# Selección de Resúmenes de Menopausia

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## Barriers to Effective Treatment of Genitourinary Syndrome of Menopause: A Qualitative Study on Patient Perspectives on Vaginal Estrogen

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Introduction and hypothesis: Vaginal estrogen therapy is widely accepted as a safe and effective treatment for symptoms of genitourinary syndrome of menopause (GSM), yet it is likely underutilized owing to various factors relating to patient perceptions, barriers to access, and health care system outreach. The aim of our study is to explore patient beliefs and opinions regarding its use. Methods: A qualitative study was conducted with patients prescribed vaginal estrogen at an ambulatory urogynecology office between October 2022 and August 2023. Participants completed a symptom inventory followed by a 1:1 in-depth interview based on a structured guide designed to elicit candid insights and detailed responses into perceptions and experiences with vaginal estrogen. Data were analyzed using grounded theory methods in a three-phase coding process to identify key themes. Results: Twenty-two participants were interviewed. Six major themes emerged: knowledge base, barriers to health care access, motivation for symptom relief, concerns regarding side effects, physician-patient relationship, and barriers to compliance. Although participants understood the connection between GSM and aging, they often felt unclear about which symptoms vaginal estrogen targeted, how to apply it, and how it differed from systemic hormone replacement therapy. Barriers such as cost, lack of insurance coverage, and concerns about cancer were frequently reported. Physician education helped to alleviate fears, improving patient confidence in using vaginal estrogen. Conclusions: This study identified key beliefs and barriers affecting the use of vaginal estrogen for GSM. These findings highlight the need for improved patient education, better physician counseling, and enhanced communication to support adherence to this beneficial therapy.

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## Hysterectomy, oophorectomy, and bone health: a systematic review and meta-analysis

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Objective: To review the association between hysterectomy, with and without oophorectomy, and fracture, osteoporosis, and bone mineral density (BMD) change. Methods: We undertook a systematic review and meta-analysis, searching PubMed, Embase, Cochrane Central, and CINAHL from inception to November 2024. Eligible studies included women aged ≥18 years and assessed the relationship between having a hysterectomy and/or oophorectomy and fracture, osteoporosis, or BMD.Resul ts: Of 15,305 articles screened, 29 met the inclusion criteria, with 19 included in the meta-analyses. Bilateral oophorectomy compared to no oophorectomy was associated with a higher risk of fracture (pooled relative risk [RR] 1.17, 95% CI 1.03-1.33, 10 studies) and osteoporosis, although the latter was not statistically significant (RR 1.46, 95% CI 0.94-2.27, four studies). Hysterectomy with bilateral oophorectomy was not associated with a higher fracture risk compared to hysterectomy without oophorectomy (RR 0.99; 95% CI 0.83-1.18, four studies). However, hysterectomy without oophorectomy compared to no surgery was associated with a higher osteoporosis risk (RR 1.45; 95% CI 1.37-1.53, two studies). Findings showed moderate to high heterogeneity, and most studies did not account for variables such as age at surgery, menopausal hormone therapy use, and indications for surgery. Conclusions: Our review supports evidence showing that bilateral oophorectomy is negatively associated with bone health and suggests that hysterectomy alone may also increase osteoporosis risk, although more data are required. To support personalised clinical decision-making, further large-scale longitudinal studies with longer follow-up and detailed assessment of surgery extent, timing, and medication use are essential.

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## The use of HRT containing transdermal estradiol in women with a personal history of venous or arterial thromboembolism: A consecutive series of 115 cases

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ObjectiveTo assess the risk of further thrombosis with using HRT containing transdermal estradiol in women with a personal history of venous thromboembolism (VTE) or arterial thromboembolism (ATE).MethodsWe undertook analysis of patients with a history of VTE/ATE who had been seen in the menopause clinic at King's College Hospital. They were followed up for a minimum of a 12 months period to assess for recurrence of VTE/ATE.ResultsThe study included 115 patients with a personal history of VTE/ATE who had used HRT for over a year. 81% had a history of a VTE, 19% had suffered from an ATE. Patients had taken HRT containing transdermal estradiol +/- micronised progesterone or Mirena coil or combined transdermal HRT for a range of 1-20 years, with an average duration of 3 years. 11 patients had switched from oral HRT to transdermal HRT after visiting the clinic. All patients had been referred to a haematologist with 20% of patients requiring life-long anticoagulation based on their medcial background history. 64% of the patients had documented thrombophilia results with 42% of those being positive for a thrombophilia. 39/115 patients required a higher dose of estrogen, taking either more than two pumps of gel/spray or >50 micrograms in the form of a patch. Significantly, on follow-up (up to 12 months or more), none of the patients had a recurrence of a thromboembolism within 12 months of starting HRT containing transdermal estradiol.ConclusionTo our knowledge, this is the first study assessing the use of HRT containing transdermal estradiol in women with a personal history of VTE/ATE. None of the patients assessed had a thromboembolic event within 12 months of follow up. This study will enable more clinicians to consider prescribing HRT in patients with a personal history of VTE/ATE and higher patient uptake, after individualised risk-assessments.

