



Selección de Resúmenes de Menopausia

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Association of endometrial thickness with lesions in postmenopausal asymptomatic women: risk factors and diagnostic thresholds

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Purpose: This study aimed to explore the relationship between endometrial thickness and lesions in asymptomatic postmenopausal women and identify diagnostic thresholds for lesions. **Methods:** A total of 279 postmenopausal asymptomatic women aged 40 years or older with endometrial thickness ≥ 4 mm were retrospectively selected in our hospital, from January 2018 to June 2023, there were 33 cases's operations which were failed due to the cervical stenosis, 8cases who used hormone replacement therapy within the past year, 7 cases with hysteromyoma that affect the shape of the uterine cavity line, and 5cases's hysteroscopic tissue acquisition were failed. Finally, A retrospective study was conducted on the endometrial thickness of 226 postmenopausal asymptomatic women measured by transvaginal ultrasound and those with thickening were subjected to hysteroscopy and pathological examination of endometrial biopsy tissues, and were divided into a normal group (80 cases), benign lesion group (143 cases), and malignant lesion group (3 cases) according to the pathology results. The endometrial thickness results measured by vaginal ultrasound were compared with the endometrial histopathologic results. **Results:** 1. There were 226 cases in all, including 117 cases of endometrial polyps (51.7%);2. BMI ≥ 25 kg/m² is a risk factor to postmenopausal asymptomatic women. OR = 1.132 P < 0.05,95% CI (1.039,1.234);3. endometrial thickness ≥ 4 mm is a risk factor to postmenopausal asymptomatic women. OR = 7.927 P < 0.05, 95%CI (3.015,20.839);4. The results of the Receiver Operating Characteristic (ROC) analysis of the subjects show that the optimal cut-off value for screening endometrial pathology by endometrial thickness in asymptomatic postmenopausal women is 5.65 mm, and its area under the curve for identifying endometrial lesion was 0.679. **Conclusion:** 1. The main cause of endometrial thickening after menopause was endometrial polyps (51.7%). 2. Overweight (BMI ≥ 25 kg/m²) is a risk factor for asymptomatic endometrial thickening after menopause. 3. endometrial thickness ≥ 4 mm is a risk factor to postmenopausal asymptomatic women. 4. The appropriate diagnostic threshold of vaginal ultrasound diagnosis is 5.65 mm in asymptomatic postmenopausal women.

Arch Osteoporos. 2025 Mar 7;20(1):37. doi: 10.1007/s11657-025-01520-9.

An update in bone mineral density status in Spain: the OsteoSER study

Carmen Gómez-Vaquero 1, Marta Domínguez-Álvaro 2, Daniel Seoane-Mato 2, Pilar Peris Bernal 3, et al. Bone mineral density (BMD) reference data for the Spanish population come from the Multicenter Research Project on Osteoporosis (MRPO) in 1989. The OsteoSER study updated Spanish BMD reference data, showing similarities with MRPO and NHANES III. Peak bone mass occurred at 20-39 years, positively associated with physical activity and negatively with smoking. Osteopenia affected 54.4%, and osteoporosis 10.7% of adults ≥ 50 years, with higher prevalence in women and increasing with age. **Purpose:** This study aimed to estimate the distribution of BMD in lumbar spine, femoral neck, and total hip in the Spanish population aged ≥ 20 years and compare it with MRPO and NHANES III data. **Methods:** A multicenter cross-sectional observational study was conducted in a White Spanish population aged 20-80 years across 12 urban and rural municipalities. Participants were selected by primary care physicians based on inclusion criteria (stratified by sex, age, and BMI) and exclusion criteria (artifacts in BMD imaging in participants of all ages and conditions affecting bone density in younger participants). A vehicle with a Hologic® Horizon

