

Selección de Resúmenes de Menopausia

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Association of ultra-processed food consumption with menopausal symptoms in postmenopausal women

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This study aimed to examine the relationship between Ultra-Processed Food (UPF) consumption and menopausal symptoms in postmenopausal women. In this cross-sectional study, data of 305 postmenopausal women were evaluated. The data were collected by the researchers through face-to-face interviews between December 2023 and March 2024 using the Introductory Information Form, Frequency of UPF Consumption and Menopause Symptom Rating Scale. Descriptive statistics (number, percentage, mean, standard deviation) and linear regression analysis were used in data analysis. The significance level of statistical tests was accepted as $p < .05$. The total UPF consumption of postmenopausal women was 56.56 ± 116.77 g/day. The mean scores of somatic complaints, psychological complaints, and urogenital complaints subscales of the Menopause Symptom Rating Scale were 9.98 ± 2.48 , 9.28 ± 2.67 , and 6.06 ± 2.15 , respectively. While there was no relationship between daily UPF consumption and psychological and urogenital symptoms, Model 1 ($\beta:0.129$, $p < .05$), Model 2 ($\beta:0.141$, $p < .05$), Model 3 ($\beta:0.167$, $p < .05$) and Model 4 ($\beta:0.150$, $p < .05$) showed that daily UPF consumption was positively associated with somatic symptoms. In conclusion, the severity of somatic symptoms such as hot flashes, sweating, heart problems, and sleep problems increases as UPF consumption increases in postmenopausal women.

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Menopause and hair loss in women: Exploring the hormonal transition

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Menopause, which is defined as the cessation of menstruation, may be preceded by hormonal fluctuations during the transition to menopause, up to 10 years prior. During this time, hormonal changes, including the relative increase in androgens and the cessation of ovarian estrogen production directly impacts the hair follicle, which is an estrogen-sensitive tissue. These hormonal fluctuations can lead to alterations in the hair shaft and hair cycle, including decreased density, decreased caliber, and changes in hair texture. Additionally, loss of estrogen after the onset of menopause may lead to sub-optimal metabolic and vascular functioning of the follicular unit. The overall decline in hair density, appearance and manageability can have significant emotional impact and affect overall mental health, with feelings of stress, anxiety, and diminished self-esteem. In addition to the physiologic changes that can occur in the hair follicle during menopause, certain hair disorders, including female-pattern hair loss, telogen effluvium, and frontal fibrosing alopecia, have been noted with higher frequency in post-menopausal women.

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A comprehensive review of conservative therapies for female stress urinary incontinence: Advancements, efficacy, and future directions

Pelvic floor dysfunction poses a significant challenge to women worldwide. Female urinary incontinence is one of the most prevalent types of pelvic floor dysfunctions, affecting at least 50% of females, particularly those who are pregnant or menopausal. Among the various urinary incontinence subtypes, stress urinary incontinence takes the lead, characterized by involuntary urine leakage during activities that increase intra-abdominal pressure, such as sneezing, coughing, laughing, or exercising. This comprehensive review explores the latest advancements and critical insights into conservative treatments for stress urinary incontinence. Stress urinary incontinence symptoms result in profound physical and psychological consequences for individuals and impose a substantial medical and economic burden on society; however, only 5%-10% seek professional help. This narrative review meticulously examines a spectrum of

interventions, ranging from lifestyle modifications to emerging modalities, such as laser treatment and electroacupuncture.