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## Effects of a combined energy restriction and vigorous-intensity exercise intervention on the human gut microbiome: A randomised controlled trial

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Metabolic health improvements in response to exercise and energy restriction may be mediated by the gut microbiome, yet causal evidence in humans remains limited. We used a 3-week exercise and energy restriction intervention to examine changes to the gut microbiome in otherwise healthy sedentary men and postmenopausal women with overweight/obesity. Intervention participants (n = 18) reduced habitual energy intake by 5000 kcal/week and expended 2000 kcal/week in addition to habitual physical activity through treadmill walking at 70% V̇O2Peak. Control participants (n = 12) maintained their usual lifestyle. Participants underwent dual-energy X-ray absorptiometry (DEXA), and samples of faeces, fasted venous blood, subcutaneous adipose tissue and skeletal muscle were collected. Faecal DNA was sequenced and profiled using shotgun metagenomics, Kraken2/Bracken and Human Microbiome Project Unified Metabolic Analysis Network 2 (HUMAnN2). The intervention significantly reduced body mass (mean Δ ± SD: -2.6 ± 1.5 kg), fat mass (-1.5 ± 1.3 kg), fasted insulin (-23.5 ± 38.1 pmol/l), leptin (-10.6 ± 7.3 ng/ml) and total cholesterol (-0.70 ± 0.42 mmol/l) concentrations, and also improved insulin sensitivity (HOMA2%S (homeostatic model of assessment)). Despite these significant metabolic changes the gut microbiome was unchanged in terms of α and β diversity and relative abundance. Thus, despite clinically meaningful improvements in body composition and metabolic health, we found no evidence for changes to the gut microbiome. In conclusion early metabolic changes with weight loss in humans are unlikely to be mediated by changes to the gut microbiome. KEY POINTS: Changes to the gut microbiome could contribute to metabolic improvements associated with weight loss in humans, but there have been limited attempts to address this question using robust randomised controlled trials (RCTs). We used a parallel-group RCT to examine whether a 3-week combined energy intake restriction and vigorous-intensity exercise intervention in people with overweight and obesity was temporally associated with changes to gut microbiome taxonomic composition and functional potential, short-chain fatty acid concentrations and expression of genes related to host-microbiome interactions in skeletal muscle and subcutaneous adipose tissue. We found that the human gut microbiome remains unchanged in the face of an intensive energy intake restriction and vigorous exercise intervention that significantly improved body composition and metabolic health in people with overweight/obesity. These findings indicate that early metabolic changes with weight loss in humans are unlikely to be mediated by changes to the gut microbiome.

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# Timing matters: lipid intake and its influence on menopausal-related symptoms

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Background: Menopause contributes to central obesity and increases cardiovascular risk in women. Diet influences both menopausal symptoms and cardiovascular health, but the impact of chrononutrition, namely food timing, is not well understood. This cross-sectional study investigated whether the timing of food intake affected menopausal symptoms in 100 postmenopausal women with overweight or obesity. Methods: Anthropometric and clinical parameters, and lifestyle habits were assessed. Menopausal symptoms were evaluated using the Menopause Rating Scale (MRS). Nutritional assessment utilized 7-day food records. Food intake was divided into morning intake (meals from breakfast to lunch) and evening intake (meals from afternoon snacks to dinner). Results: The mean MRS score was 22.7 ± 7.8, showing a high prevalence of symptoms in the study population. Postmenopausal women under the median of morning energy intake showed a significantly a higher score for heart discomfort ($p = 0.045$), while those under the median of morning intake of lipids showed significantly higher scores for heart discomfort and lower scores for bladder problems ($p = 0.013$ and $p = 0.040$, respectively). Postmenopausal women above the median evening intake of lipids showed a significantly higher score for heart discomfort ($p = 0.007$). The heart discomfort score correlated negatively and positively with the morning ($r = -0.210$, $p = 0.034$) and evening ($r = 0.210$, $p = 0.034$) intakes of lipids, respectively, even after correction for confounding factors ($r = -0.219$ and $r = 0.219$, $p = 0.028$ for both). Conclusion: Consuming most of the energy and lipids later in the day was linked to higher prevalence of menopausal symptoms in postmenopausal women with overweight or obesity. This eating pattern may potentially have adverse effects on the cardiovascular health of these women. Therefore, adopting chrononutrition behaviors, particularly favoring an earlier intake of energy and lipids, could prove beneficial as an additional measure in the nutritional therapy for postmenopausal women dealing with overweight or obesity.