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Sleep disorders and menopausal symptoms: a Latin American perspective on postmenopausal health

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Objective: This cross-sectional, observational study, conducted in nine Latin American countries, aimed to examine the association between hot flashes and insomnia, and whether the severity of vasomotor symptoms (VMS) correlates with sleep disturbances. Method: The study collected sociodemographic and clinical data, and evaluated the presence of sleep disorders using Jenkin's Sleep Scale (JSS-4) and menopausal symptoms using the Menopause Rating Scale (MRS) questionnaire. Results: The study included 1185 postmenopausal women with average age 56.9 ± 5.7 years, body mass index (BMI) of 26.5 ± 5.2 kg/m² and 8.6 ± 6.4 years since menopause. Overall, 20.6% reported sleep disturbances. Compared to those without sleep problems, affected women had longer postmenopausal duration (12 ± 9.0 vs. 10.8 ± 7.8, $p < 0.03$), had higher BMI (27.9 ± 5.6 vs. 26.1 ± 5.0, $p < 0.001$), were more often smokers and homemakers, and had more comorbidities. They were also less likely to have a partner or have used menopausal hormone therapy. Sleep disturbances increased proportionally with VMS severity ($p < 0.01$). In multivariate analysis, sleep disorders were associated with VMS (odds ratio [OR] 4.47), psychotropic use (OR 1.84), obesity (OR 1.45) and comorbidities (OR 1.45). Conclusion: Women with VMS were more likely to experience sleep disorders and this effect was proportional to the magnitude of the hot flashes. The study also presents several factors associated with sleep disorders in postmenopausal women that should be considered to help prevent these disturbances.

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The Impact of Sedentary Behavior and Physical Activity on Bone Health: A Narrative Review from the Rehabilitation Working Group of the International Osteoporosis Foundation

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Physical activity (PA) and sedentary behavior (SB) are two key lifestyle factors with profound implications for bone health across the lifespan. While PA is recognized for its positive effects on bone mineral density (BMD) and fracture prevention, emerging evidence highlights the detrimental consequences of prolonged sedentary time, independent of PA levels. This review synthesizes current knowledge on the impact of PA and SB on bone health outcomes, focusing on BMD and fracture risk in children, adolescents, adults, and older populations. A selection of epidemiological studies, systematic reviews, and meta-analyses was analyzed to explore the associations between movement behaviors and bone health indicators across different life stages. Particular attention was given to studies objectively measuring SB and PA and to the substitution effects of sedentary time with light or moderate-to-vigorous PA. In children and adolescents, higher levels of SB are associated with lower BMD, particularly at weight-bearing sites, while participation in weight-bearing and impact-loading PA positively influences bone mass accrual. In adults and older individuals, regular PA, including moderate-to-vigorous intensity weight-bearing PA and resistance training activities, is consistently linked to greater BMD and reduced fracture risk. Conversely, high sedentary time is associated with lower BMD and increased fracture incidence, particularly among frail or pre-frail individuals. Importantly, replacing sedentary time with even light-intensity PA yields measurable benefits for bone health, particularly among older adults and postmenopausal women, and may contribute to a reduced risk of fractures, although evidence remains limited. Promoting PA while minimizing SB should be central to clinical practice and public health policies aimed at maximizing and preserving skeletal health and preventing osteoporotic fractures, across the lifespan. Early

intervention, continuous promotion across life stages, and adherence to WHO guidelines offer an effective, evidence-based framework for lifelong bone health maintenance.

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Prevalence, severity, and association of serum follicle-stimulating hormone level with vasomotor and genitourinary symptoms in perimenopausal and postmenopausal women

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Background: The changes associated with menopause can affect a woman's quality of life. About 50%-80% of women complain of menopausal symptoms such as vasomotor symptoms and genitourinary symptoms. Aims and objectives: To investigate the prevalence, severity, and association of serum follicle-stimulating hormone (s.FSH) levels with vasomotor and genitourinary symptoms in perimenopausal and postmenopausal women. Materials and methods: It was a cross-sectional study conducted to assess the severity of the menopausal symptoms using the Menopause Rating Scale, which categorized symptoms on a five-point scale ranging from "none" (0) to "very severe." The correlation of s.FSH with prevalence of genitourinary symptoms was calculated. Results: 144 women were included in the study, out of which 63 (43.75%) belonged to the perimenopausal group and 81 (56.25%) belonged to the menopausal group. The mean age of the study population was 47.03 ± 7.13 years. In the perimenopausal women group, out of 63 women, 54 (85.71%) had joint pain and muscular discomfort, whereas 80 (98.76%) of the menopausal women experienced joint pain. 25 (39.68%) of perimenopausal women had mild vasomotor symptoms. The majority of menopausal women had more severe vasomotor symptoms as compared to premenopausal women. In the perimenopausal women, out of 63, 40 (77.08%) of the women experienced bladder problems, whereas in the menopausal females, a higher percentage, 71 (87.65%) experienced bladder problems. In contrast with the perimenopausal females, the majority of menopausal women had more severe urogenital symptoms. Mild mental exhaustion was reported by 27 (42.85%) perimenopausal women and 45 (55.56%) menopausal women. The majority of women in both groups had minimal symptoms. A significant positive correlation was observed between the severity of vasomotor symptoms and mean s.FSH. Conclusion: The higher prevalence of severe vasomotor, genitourinary, and psychological symptoms in menopausal women compared to perimenopausal women, as observed in our study, is a common trend in the literature. This trend highlights the progressive nature of menopausal symptoms, emphasizing the need for timely and effective management strategies.

