Selección de Resúmenes de Menopausia

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Impact of postmenopause on bipolar depression: Insights from a prospective study

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Background: Existing research on menopause and Bipolar Disorder indicates a general exacerbation in depressive symptoms but lacks clear distinctions between menopausal stages, despite their specific hormonal and symptomatic profiles. This study assesses how postmenopause versus the reproductive phase impacts the progression and antidepressant responsiveness of bipolar depression in women with Bipolar I Disorder. Methods: This prospective cohort study included 364 women with moderate to severe depressive episodes. Participants were classified into postmenopausal and reproductive groups based on the Stages of Reproductive Aging Workshop + 10 criteria. Over four weeks, all participants received a personalized treatment, with depressive symptoms assessed weekly. Results: Similar depression severity was observed between groups at the outset of the study. However, women in postmenopause experienced worse treatment responses and lower remission rates, despite the application of more complex treatment strategies. Notably, the impact of postmenopause on treatment outcomes, despite a small effect size, proved independent of age and comorbidities. Conclusions: This exploratory research is the first to specifically assess the impact of postmenopause on bipolar depression, revealing its independent and negative influence on treatment outcomes. The small outcomes differences observed between groups, achieved through the use of more complex treatment strategies, suggest that developing tailored therapeutic protocols could significantly improve the clinical management of these patients.

Eur J Med Res. 2025 Mar 14;30(1):170. doi: 10.1186/s40001-025-02412-x.

Vitamin D and calcium supplementation in women undergoing pharmacological management for postmenopausal osteoporosis: a level I of evidence systematic review

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The present systematic review investigates whether different doses of vitamin D and calcium supplementation in women with postmenopausal osteoporosis undergoing antiresorptive therapy have an association with BMD (spine, hip, femur neck), serum markers of osteoporosis (bone-ALP, NTX, CTX), the rate of pathological vertebral and non-vertebral fractures, adverse events, and mortality. This systematic review was conducted according to the PRISMA 2020 guidelines. PubMed, Google Scholar, Embase, and Scopus databases were accessed in September 2024. All randomised clinical trials (RCTs) comparing two or more treatments for postmenopausal osteoporosis supplemented with vitamin D and/or calcium were accessed. Only studies that indicated daily vitamin D and/or calcium supplementation doses were accessed. Data from 37 RCTs (43,397 patients) were retrieved. Patients received a mean of 833.6 ± 224.0 mg and 92.8 ± 228.7 UI of calcium and vitamin D supplementation, respectively. The mean length of the follow-up was 25.8 ± 13.3 months. The mean age of the patients was 66.4 ± 5.6 years, and the mean BMI was 25.2 ± 1.6 kg/m2. There was evidence of a statistically significant negative association between daily vitamin D supplementation and gastrointestinal adverse events (r = - 0.5; P = 0.02) and mortality (r = - 0.7; P = 0.03). No additional statistically significant associations were evidenced. In postmenopausal women who undergo antiresorptive treatment for osteoporosis, vitamin D was associated with a lower frequency of

gastrointestinal adverse events and mortality. Calcium supplementation did not evidence an association with any of the endpoints of interest.

J Turk Ger Gynecol Assoc. 2025 Mar 12;26(1):15-19. doi: 10.4274/jtgga.galenos.2024.2024-5-6.

Evaluation of the efficacy of injectable platelet-rich fibrin in genitourinary syndrome of menopause

