



## Selección de Resúmenes de Menopausia

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María Soledad Vallejo. Obstetricia Ginecología. Hospital Clínico. Universidad de Chile

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### **Impact of hysterectomy without oophorectomy on the health of postmenopausal women: Assessment of physical, psychological, and cognitive factors**

Juan E Blümel 1, Peter Chedraui 2, María S Vallejo 3, Carlos Escalante 4, Gustavo Gómez-Tabares 5, Álvaro Monterrosa-Castro 6, Mónica Ñañez 7, Eliana Ojeda 8, Claudia Rey 9, Doris Rodríguez Vidal 10, Marcio A Rodrigues 11, Carlos Salinas 12, Konstantinos Tserotasl 13, Andrés Calle 14, Maribel Dextre 15, Alejandra Elizalde 16, María T Espinoza 17

**Objective:** To determine the impact of hysterectomy without bilateral oophorectomy on the physical, psychological, and cognitive health of postmenopausal women. **Methods:** This study was a sub-analysis of a cross-sectional, observational study carried out during gynecological consultations in nine Latin American countries. We collected sociodemographic and clinical data and evaluated the women's health using the EQ-5D for health status, the Menopause Rating Scale for menopausal symptoms, the 6-item Female Sexual Function Index for sexual function, the Jenkins Sleep Scale for sleep disturbances, the SARC-F for the risk of sarcopenia, and the Montreal Cognitive Assessment test for cognitive function. **Results:** The sub-analysis involved 782 postmenopausal women with an average age of 56.9 years and an average body mass index of 26.5 kg/m<sup>2</sup>. The participants had an average of 13.9 years of education, and 45.9 % of them had a university degree. The group of 104 women who had undergone hysterectomy without oophorectomy had a higher body mass index (27.5 ± 4.9 vs 26.3 ± 5.1 kg/m<sup>2</sup>,  $p < 0.03$ ), displayed more comorbidities (63.5 % vs 41.7 %,  $p < 0.001$ ), worse self-perceived health (Odds ratio, OR 2.00, 95 % CI: 1.27-3.15), higher rates of severe menopausal symptoms (OR 2.39, 95 % CI: 1.51-3.77) and sleep disturbances (OR 1.75, 95 % CI: 1.10-2.79), and a higher likelihood of sarcopenia (OR 1.74, 95 % CI: 1.03-2.97) than those who had not undergone hysterectomy. No significant differences were observed regarding sexual function or cognitive performance between the two groups. Moreover, in the six assessed health domains, menopausal hormone therapy (ever use) was found to be a protective factor, regardless of whether or not the woman had undergone a hysterectomy. **Conclusion:** Women who undergo hysterectomy without oophorectomy may experience persistent physical and psychological symptoms that affect their mental health and quality of life. Menopausal hormone therapy is associated with improved health outcomes.

**Breast Cancer Res Treat. 2025 Feb 28. doi: 10.1007/s10549-025-07648-z. Online ahead of print.**

### **Mammographic density as a predictor of invasive breast cancer and ductal carcinoma in situ in over six million South Korean women**

Sung Hun Kim, Ga Eun Park, Kimberly A Bertrand, Dale P Sandler, Kyungdo Han, Yong-Moon Mark Park  
**Purpose:** Evidence on the associations between categorical mammographic density and breast cancer risk by tumor invasiveness remains limited in Asian women. This large, population-based cohort study investigated the distribution of mammographic density by age and menopausal status, as well as its association with the risks of invasive breast cancer and ductal carcinoma in situ (DCIS) in South Korean women. **Methods:** Mammographic screening was performed on 6,365,522 women between 2009 and 2014 through the Korean National Cancer Screening Program. Mammographic parenchymal composition was classified using the fourth edition of Breast Imaging Reporting and Data System. We computed multivariable-adjusted hazard ratios and 95% confidence intervals (CIs) using Cox proportional hazards regression models for the association between mammographic parenchymal composition and the risk of invasive cancer and DCIS. **Results:** Overall, 40.6% of women had dense breasts, with the proportion

decreasing with increasing age. A total of 44,468 incident breast cancer cases (0.7%) were documented. Compared with almost entirely fatty breasts, increasing mammographic density was associated with a higher risk of breast cancer (HR, 1.55; 95% CI 1.51-1.60 for scattered fibroglandular densities; HR, 2.14; 95% CI 2.08-2.21 for heterogeneously dense breasts; and HR, 2.59; 95% CI 2.50-2.69 for extremely dense breasts). Associations between mammographic density and breast cancer risk were similar for invasive cancer and DCIS, and did not vary significantly by menopausal status. Conclusions: Mammographic density may be a significant risk factor for both invasive cancer and DCIS, regardless of menopausal status. It should be incorporated into breast cancer risk stratification and screening strategies.