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Cardiovascular outcomes of bilateral oophorectomy: A systematic review and meta-analysis

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Background: Cardiovascular disease (CVD) risk significantly increases in women after menopause. However, the cardiovascular (CV) outcomes in women who undergo bilateral oophorectomy remain unclear. This study aimed to evaluate the CV outcomes associated with bilateral oophorectomy. Methods: A systematic search was conducted across 4 databases, including PubMed, Embase, Web of Science, and Cochrane CENTRAL, from inception to March 25, 2025, without language restrictions. Studies comparing CV outcomes in women who underwent bilateral oophorectomy versus those who did not were included. A random-effects model was used for meta-analysis.Results: A total of 18 studies, comprising a total of 2,414,600 participants, were included. Bilateral oophorectomy was associated with a marginally increased risk of CVD compared to control (pooled HR 1.05, 95 %CI 1.00-1.11, p = 0.05). Bilateral oophorectomy was also associated with a higher risk of heart failure (pooled HR 2.25, 95 %CI 1.15-4.41, p = 0.02). When stratified by age at surgery, bilateral oophorectomy performed at a premenopausal age was associated with a higher risk of CVD (pooled HR 1.15, 95 %CI 1.02-1.30, p = 0.03) and coronary artery disease (pooled HR 1.26, 95 %CI 1.15-1.39, p < 0.01). In contrast, bilateral oophorectomy performed at postmenopausal age was not associated with an increased risk of CV events. Conclusions: Bilateral oophorectomy is associated with an increased risk of CV events, particularly when performed at a premenopausal age. Further research is warranted to determine appropriate prevention strategies and risk stratification in this population.

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Associations between declining testosterone concentrations and cognitive performance in community-dwelling older Australian women: a prospective cohort study

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Objective: Testosterone may have a role in brain health. Whether older women who exhibit a decline in blood testosterone are at an increased risk of cognitive decline is uncertain. Method: A subset of Australian female participants in the Aspirin in Reducing Events in the Elderly (ASPREE) trial had testosterone concentrations measured by liquid chromatography-tandem mass spectrometry and underwent a comprehensive cognitive test battery at baseline and study year 3. Cognitive decline was defined as a lower test score at year 3 compared with baseline. The mean change (baseline to year 3) of testosterone concentration was examined by paired-sample t-test. Stable or increased (reference) versus a decline in testosterone concentration was used to investigate the association with cognitive decline using logistic regression. Results: A total of 395 women (median [interquartile range] age 78.1 [73.7-82.3] years) provided data for analysis. In total, 154 women (39%) had a decline in blood testosterone which was not associated with a decline in any cognitive measure (Modified Mini-Mental State Examination: odds ratio [OR] = 0.96, 95% confidence interval [CI] 0.63 to 1.49, p = 0.86; Hopkins Verbal Learning Test - Revised: Immediate Recall, OR = 0.71, 95% CI 0.44 to 1.13, p = 0.151 and Delayed Recall, OR = 1.42, 95% CI 0.89 to 2.26, p = 0.14; Controlled Oral Word Association Test: OR = 0.79, 95% CI 0.49 to 1.25, p = 0.31; and Symbol Digit Modalities Test: OR = 0.83, 95% CI 0.53 to 1.29, p = 0.40). Limiting the analysis to 237 women aged 70-79 years (74.5 [interquartile range 72.2-77.1] years), no association was observed between a decline in blood testosterone and any cognitive outcome. Conclusion: : A decline in blood testosterone concentrations over 3 years was not associated with a decline in cognitive function in community-dwelling Australian women aged 70 years and older.

