Selección de Resúmenes de Menopausia

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María Soledad Vallejo. Obstetricia Ginecología. Hospital Clínico. Universidad de Chile

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Dry eye symptoms in midlife women: A cross-sectional analysis of prevalence, risk factors, and quality-of-life outcomes

Sakda Arj-Ong Vallibhakara, Kitti Chattrakulchai, Orawin Vallibhakara, Makaramas Anantaburana, et al.

Objectives: To assess the prevalence, associated factors, and quality-of-life impact of dry eye symptoms among perimenopausal and postmenopausal women in Thailand. Study design: This cross-sectional study, conducted from September to December 2024, included 262 women aged 41-60 years attending a gynaecology and menopause clinic at Ramathibodi Hospital. Participants completed the Ocular Surface Disease Index and the Menopause-Specific Quality of Life questionnaires. Multivariate logistic regression was used to identify factors associated with moderate to severe symptoms.Main outcome measures: The primary outcome was the prevalence of dry eye symptoms. Secondary outcomes included symptom severity, quality-of-life scores, and occupational or clinical risk factors for moderate to severe symptoms. Results: Dry eye symptoms were identified in 64.9 % of participants, with comparable rates in perimenopausal (61.7 %) and postmenopausal (68.2 %) women. No significant difference in symptom scores was observed between groups (p = 0.746). Computer-based work was independently associated with moderate to severe symptoms (adjusted odds ratio 1.81, 95 % CI 1.10-2.99). Women with more severe symptoms reported significantly poorer physical, psychological, and vasomotor quality-of-life scores. Conclusions: Dry eye symptoms are highly prevalent among midlife Thai women and negatively affect quality of life, particularly in the physical, psychological, and vasomotor domains. Occupational screen exposure is a significant modifiable risk factor. Early screening and targeted management may help reduce the impact of symptoms during the menopausal transition.

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Quality of life and Satisfaction With Ospemifene for Treating Vulvovaginal Atrophy in Breast Cancer Survivors: Six-Month Results From the PatiEnt SatisfactiON StudY (PEONY)

Paola Villa 1, Chiara Cassani 2, Rossella E Nappi 3, Valentina E Bounous 4, Dorella Franchi 5, Maurizio Guida, et al.

Objective: Breast cancer (BC) survivors often experience vulvovaginal atrophy (VVA) due to endocrine therapies, affecting quality of life (QoL) and well-being. We aimed to evaluate impact of ospemifene treatment in postmenopausal women with history of BC and moderate to severe VVA. Methods: PEONY is a real-world, prospective, multicenter study. Participants completed questionnaires at baseline, after 3 and 6 months. Treatment satisfaction score was the primary outcome. As secondary outcomes, symptoms severity, day-to-day impact of vaginal aging scale, female sexual function index, female sexual distress scale-revised, and SF-12® Health survey were investigated. Results: Sixty-four women with a mean age of 56.4 ± 7.2 years (41.9% with severe VVA) either initiated (35.9%) or continued (64.1%) ospemifene. Treatment satisfaction significantly improved over 6 months, with mean score rising from 7.1 to 7.8 (P = .047). The odds of moderate to severe symptoms, such as vaginal dryness, pain and bleeding during sexual intercourse, genital discomfort during physical activity, burning, and itching, decreased by 70% to 90% at 6 months, as well as recurrent urinary tract infections and cystitis associated with sexual intercourse (by 80% and 90%). QoL measurements showed significant improvements in physical health and daily functioning, although mental health improvements were not statistically significant. Likelihood of sexual distress decreased by 40%. Although overall sexual function remained unchanged, specific domains such as lubrication and pain showed improvement. Conclusion: Ospemifene is effective and well-tolerated for treating moderate to severe VVA of women with history of BC. However, a comprehensive and multidisciplinary approach is needed to improve sexual function of BC survivors treated for VVA.

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Does online information about hormone replacement therapy (or menopause hormone therapy) reflect indications from the British National Formulary and guidance from the National Institute for Health and Care Excellence: a cross-sectional study of UK media

Margaret McCartney, Rosa Morgan-Young, Frank Sullivan, Deirdre J Murphy, Jahan Albulushi, James Larkin.