**NPJ Womens Health. 2025;3(1):15. doi: 10.1038/s44294-025-00063-1. Epub 2025 Feb 25.**

### **The intersection of aging and estrogen in osteoarthritis FREE**

Aysegul Atasoy-Zeybek 1, Kelly K Showel 1 2, Christopher V Nagelli 1 3, Jennifer J Westendorf 3, Christopher H Evans 1

Osteoarthritis (OA) is a chronic joint disease characterized by cartilage degradation, inflammation, and pain. While multiple factors contribute to OA development, age and sex are primary risk factors, particularly affecting postmenopausal women. The dramatic increase in OA risk after menopause suggests estrogen deficiency accelerates disease progression. This review explores the molecular mechanisms connecting aging and estrogen deficiency in OA development, focusing on key genes and pathways identified through RNA sequencing.

**Obstet Gynecol. 2025 Feb 27. doi: 10.1097/AOG.0000000000005862. Online ahead of print.**

### **Long-Term Changes to Cardiovascular Biomarkers After Hormone Therapy in the Women's Health Initiative Hormone Therapy Clinical Trials**

Matthew Nudy 1, Aaron K Aragaki, Xuezhong Jiang, JoAnn E Manson, Aladdin H Shadyab, et al.

**Objective:** To assess the long-term changes in cardiovascular biomarkers during the WHI (Women's Health Initiative) hormone therapy (HT) clinical trials of conjugated equine estrogens (CEE) alone and CEE plus medroxyprogesterone acetate (MPA). **Methods:** HT trial participants from the CEE alone (n=1,188, 0.625 mg/d CEE or placebo) and the CEE+MPA (n=1,508, 0.625 mg/d CEE plus continuous 2.5 mg/d MPA or placebo) trials provided blood samples at baseline and after 1, 3, and 6 years. Low-density lipoprotein cholesterol (LDL-C; primary endpoint), high-density lipoprotein cholesterol (HDL-C), triglycerides, total cholesterol, lipoprotein(a), glucose, insulin, and homeostatic model assessment for insulin resistance were measured. Repeated-measures regression models estimated the geometric means of each log-transformed biomarker by restricted maximum likelihood. A constant treatment effect across visits was used to estimate the overall effect, expressed as a ratio of geometric means, and was complemented with geometric means (95% CIs) by randomization group and corresponding ratios of geometric means (95% CI; HT vs placebo) at each visit. **Results:** During the intervention phase of the CEE-alone trial, randomization to CEE reduced LDL-C by 11% over 6 years (ratio of geometric means 0.89, 95% CI, 0.88-0.91, P<.001). The overall reduction in LDL-C was similar for CEE+MPA relative to placebo (ratio of geometric means 0.88, 95% CI, 0.86-0.89, P<.001). Relative to placebo, HDL-C and triglycerides were 13.0% and 7.0% higher with CEE and CEE+MPA, respectively. The homeostatic model assessment for insulin resistance decreased by 14.0% and 8.0% for CEE-alone and CEE+MPA trial participants, respectively. Relative to placebo, lipoprotein(a) decreased by 15.0% and 20.0% for participants randomized to CEE alone and CEE+MPA, respectively. **Conclusion:** Lipoprotein(a), LDL-C, and homeostatic model assessment for insulin resistance were lower and HDL-C levels were higher for HT compared with placebo. Triglycerides increased in both the CEE and CEE+MPA trials, however. Future research should assess whether other progestogens attenuate the effect of estrogen on HDL-C. These results may be used to counsel younger menopausal women with bothersome symptoms who are deciding whether to initiate oral HT within the context of published effects of oral HT on rates of cardiovascular events.

**Int Clin Psychopharmacol. 2025 Feb 28. doi: 10.1097/YIC.000000000000585. Online ahead of print.**  
**Selective serotonin reuptake inhibitors and quality of life: a meta-analysis of randomized placebo-controlled trials**

