Selección de Resúmenes de Menopausia

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Hot flashes: a potential marker of deterioration of health-related quality of life

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Objective: Hot flashes are among the most common symptoms of the menopausal transition and have traditionally been considered benign and self-limiting. However, increasing evidence suggests that they may indicate broader neurovascular and inflammatory dysregulation linked to reproductive aging. The possible effect of hot flush severity on health-related quality of life (HRQoL) remains inadequately studied, particularly in Latin American populations. This study aimed to examine the association between hot flash severity and HRQoL in middle-aged women using validated tools and a large, multicenter sample. Method: A cross-sectional study was conducted between June 2024 and January 2025 in 30 healthcare centers across 12 Latin American countries. A total of 3523 women aged 40-60 years were assessed using the Menopause Rating Scale (MRS) to evaluate vasomotor symptoms and the Short Form-36 Health Survey (SF-36) to measure HRQoL. Multivariable logistic regression models were utilized to estimate the association between hot flush severity and low HRQoL, adjusting for sociodemographic, behavioral and clinical covariates. Results: Increasing severity of hot flushes was significantly associated with lower HRQoL scores across all SF-36 domains. In the logistic regression analysis, mild hot flushes (MRS item 1 score = 1) were associated with increased odds of impaired HRQoL (odds ratio [OR] 1.29; 95% confidence interval [CI]: 1.08-1.55), whereas very severe symptoms (MRS item 1 score = 4) demonstrated a substantially stronger association (OR 4.10; 95% CI: 2.93-5.74). Additional factors significantly associated with lower HRQoL included physical inactivity, the presence of comorbidities, obesity, current use of psychotropic medication, age ≥50 years and having two or more children.Conclusion: Hot flush severity is a strong and independent determinant of HRQoL in midlife women. These findings underscore the need for systematic assessment and targeted management of vasomotor symptoms in routine care, supporting the hypothesis that hot flashes may be a clinical marker of systemic aging.

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The relationship between the severity of depression in postmenopausal women and the incidence of osteoporosis and subsequent fractures: A cross-sectional observational study

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Postmenopausal women experience declining estrogen levels that create a close association between the incidence of osteoporosis and osteoporotic fractures and the severity of depression, with recent evidence suggesting that depression may further exacerbate bone loss and fracture risk through influences on bone metabolism, lifestyle factors, and medication adherence. To evaluate the relationship between depression severity, bone mineral density, and fracture events, we conducted a combined cross-sectional and prospective cohort study of 245 postmenopausal women. Depression severity was measured using the HAMD-17 scale, bone mineral density was assessed by dual-energy X-ray absorptiometry, and fracture events were confirmed radiographically. Participants were stratified by age, menopause age, body mass index, smoking history, previous fracture history, and comorbidities to assess the impact of depression severity on osteoporosis and fracture risk. Our results demonstrated that depression severity showed significant inverse correlations with lumbar spine bone mineral density (odds ratio = 0.55, 95% confidence interval: 0.40-0.76, P < .001) and hip bone mineral density (odds ratio = 0.68, 95% confidence interval: 0.52-0.89, P < .005), and was positively associated with the incidence of osteoporotic fractures (odds ratio = 3.42, 95% confidence interval: 2.58-4.53, P < .001).

Multivariate logistic regression confirmed that depression severity was independently associated with osteoporosis (odds ratio = 2.85, 95% confidence interval: 2.12-3.82, P < .001), while Cox regression analysis showed that it significantly increased fracture risk (hazard ratio = 2.90, 95% confidence interval: 2.10-4.00, P < .001). Subgroup analyses revealed more pronounced associations in women with longer postmenopausal duration exceeding 5 years, lower body mass index below 24 kg/m2, and those with comorbid diabetes. These findings indicate that depression severity in postmenopausal women is significantly associated with reduced bone density, increased prevalence of osteoporosis, and higher fracture rates, offering new strategies for managing the comorbidity of depression and osteoporosis in this population and highlighting the necessity for integrated mental and skeletal health interventions.