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The association between depression and female sexual function in postmenopausal women

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Objective: This study aimed to investigate the association between depression and female sexual function among postmenopausal women. Study design: The study group was composed of 232 sexually active postmenopausal women. Serum testosterone, androstenedione, dehydroepiandrosterone sulfate, fasting glucose, insulin, sex hormone-binding globulin, total cholesterol, high-density lipoprotein, low-density lipoprotein and triglyceride levels were analyzed. Quantification of pelvic organ prolapse was performed for each patient. The Female Sexual Function Index (FSFI) questionnaire and the Beck Depression Inventory (BDI) were distributed and compared between postmenopausal and premenopausal women. Results: The mean BDI score was 17.5 ± 9.8. Sexual dysfunction determined by the mean FSFI score was 64.2%. In total, 70.5% of the postmenopausal women with sexual dysfunction had moderate to severe depression. There was a low negative correlation between age and duration after menopause and mean FSFI scores (r = -0.334 and r = -386, respectively). There was a negligible positive correlation between age and duration after menopause and mean BDI scores (r = 0.281 and r = 0.276, respectively). The satisfaction domain of the FSFI was significantly decreased with postmenopausal depression. Conclusion: Postmenopausal women with sexual dysfunction had higher depression scores. Age and time after menopause were weakly associated with both FSFI and BDI scores in postmenopausal women.

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Changes of hormone levels for postmenopausal women after bilateral oophorectomy: A meta-analysis

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Background: Bilateral oophorectomy has a significant effect on changes in hormone levels in postmenopausal women. This meta-analysis aimed to evaluate the effects of bilateral oophorectomy on estradiol, testosterone, androstenedione, dehydroepiandrosterone sulfate (DHEAS), dehydroepiandrosterone (DHEA), sex hormone-binding globulin (SHBG), and estrone levels. Method: We conducted a search for studies on focused ultrasound for cervical high-grade squamous intraepithelial lesions in PubMed, EMBASE, Web of Science, and Cochrane Library databases. This review included 7 studies related to bilateral ovariectomy or retention in postmenopausal women. Using Stata software version 12.0,

we applied the random effect model, fixed effect model, and subgroup analysis to evaluate the change of different hormones. Results: After bilateral ovariectomy, estradiol levels decreased significantly (standardized mean difference [SMD] = -0.26, 95% confidence interval [CI] [-0.50, -0.02], P = .031). The overall analysis did not show significant differences (SMD = -0.10, 95% CI [-0.46, 0.26], P = .585), although significant differences were observed between subgroups (P = .025). Testosterone levels also decreased significantly after bilateral ovariectomy (SMD = -0.58, 95% CI [-0.86, -0.31], P < .001). The overall analysis indicated a significant difference between the 2 groups (SMD = -0.35, 95% CI [-0.63, -0.07], P = .014). DHEA levels decreased significantly after bilateral ovariectomy (SMD = -0.51, 95% CI [-0.93, -0.10], P = .015). In contrast, the hormone levels of androstenedione, DHEAS, SHBG, and estrone did not show significant differences between the 2 groups: androstenedione (SMD = -0.04, P = .682), DHEAS (SMD = -0.07, P = .489), SHBG (SMD = -0.02, P = .781), and estrone (SMD = -0.04, P = .587). Conclusions: The present meta-analysis showed that bilateral ovariectomy had a significant effect on both estrogen and androgen levels in postmenopausal women, especially estradiol, testosterone, and DHEA. In contrast, the changes in androstenedione, DHEAS, SHBG, and estrone were not obvious. The findings of this study underscore the importance of monitoring hormone levels in postmenopausal women in clinical practice and considering the impact of oophorectomy on women's long-term health when developing individualized treatment options.

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Osteoporosis-Associated Mortality in Postmenopausal Women in the United States From 1999 to 2023: A CDC WONDER-Based Study

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Background and aim: Osteoporosis remains a significant contributor to illness and death among postmenopausal women, primarily due to complications from fractures. This study examined national trends and disparities in osteoporosis-related mortality over a 24-year period. Methods: Mortality records of postmenopausal women from 1999 to 2023 were analyzed using the Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiologic Research (CDC WONDER) database to assess osteoporosis-related deaths. Age-adjusted mortality rates (AAMRs) were calculated and examined across time, demographic groups, geographic regions, and fracture involvement. Statistical trend analysis was used to evaluate changes in mortality patterns over time. Results: A total of 232,877 osteoporosis-related deaths were recorded. The overall AAMR declined from 29.35 in 1999 to 12.00 in 2023 (average annual percent change (AAPC): -3.75%; 95% CI: -4.71 to -2.77; p < 0.000001). Mortality due to osteoporosis with pathological fracture showed a sharper decline (AAPC: -5.14%) compared to osteoporosis without fracture (AAPC: -3.62%). White women had the highest AAMRs throughout, though all racial/ethnic groups experienced significant reductions. Regional analysis revealed the highest mortality rates in the Midwest and West, with Vermont reporting the highest state-level AAMR (74.97). Recent years (2018-2021) showed non-significant increases in mortality across subgroups, which may be associated with healthcare disruptions during COVID-19. Conclusion: Osteoporosis-related mortality among postmenopausal women significantly declined over the past 25 years, reflecting advances in diagnosis, treatment, and prevention. However, persistent racial, geographic, and fracture-related disparities underscore the need for targeted public health interventions and equitable access to osteoporosis care.