Dimy Fluyau 1, Vasanth Kattalai Kailasam 2, Paul Kim 1, Neelambika Revadigar 3

The benefit of selective serotonin reuptake inhibitors (SSRIs) in improving quality of life (QoL) has been investigated in randomized-controlled trials (RCTs) with equivocal results. This study explored whether SSRIs could improve QoL in individuals with medical, psychiatric, and neuropsychiatric conditions. RCTs were searched in PubMed, Embase, Scopus, Ovid, and Google Scholar. Data were synthesized via a meta-analysis. Subgroup and meta-regression analyses were performed. The sample size was 9,070. Compared with placebo, SSRIs showed statistically significant improvements in QoL in cancer ( $d = 0.30$ ), major depressive disorder ( $d = 0.27$ ), premenstrual dysphoric disorder ( $d = 0.38$ ), type 2 diabetes mellitus ( $d = 0.48$ ), persistent depressive disorder ( $d = 0.32$ ), and menopausal symptoms ( $d = 0.40$ ). Paroxetine exhibited the highest effect size. No significant improvements were noted in chronic obstructive pulmonary disease ( $d = 0.65$ ,  $P = 0.09$ ), congestive heart failure ( $d = 0.46$ ,  $P = 0.27$ ), and irritable bowel syndrome ( $d = 0.26$ ,  $P = 0.127$ ). The reduction in depressive symptoms improved QoL. Small-study effects, high attrition rates, and demographic imbalances are limiting factors to recommend SSRIs to improve QoL. Future research should focus on QoL domains and pharmacological properties of each SSRI.

**Aliment Pharmacol Ther. 2025 Feb 27. doi: 10.1111/apt.70053. Online ahead of print.**

**Women's Health Disorders in a Coeliac Disease Population After Diagnosis-A Nationwide Cohort Analysis**

Rama Nanah 1, Claire Jansson-Knodell 2, Arjun Chatterjee 3, Robana Nanah 4, M Housam Nanah 1, et al. Background: There is a female predominance of diagnosed coeliac disease with sex-related differences in clinical presentation. Delayed menarche, infertility and pregnancy complications have been linked to poor nutritional status and autoimmune mechanisms, but women's health data in coeliac disease are scant and contradictory. Aim: To describe rates of women's health disorders in US patients with coeliac disease. Methods: We used TriNetX, a database of 80 healthcare organisations, for a retrospective observational analysis. Coeliac disease was identified using ICD-10 code (K90.0) and positive coeliac serology. Women aged 10-60 years with coeliac disease were compared to ambulatory women without a diagnosis of coeliac disease or positive coeliac serology. We divided women into age groups matched by propensity score. Results: We identified > 25,000,000 outpatient women without coeliac disease, and 9368 with coeliac disease. Patients with coeliac disease were younger (mean 25 vs. 28.5 years) and had lower mean BMI (24.6 vs. 26.1). Women with coeliac disease had higher odds of later women's health conditions including absent/rare menstruation (4.6% vs. 2.0%; OR 2.34), infertility (1.4% vs. 0.9%; OR 1.69), polycystic ovarian syndrome (3.3% vs. 1.0%; OR 3.2), menopausal disorders (4.3% vs. 1.56%; OR 2.85) and primary ovarian failure (0.96% vs. 0.16%; OR 6.25). Conclusions: Women with coeliac disease have higher frequencies of subsequent women's health disorders related to ovarian function, menstruation, fertility and menopause. Clinicians should be aware of these associations to detect women's health disorders during longitudinal coeliac care and promptly refer for a multidisciplinary approach with obstetrics and gynaecology.

**Post Reprod Health. 2025 Feb 26:20533691251323759. doi: 10.1177/20533691251323759. Online ahead of print.**

**Quality improvement project reducing waiting times and improving patients experience using an online questionnaire at a menopause clinic**

Deborah Bruce 1 2, Yemisi Adeniji 3

Following the launch of the new Electronic Patient Record (EPR) system, Electronic Patient Integrated Care (EPIC) system at Guys at St Thomas NHS Foundation Trust in the autumn of 2023, it was apparent that

clinics were taking longer as members of staff were getting used to the new system. In view of the new system launch, there were further delays in roll over of patient information which was recorded on the previous EPR to EPIC which increased time for clinicians to find relevant information and access new referrals as they had to switch to the old system for information gathering. This resulted in lengthy electronic record searches, on top of getting used to the new system, subsequently significantly prolonging the clinic appointment times which had a knock-on effect on clinic wait and ultimately negatively impacting patient's experience. It was therefore felt that introducing and trialling an electronic tool in the form of a questionnaire made accessible within the relevant section in EPIC might attempt to reduce prolonged clinic wait times in our menopause clinic. We developed a detailed and comprehensive menopause clinic questionnaire aimed at gathering the patient's information before the clinic appointment. Overall patients had a positive opinion and good understanding of the questionnaire. We concluded that the questionnaire could be classed as an outpatient improvement process which aims to reduce clinic wait times.