

Selección de Resúmenes de Menopausia

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No effect of menopausal status on energy cost and substrate oxidation during walking in women with similar body composition and movement behaviors

Camille Marcantei 1, Lore Metz 2, Ines Ramos 3, Bruno Pereira 3, Frederic Dutheil 4, Sarah De Saint Vincent 4, et al. The purpose of the study was to compare the energy metabolism responses at different walking speeds among pre, peri and postmenopausal women, with consideration for individual's body composition characteristics and movement behaviors. Twenty-one premenopausal women (38.9 ± 5.0 years), twenty-two perimenopausal women (49.5 ± 3.8 years) and twenty-one postmenopausal women (55.4 ± 4.1 years) were included in the data analysis. Body composition (fat mass (FM) and fat-free mass (FFM)) was assessed by dual-energy X-ray absorptiometry and movement behaviors by accelerometry. Fasting blood samples were collected to determine pituitary and ovarian hormones concentrations. Energy cost of walking (gross and net Cw), expressed both in absolute terms and relative to FFM, as well as substrate oxidation rates, was measured by indirect calorimetry during five 5-minute treadmill walking bouts at 2, 3, 4, 5, and 6 km.h⁻¹, each separated by 3 minutes of seated rest. Results indicate that there were no significant differences in body composition, movement behaviors, and in Cw and substrate oxidation rates during walking among the three groups. Negative correlations were found between moderate-to-vigorous physical activity and both gross and net Cw relative to FFM at 5 km.h⁻¹ and 6 km.h⁻¹ (from $p = 0.04$ to $p = 0.007$). No correlations were found between estradiol concentration and Cw or substrate oxidation rates, at any walking speed. Women experiencing the menopausal transition do not exhibit differences in energy metabolism during walking compared with pre and postmenopausal women when they have a similar body composition and movement behaviors.

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Associations between BMI and menopausal symptoms among Danish nurses: A cross-sectional study

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Objective: To examine the association between body mass index and the severity of menopausal symptoms among Danish nurses. Study design: Cross-sectional analysis of the 2024 wave of the Danish Nurse Cohort. Main outcome measures: Total score on the Menopause Rating Scale dichotomized as no-to-mild (<9) versus moderate-to-severe (≥ 9), with domain cut-offs applied for somatic, psychological, and urogenital symptoms. Multiple logistic regression models were applied, adjusted for age, smoking, alcohol, physical activity, diet, cohabitation, and age at last menstrual period. Results: Of 6078 women (mean age 63.5 (standard deviation 9.3) years), 55.8% reported moderate-to-severe symptoms. Each 5-unit increase in body mass index was associated with higher odds of moderate-to-severe symptoms (odds ratio 1.13, 95% confidence interval 1.06-1.20). Domain analyses showed associations for psychological (odds ratio 1.15, 95% confidence interval 1.08-1.23) and somato-vegetative (odds ratio 1.15, 95% confidence interval 1.08-1.22) domains, but not urogenital (odds ratio 0.96, 95% confidence interval 0.91-1.03). Participants with a body mass index of less than 18.5 kg/m² had lower associated odds (odds ratio 0.53, 95% confidence interval 0.34-0.83) and participants with a body mass index of 30 kg/m² or more had higher odds (odds ratio 1.24, 95% confidence interval 1.05-1.46) than women with an eutrophic body mass index. Conclusions: In a large national representative cohort of Danish nurses, higher body mass index was significantly associated with greater severity of menopausal symptoms, particularly psychological and somato-vegetative. These findings highlight the importance of considering weight-related factors when addressing midlife women's health and menopause care.