W densitometer traveled to each municipality. Results: A total of 1522 participants underwent densitometry (51.8% men). Peak bone mass is reached at ages 20-39 years in both sexes at all sites. BMD was positively associated with height, BMI, and physical activity and negatively with smoking ($p < 0.05$). The distribution of BMD by age and sex was comparable to MRPO and NHANES III. We found that 54.4% of postmenopausal women and men ≥ 50 years had osteopenia, while osteoporosis was observed in 10.7%, with higher prevalence in women (18.6% vs. 2.6%) and increasing with age. Using MRPO criteria, osteoporosis prevalence rose to 14.8%. Conclusion: The BMD of the OsteoSER study population is similar to that of MRPO and NHANES III. Physical activity positively influences peak bone mass, while smoking has detrimental effects.

Meta-Analysis Braz J Med Biol Res. 2025 Mar 3;58:e14194. doi: 10.1590/1414-431X2025e14194.

Effects of physical exercise on the lipid profile of perimenopausal and postmenopausal women: a systematic review and meta-analysis

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During the climacteric period, the decline in ovarian hormones leads to changes in the lipid profile. Physical exercise is the main non-pharmacological recommendation for controlling lipid levels. However, the effects on the lipid profile in perimenopausal and postmenopausal women are incipient and inconclusive. In this context, we searched the Embase, PubMed, Scopus, and Web of Science databases for randomized clinical trials on the effects of exercise on the lipid profile of these women. We excluded studies that did not specify criteria for classifying the climacteric phase, that involved women undergoing hormone replacement therapy, or that examined combined treatments or acute effects of physical exercise. The meta-analysis indicated that general physical exercise increased high-density lipoprotein cholesterol (HDL-C) levels (mean difference [MD]=4.89; 95% confidence interval [95%CI]=0.97 to 8.81) in perimenopausal women. For obese postmenopausal women, 16 weeks of aerobic training increased HDL-C levels (MD=3.88; 95%CI=0.56 to 7.20) and reduced total cholesterol (MD=-22.36; 95%CI=-29.67 to -15.05) and low-density lipoprotein cholesterol (LDL-C) levels (MD=-17.86; 95%CI=-25.97 to -9.75), whereas 12 weeks of resistance training increased HDL-C levels (MD=4.20; 95%CI=1.16 to 7.23) and decreased triglycerides (MD=-14.86; 95%CI=-26.62 to -3.09) and LDL-C levels (MD=-16.36; 95%CI=-28.05 to -4.67). Overall, the results showed that physical exercise regulated lipid profiles in perimenopausal and postmenopausal women. Specifically, 12 weeks of resistance exercise and 16 weeks of aerobic exercise improved the lipid profile of obese postmenopausal women.

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Menopause has a beneficial influence on the evolution of prolactinomas. A study of 99 patients

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Context: Menopause is thought to have beneficial effects in women with prolactinoma, potentially offering a higher chance for successful dopamine agonist (DA) withdrawal. However, strong evidence supporting this remains limited. Objective: To assess the impact of menopause on prolactinoma evolution and recurrence after DA withdrawal. Design: Retrospective study. Setting: Two tertiary academic hospitals. Patients: We retrospectively analysed data from 99 women undergoing menopause (Mp, defined as 12 months of amenorrhea, low estradiol and FSH>25 U/L) while still on DA treatment for a prolactinoma (mean age at diagnosis: 37.9 ± 8.1 years). The tumors were microadenomas in 67 cases and macroadenomas in 32 (12 invasive). Results: In post-menopausal women continuing DA at stable doses, median prolactin (PRL) levels decreased significantly from 18.0 $\mu\text{g/L}$ before Mp to 9.8 $\mu\text{g/L}$ 3-6 months after Mp ($n=71$, $p=0.05$) and to 7.9 $\mu\text{g/L}$ after 24 months ($n=45$, $p<0.001$). Coronal surface also decreased significantly from 16.5 to 8.2 mm^2 at 24 months ($n=34$, $p<0.01$). DA treatment was successfully discontinued in 56 women, all meeting stringent criteria for discontinuation, with 41 (73%) remaining in remission over a median

