis in this demographic. Methods: This case-control study included female participants (n = 330), aged 40-60 years, from the Health Management Center of Guilin Medical College Affiliated Hospital, China, between January 2020 to August 2023. Their BMD was assessed using an ultrasound bone mineral density meter, and the visceral fat area was determined utilizing a body composition analyzer. Furthermore, past medical history, dietary habits, and lifestyle factors were collected through a telephonic questionnaire survey. Additionally, we analyzed the baseline characteristics of the population, bone status and visceral fat status, and the relationship between these variables. Results: Among perimenopausal women with varying bone mineral density statuses, there was no significant difference regarding body fat percentage ($p = 0.359$). In contrast, a statistically significant difference was observed regarding visceral fat area ($p < 0.001$) and vitamin D ($p < 0.001$). The visceral fat area exhibited an inverse correlation with bone density ($r = -0.313$, $p < 0.001$). Additionally, mediation analysis outcomes did not support the hypothesis that visceral fat affects bone density through its influence on vitamin D levels ($p = 0.92$). Conclusions: Among perimenopausal women, visceral fat is negatively associated with bone density, suggesting that the distribution of body fat rather than the total amount plays a pivotal role in the development of osteoporosis. These findings suggest the significance of regular physical exercise and the abdominal fat distribution for perimenopausal women.

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Relationship between Metabolic Syndrome and Mental Health Status among Geriatric Females: A Cross-sectional Study

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Introduction: Postmenopausal status is a known risk factors for developing metabolic syndrome (MetS). Studies focusing on establishing the relationship between Mets and mental health state are limited. Aims and objective: To identify the frequency of MetS along with its components in geriatric females and assess its relationship with three negative emotional states (depression/anxiety/stress). Materials and methods: Women aged ≥ 60 years from October 2020 to March 2022 were included in study. We used the Consensus Definition IDF and AHA/NHLBI (2009) criteria to classify subjects as having metabolic syndrome. Mental health status were assessed using Depression Anxiety and Stress Scale (DASS 21) questionnaire. Results: The frequency of metabolic syndrome in this sample was 36.58% (30 out of 82 patients). The Depression, anxiety, stress scale and total scores in women with MetS were 14 ± 5.3 , 8.5 ± 3.92 , 12.13 ± 5.58 and 34.66 ± 9.60 as compared to 6.6 ± 3.7 , 5.3 ± 2.49 , 7.1 ± 3.12 and 19.2 ± 6.51 in those without MetS; difference being statistically significant. Conclusion: MetS results in poor mental health state in geriatric women but large-scale studies are needed to clarify this association.

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Effectiveness and safety of hormone replacement therapy in the treatment of menopausal syndrome: a meta-analysis

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Objective: To comprehensively evaluate the efficacy and safety of hormone replacement therapy (HRT) in managing menopausal syndrome through a meta-analysis. **Methods:** A systematic search was conducted across Pubmed, Embase, and Cochrane Library databases utilizing keywords such as "menopause", "hormone replacement therapy", and "menopausal syndrome" from their inception until July 2024. Randomized controlled trials (RCTs) related to HRT's role in treating menopausal symptoms were included. Two researchers independently reviewed literature, extracted data, and assessed study quality. Meta-analysis was performed using RevMan 5.3 software, incorporating calculations of standardized mean difference (SMD) and odds ratio (OR), using either fixed-effects or random-effects models. **Results:** A total of 24 studies, involving 5089 patients, were included in the analysis. Among these, 3062 patients received HRT as the HRT group, while 2027 patients without HRT comprised the control group. The pooled results: (1) In subgroups with estradiol-containing drugs, the change in Kupperman menopause index (KMI) in the HRT group was significantly smaller than that in the control group [SMD=-1.21 (-1.43, -0.98), P<0.001]; while in the subgroups didn't use estradiol as control intervention, the change in KMI in the HRT group was also smaller than that of the control group [SMD=-0.39 (-0.67, -0.10), P=0.007]. (2) The change in menopause-specific quality of life questionnaire (MENQOL) scores in the HRT group was significantly smaller than that of the control group [SMD=-0.43 (-0.60, -0.27), P<0.001]. (3) The improvement in estradiol (E2) levels in the HRT group was greater than that of the control group [SMD=1.08 (0.66, 1.49), P<0.001]. (4) In the subgroup where the control intervention was placebo, the change in follicle stimulating hormone (FSH) level in the HRT group was significantly lower than that of the control group [SMD=-0.65 (-1.05, -0.24), P=0.002]; while in the subgroup where the control intervention was acupuncture, there was no significant difference of the change in FSH level between the HRT group and the control group [SMD=0.13 (-0.21, 0.47), P=0.45]. (5) The vaginal pH in the HRT group was significantly lower than that of the control group [SMD=-0.97 (-1.08, -0.87), P<0.001]. (6) The maturity change in vaginal exfoliated cells in the HRT group was greater than that of the control group [SMD=0.99 (0.82, 1.16), P<0.001]. (7) The improvement in lumbar bone density in the HRT group was significantly greater than in the control group [SMD=1.52 [1.33, 1.71], P<0.001]. (8) In the three subgroups with different drug regimens of estradiol plus norethindrone acetate, estradiol, and conjugated equine estrogen/estradiol, the improvements in hip bone density in the HRT group were all greater than in the control group [SMD=1.00 (0.72, 1.27), P<0.001/SMD=1.36 (1.11, 1.60), P<0.001/SMD=0.57 (0.11, 1.04), P=0.02]. (9) No significant difference in the changes in total cholesterol (TC) [SMD=0.20 (-0.25, 0.64), P=0.39], low-density lipoprotein (LDL) [SMD=0.29 (-0.16, 0.74), P=0.20], and high-density lipoprotein (HDL) [SMD=0.01 (-0.43, 0.46), P=0.95] between the two groups. (10) Treatment-emergent adverse events (TEAE) occurred equally in both groups [OR=0.93 (0.78, 1.13), P=0.48]. **Conclusion:** HRT can enhance the quality of life and vaginal health in women experiencing menopausal symptoms, elevate estrogen levels, and improve bone density, while demonstrating a favorable safety profile with no significant increase in adverse events or dyslipidemia risk. Further investigations involving multi-center, large-scale studies with long-term follow-up are warranted to substantiate this conclusion.