Objectives: To describe: (1) the most visible information (from individuals or organisations) on UK social media regarding hormone replacement therapy (HRT)/menopause hormone treatment for menopause; (2) claims made by these sources for HRT and testosterone outwith the indications specified by the British National Formulary (BNF) and the National Institute of Health and Care Excellence (NICE) (ie, vasomotor instability, vaginal dryness, low mood associated with the menopause and, for testosterone, low libido after treatment with HRT) and for use for the prevention of future ill health and (3) conflicts of interest of commentators. Design: Cross-sectional study.Setting: Online references to HRT, for use in menopause, in UK online media, comprising Facebook, Google, I nstagram, TikTok and YouTube, 30 top ranked hits between 1 January 2022 and 1 June 2023 and Twitter (X) up to 1 May 2024. Methods: Identification of the most visible information was performed via online searching with the term 'HRT' using incognito searches within each modality. Statements making claims were identified and analysed as to whether they were congruent with BNF and NICE advice on indications for use. Declarations of interest were extracted from the source or searched for if not apparent using a standardised search strategy. Data were entered into an Excel spreadsheet. Summary and descriptive statistics were used to summarise the results, including description of origin and types of claims, percentage of claims in agreement with NICE/BNF indications, relationship to financial interests and readership data, where available. Results: 180 recommendations and/or claims for HRT were examined (30 from each of six platforms), made by professional individuals (53.4%), laypeople (41.7%) and patient, media and professional organisations (4.9%) completing the total. Overall, 67.2% of claims were outside of BNF/NICE recommendations. 139 (77.2%) were associated with a conflict of interest. In 117 cases, this was a conflict either directly or indirectly related to menopause, through provision of private practice, pharmaceutical industry funding or retail products marketed at the menopause. Conclusions: social media commonly contains claims for HRT outside BNF/NICE guidance. Conflicts of interest by commentators are also common, directly or indirectly related to menopause. Less than a quarter of media contained no commercial conflict. Policymakers should consider means to ensure that non-conflicted, evidence-based information is visible to professionals, patients and the public.

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Association of polycystic ovary syndrome with atherosclerotic cardiovascular disease events

Iris Lee 1, Anuja Dokras 1, Snigdha Alur-Gupta 2

Polycystic ovary syndrome (PCOS) is a common endocrine condition often recognized for its association with reproductive complications. However, the impact of PCOS extends well beyond such that it is considered a multisystemic disorder, with effects on mental health, metabolic conditions, and pregnancy. While there is ample evidence for increased prevalence of cardiovascular disease (CVD) risk factors in PCOS including hypertension, dyslipidemia, diabetes and obesity in reproductive age and menopausal women, robust data on atherosclerotic CVD events (ASCVD), defined as coronary artery disease (CAD), myocardial infarction (MI), angina, carotid artery disease, ischemic stroke, transient ischemic attack (TIA) and peripheral artery disease (PAD), in PCOS is emerging. Although several studies in reproductive age women with PCOS demonstrate carotid intima media thickening independent of obesity compared to controls, fewer studies have examined other signs of subclinical atherosclerosis such as increased coronary artery calcium. Overall, the larger and more rigorously performed studies have found a persistently higher risk of morbidity from coronary events in women with PCOS (such as myocardial infarction) even after menopause and most of the available evidence supports an association between PCOS with cerebrovascular events (such as stroke). There is, however, limited data on ASCVD related mortality. Although no one dietary intervention or exercise type is reported to be superior, sustained lifestyle modifications will improve anthropometric parameters and cardiometabolic biomarkers. This review seeks to summarize the latest evidence on ASCVD events in premenopausal and post-menopausal women with PCOS, and current treatment options.

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Endometriosis and menopausal health: An EMAS clinical guide

C Tamer Erel 1, Meletios P Nigledis 2, Ipek Betul Ozcivit Erkan 3, Dimitrios G Goulis 4, Peter Chedraui 5, et al.

Introduction: Endometriosis is a common gynecological condition, and problems may persist or develop after the menopause. Endometriosis or its treatment in premenopausal women may lead to premature or early menopause. Thus, it is imperative that healthcare providers are appropriately trained in management of endometriosis at the menopause and beyond. Aim: To provide an evidence-based clinical guide for the assessment and management of menopausal health in women with a history of endometriosis. Materials and methods: Review of the literature and consensus of expert opinion.Sum mary recommendations: Surgery is the preferred option for managing symptomatic endometriosis after the menopause, as it should reduce pain, ensure an accurate diagnosis, and decrease risk of malignancy. Women with endometriosis may experience a spontaneous early menopause or surgically induced menopause. Endometriosis is also associated with an increased risk of cardiovascular disease, ovarian, breast, and thyroid cancers, as well as osteoporosis. Menopausal hormone therapy (MHT) is indicated for managing vasomotor and genitourinary symptoms and maintaining bone health. Continuous combined MHT may be safer than other forms in both hysterectomized and non-hysterectomized women with endometriosis as the risk of recurrence and malignant transformation of residual endometriosis may be reduced. Estrogen-only MHT should be avoided, even for women who have had a hysterectomy. For women not using MHT, alternative pharmacological treatments, such as neurokinin-3 receptor antagonists, should be considered for managing vasomotor symptoms. Additionally, antiresorptive and anabolic therapies, along with calcium and vitamin D supplementation, should be provided as indicated to ensure skeletal protection. If endometriosis recurs during MHT use and the patient is symptomatic, several management strategies may be employed: altering the regimen, discontinuation, and use of non-hormonal strategies. Herbal preparations should be avoided as their efficacy is uncertain and some may contain estrogenic compounds.