follow-up of 29 months. Recurrence occurred in 15 women (27%), mostly within the first year post-DA withdrawal. PRL concentration measured 3-6 months after DA discontinuation was the only independent predictor of recurrence. Estrogen-progestin replacement therapy, given in 23 women, did not influence prolactinoma outcome. Conclusions: We confirm that menopause has a beneficial effect on the evolution of prolactinomas. When fulfilling stringent criteria for DA withdrawal, two-thirds of post-menopausal women can expect sustained remission, and recurrences are generally mild and asymptomatic.

JAMA Netw Open. 2025 Mar 3;8(3):e250609. doi: 10.1001/jamanetworkopen.2025.0609.

Intentional Weight Loss, Waist Circumference Reduction, and Mortality Risk Among Postmenopausal Women

Michael Hendryx 1, JoAnn E Manson 2, Robert J Ostfeld 3, Rowan T Chlebowski 4, Erin S LeBlanc, et al. Importance: Research investigating weight loss and mortality risk often fails to differentiate between intentional and unintentional weight loss and typically uses body mass index (BMI) as the measure of excess body weight. Objective: To evaluate associations between weight loss and waist circumference (WC) reduction and mortality, considering weight loss intentionality. Design, setting, and participants: This cohort study used data from the Women's Health Initiative Observational Study, which had a prospective cohort with mean follow-up of 18.6 years ending in February 2023. The study included women aged 50 to 79 years at 40 clinical centers in the US. Women with missing data, cancer at baseline, or considered underweight at baseline were excluded. Data were collected from September 1993 to February 2023 and were analyzed from June to December 2024. Exposures: Measured weight loss and WC reduction between baseline and year 3, stratified by women who reported intentional weight loss or not. Main outcomes and measures: Outcomes included adjudicated all-cause, cancer, cardiovascular, and other mortality through the end of follow-up. Cox proportional hazards regression models were used to evaluate the associations (hazard ratios [HRs] and 95% CIs) between weight loss, WC reduction, and mortality over 18.6 years of follow-up. Results: This study included 58 961 women at baseline (mean [SD] age, 63.3 [7.2] years; mean [SD] BMI, 27.0 [5.6]; mean [SD] WC, 84.1 [13.0] cm). As of February 28, 2023, 29 183 women (49.5%) died from all causes. Intentional weight loss measured by questionnaire was associated with lower subsequent mortality rates for all-cause mortality (HR, 0.88; 95% CI, 0.86-0.90), cancer mortality (HR, 0.87; 95% CI, 0.82-0.92), cardiovascular mortality (HR, 0.87; 95% CI, 0.83-0.91), and other mortality (HR, 0.89; 95% CI, 0.86-0.92), comparing loss of 5 pounds or more to stable weight. Reported intentional weight loss coupled with actual weight reduction of 5% or more was associated only with lower cardiovascular mortality (HR, 0.90; 95% CI, 0.81-0.99). Reported intentional weight loss coupled with measured WC loss was associated with lower rates of all-cause mortality (HR, 0.91; 95% CI, 0.86-0.95), cancer mortality (HR, 0.85; 95% CI, 0.76-0.95), and cardiovascular mortality (HR, 0.79; 95% CI, 0.72-0.87). Unintentional weight loss or unintentional WC loss were each associated with increased mortality risk for all groups, as were weight gain and WC gain. Conclusions and relevance: In this cohort study, reported intentional weight loss efforts that were coupled with measured WC reductions were associated with lower risk of all-cause, cancer, and cardiovascular mortality. Attention to diet and exercise that promote reductions in central adiposity should be encouraged.