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Prevalence and impact of vasomotor symptoms associated with menopause among Nordic women: Subgroup analysis from an international cross-sectional survey

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Introduction: The objectives of this study were to evaluate the prevalence and impact of moderate to severe vasomotor symptoms (VMS) on quality of life, sleep, work, and daily activities. We also assessed treatment patterns for VMS, lifestyle changes to mitigate VMS, and attitudes toward available treatments and menopause. **Material and methods:** Women from Denmark, Finland, Norway, and Sweden aged 40–65 years completed an online survey as part of a larger multinational study. The primary outcome, prevalence of moderate to severe VMS, was assessed in postmenopausal women. Secondary outcomes, including the impact of VMS on quality of life (Menopause-Specific Quality of Life [MENQoL] questionnaire), sleep (Patient-Reported Outcomes Measurement Information System [PROMIS] Sleep Disturbances- Short Form 8b), and work and daily activities (Work Productivity and Activity Impairment [WPAI] questionnaire) were assessed in perimenopausal and postmenopausal women experiencing ≥ 1 moderate to severe hot flush per day in the prior month. Additionally, survey questions evaluated treatment patterns, lifestyle changes, and opinions toward VMS treatment and menopause in perimenopausal and postmenopausal women. **Results:** Among 6383 postmenopausal women (primary analysis population), 739 (11.6%) experienced moderate to severe VMS regardless of whether they were receiving treatment. Among 863 symptomatic perimenopausal and postmenopausal women (secondary analysis population), VMS impaired quality of life and sleep. Work and daily activities were impaired by 24.2% and 30.6%, respectively. Around 35% of women sought advice; however, most women (>60%) reported not taking any treatment for VMS. Among those treating VMS, supplements and nonprescription medications were the most common treatments (19.2%); 12.9% of women reported taking menopausal hormone therapy. Over half of women reported taking over-the-counter treatments; 77.8% adopted lifestyle changes to mitigate VMS. One in 4 women (25.6%) expressed concerns about menopausal hormone therapy side effects; 49.5% of women who had used nonmenopausal hormone therapy prescription medication stopped for lack of efficacy. Many women strongly agreed that menopause is a natural part of aging. **Conclusions:** Over 10% of postmenopausal Nordic women reported suffering from moderate to severe VMS. VMS impaired the quality of life, sleep, work productivity, and daily activities among perimenopausal and postmenopausal Nordic women, emphasizing the need for effective and well-tolerated treatments.

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Cardiovascular disease and female sexual health across the life span: a bidirectional link

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Epidemiological research reveals that around 40 % of women aged 18–59 report significant concerns about their sexual experiences. Endothelial function and proper arterial blood flow through the hypogastric and pudendal arteries are critical in women for a normal vasculogenic response to sexual stimulation. Organic causes of female sexual dysfunction (FSD) often stem from neuropathy or vascular complications linked to cardiovascular risk factors. The relationship between cardiovascular disease (CVD) and FSD is multifactorial, influenced by various factors such as disease severity, physical and physiological factors, social determinants and factors related to medication use. Additionally, the pathophysiological mechanisms implicated in FSD of CVD patients include vascular, physical, psychological and hormonal factors. Hypertension, stroke, and myocardial infarction are closely interrelated with FSD, which is not the case for coronary heart disease, dyslipidemia, and peripheral obstructive artery disease. Hormonal treatment for sexual dysfunction in women with cardiovascular risk factors is discussed, concerning menopausal hormone therapy, tibolone, selective estrogen receptor modulators, vaginal estrogen, prasterone and testosterone therapy. On the other hand, the beneficial effect of sexual activity on cardiovascular health has been gaining supportive evidence. In healthy postmenopausal women aged 45–60, penile-vaginal intercourse has been suggested to positively influence cardiac autonomic functions, as indicated by heart rate variability. However, effectively addressing the challenges of aging and further highlighting the positive impact of sexual activity on cardiac health in selected female

populations could significantly enhance life motivation and promote a healthy lifestyle during this stage. The present review elucidates the bidirectional relationship between CVD and female sexual function.