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Objective: The aim of this study was to investigate the efficacy of injectable, platelet-rich fibrin (PRF) for the treatment of vaginal atrophy, also known as genitourinary syndrome of menopause (GSM), which may affect a third of a woman's lifespan. Material and methods: This study included postmenopausal patients who had symptoms of genitourinary syndrome, such as vaginal burning, dryness, itching, and sexual dysfunction. Injectable platelet-rich fibrin (i-PRF) was applied to three areas on the posterior vaginal wall twice, one month apart. The genitourinary symptoms of the patients were evaluated using the female sexual function index (FSFI) and sexual life quality questionnaire before and one and six months after the procedure. Results: Thirty-five patients were recruited with a mean age of 54.1±5.5 years. The analysis of the desire, arousal, lubrication, orgasm, satisfaction, pain, and total scores of the pre-procedural and post-procedural FSFI and sexual life quality questionnaire scores revealed significant improvements ($p<0.001$). Conclusion: i-PRF treatment provided advantages such as safe and easy application, autologous material nature, absence of procedure-related complications or side effects, short procedure time, absence of the need for hospitalization, low cost, and a non-hormonal nature. These results suggest that injectable, PRF may be a promising treatment option in patients with symptoms of GSM. However, larger randomized controlled studies are needed to confirm and validate our findings.

Maturitas. 2025 Mar 1:196:108232. doi: 10.1016/j.maturitas.2025.108232. Online ahead of print.

Effects of vaginal DHEA on stress urinary incontinence in postmenopausal women with vulvovaginal atrophy

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Objectives: To evaluate the effects of vaginal dehydroepiandrosterone (DHEA) on stress urinary incontinence (SUI) and pelvic floor muscle (PFM) function in postmenopausal women (PMW) suffering from vulvovaginal atrophy (VVA). Study design: This prospective observational pilot study included 34 PMW with VVA and moderate SUI. Eligibility criteria included no hormonal therapy nor infections. Participants received 6.5 mg/day vaginal DHEA for 12 weeks, and SUI symptoms and PFM function were assessed before and after treatment. Main outcome measures: Primary outcome was SUI improvement, which was measured using a 3-day bladder diary and the International Consultation on Incontinence Questionnaire - Urinary Incontinence Short Form (ICIQ-UI SF). Secondary outcomes included the assessment of PFM function, which was evaluated using the Modified Oxford Scale (MOS). Results: After 12 weeks of treatment, there was a statistically significant reduction in SUI episodes ($p < 0.001$). The median ICIQ-UI SF score decreased from 12 to 9 ($p < 0.001$), indicating a significant reduction in urinary symptoms. Additionally, there was a significant improvement in PFM tone, as reflected in higher MOS scores ($p < 0.001$). Conclusion: Vaginal DHEA treatment has been shown to significantly alleviate urinary symptoms, enhance quality of life, and strengthen PFM function in PMW with SUI and VVA. Further studies are required to confirm these findings and to explore the potential of androgen therapy in the treatment of SUI.

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Long-term clinical outcomes of dienogest for perimenopausal women with symptomatic adenomyosis

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We aimed to evaluate the successful long-term use of dienogest for the management of pelvic pain and bleeding control in perimenopausal women with symptomatic adenomyosis using real-world data. All women aged ≥ 40 years with adenomyosis who complained of dysmenorrhea and/or menorrhagia and received dienogest between September 2018 and December 2021 were retrospectively recruited. The primary outcome was successful long-term use of dienogest for pelvic pain and/or bleeding control. A total of 87 women were analyzed. Overall, forty-nine (56%) patients had excellent pain control, but 17 (20%) eventually underwent hysterectomy, while 21 (24%) received dienogest for over 24 months (mean 33.5 ± 8.5 months). According to subgroup analysis by age (≥ 45 vs. <45), older women easily discontinued dienogest due to side effects (51% vs. 30%, p = 0.047) but less frequently changed to surgery (11% vs. 30%, p = 0.012) than younger women. Older age, higher CA-125 value, and larger uterine size before treatment were linked to poorer long-term responses to dienogest. As risk factor, uterine volume > 352.7 cm3 reflects easier treatment failure (sensitivity = 65.4%, specificity = 66.7%, area = 0.68, p = 0.032). In perimenopausal women with symptomatic adenomyosis, nearly half of the treated patients benefitted from dienogest. Our informative findings can assist clinicians in pre-treatment counseling and identifying factors correlated with treatment effectiveness.