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Effect of leisure-time physical activity on depression and depressive symptoms in menopausal women: a systematic review and meta-analysis of randomized controlled trials

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Aims: Menopausal women often suffer from depression, which impairs their quality of life. Physical activity has been reported to exert beneficial effects on preventing and treating depression. This meta-analysis aims to explore the effect of leisure-time physical activity on determined depression or depressive symptoms in menopausal women. **Methods:** Relevant studies were searched from PubMed, Embase, Cochrane Library, Web of Science, PsycINFO, CINAHL Plus, China National Knowledge Infrastructure (CNKI), VIP, and WanFang databases. Outcomes were depression or depressive symptoms. Weighted mean difference (WMD) or standard mean difference (SMD) with 95% confidence interval (CI) was used as the statistical measure. Heterogeneity tests were performed for each outcome, and all outcomes were subjected to sensitivity analysis. Subgroup analysis was performed based on depression degree, exercise intensity, exercise form, intervention duration, supervision, sample size, and geographical region. **Results:** A total of 17 studies were included in this meta-analysis. The results showed that exercise alleviated the depressive symptoms of menopausal women (SMD = -1.23; 95% CI, -2.21 to -0.24). In addition, exercise was found to reduce the depression (SMD = 11.45; 95% CI, -1.75 to -1.15), and depression assessed by the Center for Epidemiologic Studies Depression Scale (CES-D) (WMD = -5.76; 95% CI, -6.63 to -4.89) or Self-Rating Depression Scale (SDS) (WMD = -6.86; 95% CI, -9.24 to -4.49). The results were similar regardless of depression degrees, exercise intensity, intervention duration, exercise form, supervision or not, sample size, and geographical region. **Conclusions:** Leisure-time physical activity may help alleviate

depressive symptoms or depression in menopausal women. However, further high-quality studies are needed to confirm these findings and better understand the specific effects of physical activity on depression in this population.

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Estimating cancer incidence attributable to physical inactivity in the United States

Brigid M Lynch 1 2 3, Julie K Bassett 1 2, Roger L Milne 1 2 4, Alpa V Patel 5, Erika Rees-Punia 5, I-Min Lee, et al. Background: Previous estimates of the number of cancers attributable to physical inactivity in the United States have typically focused on only three malignancies (colon, endometrial, and postmenopausal breast cancer). Contemporary epidemiologic evidence suggests that physical inactivity could contribute to up to 15 types of cancer, and a dose-response effect has been demonstrated for 13 of these. This study estimated the number of cancers diagnosed in the United States in 2015 due to physical inactivity for these 13 sites. Methods: Data from the 2005 National Health Interview Survey were used to estimate physical activity prevalence and, with the assumption of a 10-year latency period, 2015 cancer incidence data from the National Program of Cancer Registries and Surveillance, Epidemiology, and End Results Incidence US Cancer Statistics Public Use Database. Results: The potential impact fraction was estimated to be 4.1%, which meant that 30,951 of 761,625 incident cancers at the 13 sites could have been prevented in the United States in 2015 if adults had increased physical activity by one category in 2005 (approximately 7.5 additional metabolic equivalent task hours per week [MET-h/week]). Theoretically, 85,415 of 761,625 incident cancers at the 13 sites (population attributable fraction, 11.2%) could have been prevented if all adults had achieved the highest level of physical activity (>30 MET-h/week). Conclusions: When estimates are based on updated epidemiologic evidence regarding physical inactivity and cancer risk, substantially more cancers are attributable to physical inactivity than previously reported. A greater focus on physical activity promotion is warranted for cancer control in the United States.

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State of the art in menopause: current best practice approaches from the IMS World Congress 2024, Melbourne

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The 19th World Congress on Menopause, hosted by the International Menopause Society in 2024, convened global experts to discuss the latest advances in menopause management. This review highlights key focus areas presented at the congress, offering insights into best practices for clinical application. Cardiovascular health remains a priority, with emphasis on recognizing sex-specific risk factors and exploring emerging therapies. Osteoporosis management underscores the role of menopausal hormone therapy (MHT) as foundational, complemented by anti-resorptive and bone-forming agents in high-risk populations and those not candidates for MHT. Addressing genitourinary symptoms and sexual health, vaginal estrogen therapy is confirmed as a safe and effective option with vaginal dehydroepiandrosterone (DHEA) and oral ospemifene as suitable alternatives, while testosterone therapy offers benefits for hypoactive sexual desire disorder in postmenopausal women. Sleep disturbances, depression and workplace challenges linked to menopause were explored, with tailored interventions such as MHT and cognitive behavioral therapy specifically for sleep recommended. Cancer risk management stressed the need for a multidisciplinary approach to risk reduction beginning with lifestyle modification, and with non-hormonal therapies prioritized for symptomatic treatment of menopausal symptoms in those with hormone-sensitive cancers. Lastly, perimenopause management highlighted comprehensive approaches integrating symptom relief and contraceptive needs.