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Increased risk of fracture among breast cancer patients: a nationwide retrospective cohort study

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Purpose: Breast cancer treatments contribute to bone loss and increase fracture risk, with effects varying by age and menopausal status. Previous studies lacked comparisons with the general population and analyses by treatment and age groups. This study evaluated fracture risk in breast cancer patients compared to a matched control group, considering risk factors, age, and treatments. **Methods:** This retrospective cohort study using the Korean National Health Insurance System database included 104,177 breast cancer patients and 312,531 matched controls. Fracture incidences (any, vertebral, hip, and other) by age and treatment type was assessed using Fine-Gray competing risk models. **Results:** During the mean follow-up of 7.21 years after breast cancer diagnosis, breast cancer patients aged 50 years and younger had a higher risk of any fracture (sub-distribution hazard ratio [sHR], 1.33; 95% confidence interval [95% CI], 1.24-1.42) and vertebral fracture (sHR, 1.33; 95% CI, 1.13-1.56) compared to the matched control group. Patients aged 65 years and older had a lower risk of any fracture (sHR, 0.91; 95% CI 0.84-0.98) and vertebral fracture (sHR, 0.83; 95% CI, 0.73-0.93). Compared to patients without specified treatments, those who received anthracycline (sHR, 1.21; 95% CI, 1.15-1.28) and aromatase inhibitors (sHR, 1.16; 95% CI, 1.09-1.23) had an increased risk of fracture; and those who were given tamoxifen had a decreased risk (sHR, 0.92; 95% CI, 0.86-0.98). **Conclusions:** Breast cancer patients had slightly higher fracture risk, primarily in younger patients. Emphasizing osteoporosis prevention and treatment, especially in younger populations or those who have received treatments associated with an increased risk of fracture, is necessary to reduce fracture risk.

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Impact of bilateral oophorectomy on survival among patients undergoing radical hysterectomy for cervical adenocarcinoma: a National Cancer Database analysis

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Objective: The role of bilateral salpingo-oophorectomy at the time of radical hysterectomy for cervical adenocarcinoma remains controversial. We aim to study the impact of bilateral salpingo-oophorectomy on overall survival of women undergoing radical hysterectomy for treatment of cervical cancer, specifically, with adenocarcinoma histology. **Methods:** We conducted a retrospective analysis of the National Cancer Database during 2004-2022. We included women aged 18 to 45 years, with a diagnosis of cervical adenocarcinoma, who underwent radical hysterectomy with or without bilateral salpingo-oophorectomy. Clinicopathologic characteristics, treatment patterns, and outcomes were compared. Kaplan-Meier survival estimates and Cox proportional hazards models were used to evaluate overall survival. **Results:** A total of 6061 patients with adenocarcinoma were identified: 4606 (76.0%) underwent hysterectomy with bilateral salpingo-oophorectomy and 1455 (24.0%) without. Patients in the bilateral salpingo-oophorectomy group were older (median 39 vs 37 years, $p < .001$). Adjuvant chemotherapy (871 [19.2%] vs 194 [13.5%]) and radiotherapy (1085 [24.3%] vs 247 [17.9%]) were more frequently used in the bilateral salpingo-oophorectomy group ($p < .001$). On unadjusted analysis, bilateral salpingo-oophorectomy was associated with inferior survival in adenocarcinoma 83.9% versus 87.0% alive at 190 months (log-rank $p = .022$). After adjustment for age, race, adjuvant therapy, and disease stage, bilateral salpingo-oophorectomy was not associated with survival (adjusted hazard ratio [HR] 0.99, 95% confidence interval [CI] 0.78 to 1.26). For the whole cohort, including adenocarcinoma and squamous cell carcinoma, the Cox regression concluded that bilateral salpingo-oophorectomy is associated with worse survival (adjusted HR 1.19, 95% CI 1.04 to 1.36). For adenocarcinoma stage I disease with no adjuvant radiotherapy or chemotherapy ($n = 3893$), overall survival was similar between groups (log-rank $p = .758$). **Conclusions:** Bilateral salpingo-oophorectomy does not confer a survival advantage and may worsen long-term survival, particularly, in squamous cell carcinoma. Ovarian preservation is oncologically safe in early-stage cervical cancer, including adenocarcinoma, and should be routinely considered for pre-menopausal women without evidence of ovarian involvement.