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Menopausal symptom burden as a predictor of mid- to late-life cognitive function and mild behavioral impairment symptoms: A CAN-PROTECT study

Jasper F E Crockford 1 2, Dylan X Guan 1 3 4, Gillian Einstein 5 6, Clive Ballard 7, Byron Creese 7, et al. Background: Recent evidence suggests the experience of menopausal symptoms (i.e., perimenopausal symptoms) may be associated with cognitive and behavioural changes. We investigated these two relationships in a sample of postmenopausal females. Design: Cross-sectional observational study. Setting: Participant data was collected from the Canadian Platform for Research Online to Investigate Health, Quality of Life, Cognition, Behaviour, Function, and Caregiving in Aging (CAN-PROTECT) study.

Participants: 896 postmenopausal female participants. Methods: Menopausal symptom burden was operationalized by summing the total number of recalled perimenopausal symptoms experienced. Cognitive function was measured using the Everyday Cognition (ECog-II) Scale, with higher scores reflecting greater severity. Mild Behavioral Impairment (MBI) was measured using the Mild Behavioral Impairment Checklist (MBI-C), with higher scores reflecting greater severity. A negative-binomial regression model examined the relationship between menopausal symptom burden and cognitive function, while a zero-inflated negative binomial regression model examined the relationship between menopausal symptom burden and MBI symptoms. Models adjusted for age, years of education, age of menopausal onset, type of menopause, and hormone therapy (HT). Age of menopausal onset and use of HT in the two associations were investigated with moderation analyses. Results: Greater menopausal symptom burden was associated with higher ECog-II total scores (b [95% confidence interval (CI)] = 5.37 [2.85, 7.97]) and higher MBI-C total scores (b [95% CI] = 6.09 [2.50, 9.80]). Use of HT did not significantly associate with ECog-II total scores (b [95% CI] = -10.98 [-25.33, 6.35]), however, HT was significantly associated with lower MBI-C total scores (b [95% CI] = -26.90 [-43.35, -5.67]). Conclusions: Menopausal symptom burden is associated with poorer cognitive function and more MBI symptoms in mid-to-late life. HT may help mitigate symptoms of MBI. These findings suggest that the experience of menopause may indicate susceptibility to cognitive and behavioural changes, both markers of dementia.

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A Systematic Review of Anxiety and Depressive Symptoms Among Women Experiencing Vasomotor Symptoms Across Reproductive Stages in the US

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Purpose: Vasomotor symptoms (VMS) due to menopause affect up to 80% of women and are associated with fatigue, depressive symptoms, and anxiety although the exact nature of these associations is not fully understood. This systematic review aimed to examine the existing evidence on the relationship between VMS, fatigue, depressive symptoms, and anxiety among women in any stage of reproductive aging in the United States. Methods: A comprehensive search of MEDLINE and Embase databases was performed to identify observational studies (2010-2022) that reported on the target population. Exposure of interest was VMS; data related to the outcomes of interest (measures of fatigue, depressive symptoms, and/or anxiety) were extracted and analyzed descriptively. Results: Twenty-six studies met the inclusion criteria, with 19 reporting on depressive symptom outcomes, 16 on anxiety outcomes, and none on fatigue. The mean age of women with VMS ranged from 41.3 to 62.0 years; 34.8% to 91.1% of women were premenopausal or in the late stage of reproductive aging, 0.6% to 61% were perimenopausal or in menopause transition, and 0% to 49% were postmenopausal. The most frequent comorbidities were hypertension and diabetes. Baseline depressive symptom rates ranged from 1.4% to 58%, with higher rates and more severe symptoms among women with more frequent and severe VMS. Anxiety rates at baseline ranged from 2.2% to 52%, with higher rates reported among women with frequent VMS. Anxiety levels varied, with the highest levels observed among women with sleep disturbances and severe hot flashes. In regression model analyses, VMS were associated with increased risk, duration, frequency, and severity of both depressive symptoms and anxiety. Conclusion: VMS are strongly and consistently associated with depressive symptoms and anxiety, negatively affecting a woman's health beyond physical discomfort. There is a need to reduce this burden and improve quality of life for women with VMS.