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Physical Activity as a Predictor of Emotional Quality of Life in Postmenopausal Women

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Introduction: The postmenopausal period is characterized by significant biological and psychosocial changes that can impact women's physical activity levels and overall quality of life. Physical activity is recognized as one of the key modifiable factors promoting mental health. Still, its role in shaping the emotional domains of quality of life in postmenopausal women remains insufficiently recognized. The study aimed to assess the relationship between physical activity levels and quality of life in postmenopausal women, with particular emphasis on the emotional domains of quality of life, and to determine the role of selected sociodemographic factors. Materials and Methods: The cross-sectional study included 174 postmenopausal women. Physical activity levels were assessed using the International Physical Activity Questionnaire (IPAQ), while quality of life was assessed using the WHOQOL questionnaire. Descriptive statistics, Kruskal-Wallis tests with Dunn-Bonferroni post-hoc analysis, and multiple linear regression were used, taking into account age and BMI. Results: Higher levels of physical activity were significantly associated with better emotional well-being, higher energy levels, and a more favourable overall health assessment. Physical activity emerged as the strongest and independent variable statistically associated with the emotional domains of quality of life. Educational level and occupational group differentiated the level of physical activity and emotional well-being. Conclusions: Physical activity is an important and independent predictor of emotional quality of life in postmenopausal women. The results emphasize the importance of promoting physical activity as part of mental health prevention in this population.

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Vulvovaginal Collagen Injection as a Regenerative Strategy in Genitourinary Syndrome of Menopause: Results of a Pilot Study

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Background/Objectives: Genitourinary syndrome of menopause (GSM) is a common and under-diagnosed condition that significantly affects the quality of life of post-menopausal women. Conventional treatments, especially those based on estrogens, have limitations, which has prompted the search for alternative therapies in the field of regenerative medicine. In this context, intradermal injectable collagen, with regenerative and analgesic properties, could represent an innovative option. This study aims to evaluate the efficacy and safety of multipoint intradermal injections of collagen (MD-Tissue) in the treatment of GSM refractory to conventional first-line therapy. Methods: A retrospective study was conducted in 20 patients diagnosed with GSM. Intradermal injections of collagen were administered in the vulvovaginal region. Clinical outcome was assessed using the Visual Analog Scale (VAS) for baseline pain and dyspareunia, the Vaginal Health Index (VHI), the Vulvar Health Index (vHI), the Vulvovaginal Symptoms Questionnaire (VSQ) and the Clinical Global Impression scale (CGI). Results: Three months after end of injections, baseline pain measured using the VAS was significantly reduced from a mean of 5.9 to 0.8 ($p < 0.001$), and pain during intercourse decreased from 8.7 to 2.0 ($p < 0.001$). Significant improvements were also observed in the tissue parameters of VHI and vHI. In the VSQ, 100% of patients reported improvement in at least one domain, including itching, dryness, burning, and social and sexual impact. According to the CGI scale, 80% reported feeling 'much better' and 20% 'moderately better'. No relevant adverse effects were reported. Conclusions: Intradermal vulvovaginal collagen injections appear to be a safe and potentially effective intervention in improving pain and other symptoms of GSM, within the regenerative medicine approach. These preliminary results justify prospective studies, with larger sample sizes and long-term follow-up, to confirm and consolidate clinical utility.

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Midlife weight gain: challenges and solutions

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Purpose of review: Understanding the interplay between aging, hormonal changes, and lifestyle factors is crucial for effective obesity management in midlife and menopausal women. This review is timely given rising rates of obesity and associated comorbidities, the rapid evolution of pharmacologic interventions for obesity, and the growing recognition of the impact of midlife weight gain on women's long-term health. Recent findings: Weight gain in midlife women is primarily driven by age-related metabolic changes, with menopause contributing to unfavorable shifts in body composition and central adiposity. Obesity in menopause is associated with heightened risks of cardiometabolic disease, mood disorders, sleep disturbances, and impaired quality of life. Newer antiobesity medications have substantial efficacy in weight reduction and cardiometabolic risk improvement. Lifestyle interventions - resistance training and Mediterranean diet - remain foundational. Screening for comorbidities and attention to mental health are essential components of care. Summary: Management of midlife weight gain in women requires a multifaceted approach, integrating lifestyle modification, pharmacotherapy, and, when appropriate, surgical intervention. Clinicians should prioritize early identification of at-risk individuals, provide anticipatory guidance, and personalize interventions. Ongoing research is needed for evidence-based protocols for weight maintenance after initial loss, along with guidance on maintaining lean muscle mass while on incretin therapy.