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The window of opportunity for treating vulvovaginal atrophy in menopause: Insights from oestrogen receptor distribution and age-related changes

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Objective: To review the biological basis of the "window of opportunity" hypothesis for the treatment of vulvovaginal atrophy (VVA), focusing on the distribution of oestrogen receptors (ERs) in vulvovaginal tissues, the impact of sustained oestrogen deficiency over time, and the rationale for a preventive or very early sequential therapeutic approach. **Methods:** Narrative review of experimental and clinical studies evaluating ER expression in vaginal and vulvar tissues,

its modulation by age and menopause, and clinical response to local and systemic hormonal therapy, with emphasis on timing of initiation and management strategies. Main results: ER distribution and expression vary with age and menopausal status, with ER- α predominating after menopause. Experimental models show that immediate hormonal intervention after oestrogen deprivation restores tissue trophism and ER expression, whereas delayed treatment is associated with attenuated responses and irreversible histological changes. Loss of collagen, reduced angiogenesis, altered innervation, and inflammatory infiltration contribute to VVA progression. Clinical data suggest that early initiation of vaginal oestrogens enhances therapeutic efficacy. No consistent differences have been observed among local formulations, although ER subtype profile and time since menopause may influence outcomes. Conclusions: Early initiation of ER-directed therapies may optimise tissue responses and prevent irreversible changes. A sequential treatment framework is useful for long-term management-particularly in women who did not start therapy early-yet further studies incorporating time since menopause and evaluating the long-term safety of hormonal therapy for VVA are warranted.

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Relationship between sleep disorders and depression in perimenopausal women in the United States: a cross-sectional survey based on NHANES 2009-2014

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Background: Many studies have found that depression and sleep disorders in perimenopausal women often appear as comorbidities, but its relevance has not been further verified. To clarify the relationship between the two can provide guidance for future clinical research. Methodology: A cross-sectional research was carried out among 1400 women aged 45-55 years who participated in the 2009-2014 national health and Nutrition Examination Survey (NHANES). We estimated unadjusted and adjusted logistic regression models to analyze the relationship between sleep disturbances and other related factors with depression. Results: 18.1% of the 1440 participants had depressive symptoms in the past two weeks. 11.2% had sleep disorder. Compared with women without sleep disorder (14.70%), depression was more common in perimenopausal women who had sleep disorder (44.72%). In the logistic regression model, menopausal women with sleep disturbance suffer from depression were four times more than that without sleep disturbance (odds ratio, 3.798; 95%CI, 2.611-5.525); The difference remained significant after adjusted the effects of covariates (adjusted odds ratio, 3.687; 95% CI, 2.533-5.367). Conclusion: Sleep disorders strongly link to depression in menopausal women. Early intervention for sleep issues may reduce depression risk in this group.

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Cognitive function in relation to age at menopause: Insights from the English longitudinal study of aging

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Background: As global aging accelerates, cognitive decline is a major public health concern. Natural menopause, characterized by a sharp decline in endogenous estrogen, is a hypothesized modulator of long-term cognitive health, yet epidemiological evidence remains inconsistent. This study aimed to clarify the cross-sectional and longitudinal associations between age at natural menopause and cognitive function using data from the English Longitudinal Study of Aging (ELSA). Methods: This study included 3712 postmenopausal women aged ≥ 50 years from the English Longitudinal Study of Aging Wave 4 (2008-2009), with follow-up until Wave 9. The primary exposure was self-reported age at natural menopause. Cognitive function (memory, executive function, orientation) was synthesized into a global z-score. Multiple linear regression (cross-sectional) and linear mixed-effects models (longitudinal) were employed, with sequential adjustment for sociodemographic, lifestyle, and health-related covariates. Results: In these 3712 postmenopausal women, later age at menopause was consistently associated with better global cognitive function. Cross-sectionally, each additional year was linked to higher cognitive scores ($\beta = 0.058$, $P < 0.001$). Longitudinally, each year was associated with improved cognitive performance ($\beta = 0.008$, 95% CI 0.002-0.015, $P = 0.014$), with the latest menopause quartile (Q4) significantly outperforming the earliest (Q1) ($\beta = 0.100$, 95% CI 0.010-0.189, $P = 0.030$). Subgroup and sensitivity analyses corroborated the robustness of the primary findings.