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Association of menopausal status and hormone use with bladder health and lower urinary tract symptoms in US women: results from the RISE FOR HEALTH study

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Objectives: Most previous studies of genitourinary symptoms associated with menopause focus on comparisons of postmenopausal to premenopausal women and less is known about bladder health during menopause. We evaluated associations of menopause status and hormone use with bladder health and lower urinary tract symptoms (LUTS). **Methods:** Data were collected from May 2022 to December 2023 from a regionally representative cohort of community-dwelling adult women in the United States. Bladder health and LUTS were measured using validated questionnaires. Analyses included multivariable linear and logistic regression models. **Results:** Of 3,423 eligible participants, 3,126 responded to menopause and hormone use questions. Of these, 1,226 were premenopausal, 260 perimenopausal, and 1,640 postmenopausal. Premenopausal women reported hormone use more often than perimenopausal or postmenopausal women (38.3% vs. 21.5% and 13.2%). Across multiple bladder health scales (BHS, range 0-100) and bladder function indices (BFI, range 0-100), perimenopause and postmenopause status were associated with worse scores compared with premenopause status. Perimenopausal women were more likely to report urgency UI [OR 2.27, (95% CI: 1.49-3.46)] and other LUTS compared to premenopausal women. Hormone use was associated with worse bladder health in postmenopausal women [postmenopause/hormone -6.0 Overall BHS, (95% CI: -9.8 to -2.2)] and BFI [postmenopause/hormone BFI -4.8, (95% CI: -7.4 to -2.2)]. **Conclusions:** Promotion of bladder health and LUTS prevention is important as women approach the menopause transition. Hormone use was infrequently reported in perimenopausal and postmenopausal women and was associated with worse bladder health postmenopause.

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Associations Between Female Sex Hormones and Skeletal Muscle Ageing: The Baltimore Longitudinal Study of Aging

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Background: To date, most research investigating the influence of circulating sex hormones on ageing female skeletal muscle has been cross-sectional and focused only on dichotomised young and old, or pre- versus post-menopausal groups. This excludes an important transitional period from high to low circulating oestrogen. Using secondary data from the Baltimore Longitudinal Study of Aging, this study aimed to investigate cross-sectional and longitudinal associations between circulating sex hormones and skeletal muscle mass and function across a continuum of ages. **Methods:** Multiple and binomial linear regression was used to map cross-sectional (n = 319) and longitudinal (n = 83) associations between circulating sex hormones (oestradiol (E2), free oestradiol index (FEI), total (TT) and bioavailable (BioT), testosterone, testosterone/oestradiol ratio (TT/E2)) and skeletal muscle mass and function in healthy females. Cross-sectional models analysed females across an ageing continuum (24-89 years) and longitudinal associations were tested across 4-6 years of ageing in females over 50 years old. Models were adjusted for age, height, physical activity, comorbidities, ethnicity, and follow-up time. **Results:** Cross-sectionally, serum E2 and FEI were positively associated with relative appendicular lean mass (ALM; $\beta = 0.28$ and 0.20 , respectively, $p < 0.05$) and thigh muscle percentage ($\beta = 0.19$ and 0.15 , respectively, $p < 0.05$). E2 and FEI were negatively associated with total body fat percentage ($\beta = -0.30$ and -0.21 , respectively, $p < 0.05$). BioT was positively associated with absolute ALM ($\beta = 0.13$, $p < 0.05$) and total body fat percentage ($\beta = 0.18$, $p < 0.05$). TT was negatively associated with total body fat percentage ($\beta = -0.14$, $p < 0.05$). The TT/E2 ratio was negatively associated with thigh muscle CSA ($\beta = -0.08$, $p < 0.05$) and hamstring strength ($\beta = -0.12$, $p < 0.05$). Across 4-6 years, decreases in E2 and FEI were associated with a decrease in ALM ($\beta = 0.27$ and 0.41 , respectively, $p < 0.05$), and a decrease in FEI was associated with a decrease in handgrip strength ($\beta = 0.21$, $p < 0.05$). Decreases in TT and BioT were associated with an increase in total body fat ($\beta = -0.25$ for both, $p < 0.05$) and a decrease in TT was associated with an increase in hamstring specific force ($\beta = -0.11$, $p < 0.05$). **Conclusion:** This study demonstrates novel associations between sex hormone levels and skeletal muscle in females across a wide continuum of ages. We also demonstrate that longitudinal fluctuations in circulating sex hormones must be considered to gain a comprehensive understanding of female muscle ageing.