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Menopausal hormone therapy and breast cancer: Balancing risks and benefits

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Menopausal hormone therapy remains the most effective treatment for vasomotor symptoms and plays an important role in the prevention of bone loss and fractures. When initiated earlier in menopause, hormone therapy may have some favorable cardiovascular effects, though it is not recommended for cardiovascular disease prevention. Although these benefits are established, perceptions of safety have long been shaped by concerns about breast cancer risk. Evidence accumulated over the past two decades has helped to refine our understanding of the risk of breast cancer associated with hormone therapy, showing that risk varies by hormone therapy formulation, duration of use, and patient-specific factors. For example, combined estrogen-progestogen therapy has been associated with a higher risk of developing breast cancer while estrogen-alone therapy has been linked to reductions in both breast cancer incidence and mortality. The choice of progestogen also matters, with observational evidence indicating that micronized progesterone may have a more favorable breast cancer risk profile than some synthetic progestins. Beyond regimen and duration of use, outcomes are further influenced by timing of initiation and route of administration, underscoring the importance of tailoring therapy to the individual. This narrative review synthesizes current evidence on the benefits and risks of hormone therapy with a focus on breast cancer and risk modifiers to guide evidence-based clinical decision-making in menopause management. It also highlights important research gaps.

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The Incidence of Cardiovascular Disease Events in Women with Hypothyroidism: The Study of Women's Health Across the Nation

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Background: Patients treated for hypothyroidism with levothyroxine (LT4) monotherapy may be exposed to periods of excess and/or inadequate circulating thyroid hormone levels, which may increase the risk of cardiovascular disease (CVD). We hypothesized that the risk of CVD events in women treated with LT4 may be higher than in women without thyroid disease in the period from midlife to early old age. Methods: The Study of Women's Health Across the Nation is a multisite longitudinal study of a diverse cohort of midlife women from seven geographic sites across the United States. Women were screened for a history of thyroid disease and the use of LT4. Each participant completed up to 17 follow-up visits during which the occurrence of CVD events was ascertained. The composite CVD outcome was defined as any of the following fatal or nonfatal events myocardial infarction, stroke, heart failure, percutaneous coronary intervention, and coronary artery bypass graft surgery. A multivariable Cox proportional hazards model with time-varying exposure was used to determine the relationship of LT4 treatment to the incidence of the first CVD event. A sensitivity analysis was conducted, stratifying the group with LT4 treatment by thyrotropin (TSH) level. Results: Of the 2647 women who were included in the study, 421 (15.9%) received LT4 treatment during the study period. A total of

33 (7.8%) CVD events occurred in the group with LT4 treatment compared with 191 (8.6%) in the group without thyroid disease (p = 0.616). In the adjusted Cox proportional hazards model, there was no statistically significant relation of LT4 treatment to risk of CVD events (hazard ratio 0.85, confidence interval [0.55-1.31]; p = 0.463). No significant relation was identified after stratification by TSH level at baseline in the LT4 group. Conclusions: In a diverse sample of women with long-term follow-up through the menopause transition, we observed no difference in the risk of CVD events between women receiving LT4 treatment for hypothyroidism compared with women without thyroid disease.

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A survey of Brazilian gynecologists' prescribing practices and attitudes toward testosterone use in women

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Objectives: Evaluate gynecologists' knowledge regarding the indications and attitudes toward testosterone therapy (TT). Methods: Cross-sectional survey with an 18-question questionnaire covering TT indications, routes, and doses usually prescribed for women. The questionnaire was answered by 1,213 out of the 6,000 gynecologists (20.2%) from the Brazilian Federation of Gynecology and Obstetrics online or on tablets during the 62nd Brazilian Congress of Gynecology and Obstetrics in 2025.Results: Of the sample, 58.9% were aged 31-49, 70.6% were women, 59.20% had 10 or more years since medical school gra duation, and 98.4% had completed residency. Ninety-five percent sometimes prescribed TT for hypoactive sexual desire disorder, 85.5% for other indications, 93.9% sometimes for perimenopausal or postmenopausal women, 90.1% sometimes for premenopausal women, and 66% agreed or partially agreed to prescribe for breast cancer patients. The treatment was based on low testosterone levels, always or sometimes, for 90.1%. About 85.6% of gynecologists aimed for TT to reach the reference range for premenopausal women, and 91.2% believed adverse effects sometimes occurred. Of the total, 93.9% prescribed TT using compounded gels or creams, 54.9% implants, 38% used gels for males, 28.5% used oral forms, 28.3% used injections, and 10% used testosterone implants. In total, 78.1% believed treatment should last up to 6 months, 69.3% thought informed consent should be obtained, and 72% believed there should be an approved TT treatment for women. Conclusions: Brazilian gynecologists widely prescribe TT for various indications, relying heavily on compounded and unapproved formulations. This practice highlights a critical need for using correct routes of testosterone to avoid supraphysiological levels and the availability of approved, standardized TT options for women.