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Endometrial thickness and pathology in postmenopausal women with bleeding on transdermal 17β-estradiol plus body-identical progesterone

Sarah Glynne 1, Aini Kamal 2, Amy Neville 2, Lynsey McColl 3, Osama Naji 4, Louise Newson 2, Daniel Reisel 5

Objective: The primary objective was to explore the relationship between endometrial thickness and transdermal 17β-estradiol/micronised progesterone dose in postmenopausal women with unscheduled bleeding on menopausal hormone therapy (MHT). The prevalence of endometrial pathology was also assessed. Methods: Retrospective analysis of a consecutive case series. Postmenopausal women attending a private menopause clinic were included if they presented with unscheduled bleeding on transdermal 17β-estradiol plus micronised progesterone between 1st June 2022 and 31st May 2024, and attended for an in-house ultrasound scan. Results: 235 women were included (mean age 57 years, 49.37% overweight or obese). 173 women (73.62%) received on-label transdermal estradiol doses. Most women (n = 220 women, 93.62%) used continuous progesterone. On ultrasound examination, 173 women (73.62%) had a normal endometrium, 48 (20.43%) had a thickened endometrium, and 14 (5.96%) had an inadequately visualised endometrium. High BMI (> 25 kg/m2) was significantly associated with increased endometrial thickness (ET) (mean ET normal BMI vs overweight: 3.84 mm vs 4.52 mm, p = 0.07; mean ET normal BMI vs obese: 3.84 mm vs 4.50 mm, p = 0.04). There was no evidence that ET differed according to transdermal estradiol dose (on- vs off-label, p = 0.53), or by progesterone dose (low vs normal vs high, p = 0.61) or route (oral vs vaginal, p = 0.26). In multivariable analyses, there was evidence of an association between ET and MHT regimen (continuous vs sequential, p = 0.03). Amongst women with a measured serum estradiol concentration (n = 92), there was no evidence of an association between ET and serum estradiol level (p = 0.21). There were no cases of endometrial hyperplasia or cancer. Conclusions: In the study cohort, endometrial thickness in women with unscheduled bleeding on transdermal 17β-estradiol plus micronised progesterone was not associated with MHT dose. The prevalence of endometrial pathology was low, including in women using off-label estradiol doses. Our findings suggest that progesterone dose should be clinically guided for optimal efficacy and to minimise risks. More research is needed to confirm our findings and prospectively evaluate endometrial outcomes in different patient populations over longer time periods, and to enable a more personalised approach to menopause care.

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Stroke risk in women with or without hysterectomy and/or bilateral oophorectomy: evidence from the NHANES 1999-2018 and meta-analysis

Chuan Shao 1, Chao Xu 1, Dewei Zou, Gang Zhang, Haotian Jiang, Cheng Zeng, Tao Tang, Hui Tang, Nan Wu.
Objective: We aimed to assess the relationship between hysterectomy and/or bilateral oophorectomy and the risk of stroke-a topic of ongoing debate in current research. Methods: We utilized data from the National Health and Nutrition Examination Survey (NHANES) 1999-2018 to estimate both crude and multivariable-adjusted hazard ratios (HRs) and 95% CIs, applying survey-weighted Cox proportional hazards regression model. The modeling incorporated sampling weights and design variables to address NHANES's multistage probability sampling framework. In addition, a meta-analysis was conducted, incorporating findings from NHANES with those from other cohort studies identified through database search. Results: This unweighted NHANES cohort included 21,240 women with 8.3 median follow-up years, documenting 193 stroke-related deaths. Compared with no hysterectomy, hysterectomy was not significantly associated with stroke mortality (HR: 1.28, 95% CI: 0.89-1.85). However, a meta-analysis of 2,065,490 participants from NHANES and 15 other studies demonstrated hysterectomy was linked to a 9% higher stroke risk (HR: 1.09, 95% CI: 1.04-1.15) compared with no hysterectomy. Similar finding was identified for bilateral oophorectomy (HR: 1.13, 95% CI: 1.09-1.17) compared with no bilateral oophorectomy. Subgroup analyses stratified by surgical indication, ovarian conservation status, and reference population consistently demonstrated elevated risks. Conclusions: In summary, the data from NHANES and other studies indicate women with hysterectomy and/or bilateral oophorectomy may be associated with an increased stroke risk. Additional prospective studies are needed to confirm the association between hysterectomy and/or bilateral oophorectomy and stroke risk.