Selección de Resúmenes de Menopausia

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Severity of menopausal symptoms is associated with lower work-related quality of life and job satisfaction in midlife Latin American women: REDLINC XIII

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Background: Female participation in the workforce has increased, particularly among women over 50; hence, the influence of menopause on occupational well-being requires greater attention. Although the epidemiology of climacteric symptoms has been well documented, their impact on job satisfaction and work-related quality of life remains underexplored, especially in low- and middle-income countries, and is virtually absent from large, multinational studies in Latin America. Objective: To evaluate the relationship between severe menopausal symptoms and occupational well-being among salaried, employed midlife women in Latin America. **Methods**: A cross-sectional study was conducted between June 2024 and January 2025 across 30 centres in 12 Latin American countries, with a total of 2035 employed women (aged 40 to 60 years). Menopausal symptoms were assessed with the Menopause Rating Scale, and occupational well-being domains were assessed using the Work-Related Quality of Life Scale and the Job Satisfaction Scale. Hierarchical multiple linear regression analyses were conducted to assess the contribution of menopausal symptom severity to occupational well-being. **Results**: Women with severe menopausal symptoms scored significantly lower across all domains of both the Job Satisfaction Scale and the Work-Related Quality of Life Scale. Hierarchical regression analyses showed that menopausal symptoms were the strongest predictors of job satisfaction (R2 = 0.133). Higher education, menopausal hormone therapy use, and physical activity were positive predictors, whereas number of children, comorbidities, psychotropic medication use, and higher body mass index were associated with lower job satisfaction. For work-related quality of life (R2 = 0.121), education, physical activity, and sexual activity were the main positive predictors, while psychological and severe menopausal symptoms were the strongest negative predictors. The final models explained 13.3% of the variance in job satisfaction and 18.7% in work-related quality of life. **Conclusions**: This study, one of the first large multinational analyses in Latin-American, shows that the severity of menopausal symptoms is negatively associated with occupational well-being. These findings highlight the necessity for workplace strategies and public policies that recognise menopause as a significant determinant of women's occupational well-being.

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Beyond recurrence detection: Treating the forgotten menopause in endometrial cancer survivors

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Endometrial cancer is the most curable gynecological malignancy. Recurrence detection remains central to follow-up; however the management of treatment-induced morbidity remains comparatively underemphasized. As a result, menopausal symptoms remain under-recognized, despite their substantial impact on psychological wellbeing, sexual function, genitourinary health, cardiovascular risk, and bone health. This viewpoint highlights the imminent need to reposition hormonal and menopausal health as an important component element during endometrial cancer follow-up. Current evidence, including randomized and meta-analytic data, demonstrate that menopause hormone therapy (MHT) is safe for disease-free survivors of early stage, endometrioid carcinoma. Nevertheless, most clinicians remain reluctant to prescribe it, leaving many women untreated for preventable suffering. We propose a pragmatic, evidence-informed framework integrating symptom assessment, individualized MHT regimens, and multidisciplinary survivorship pathways. It is time to move beyond the ritual of surveillance towards compassionate, personalized survivorship care

that restores hormonal health and places the quality of life at the Centre. For gynecologic oncologists, addressing the "forgotten menopause" is not optional but integral to evidence-based survivorship care.

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Effects of vaginal dehydroepiandrosterone and estradiol on dyspareunia, a symptom of vulvovaginal atrophy in postmenopausal women - a randomized controlled trial

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Objectives: The primary objective was to evaluate the efficacy of vaginal dehydroepiandrosterone (DHEA) and estradiol (E2) on dyspareunia, a symptom of vulvovaginal atrophy (VVA) in postmenopausal women. Study design: In an open-label, randomized controlled trial, 172 naturally postmenopausal women with a mean age of 62.4 ± 5.7 years and moderate or severe dyspareunia caused by VVA, received DHEA (6.5 mg pessaries) or E2 (10 µg vaginal tablets) daily for 4 weeks and then twice-weekly up to 12 weeks. Symptoms and signs of VVA were assessed at baseline, week 4 and 12 of treatment. Main outcome measures: The primary outcome was the proportion of patients in each treatment group achieving an improvement of 1 point or more in dyspareunia score on a 4-point scale (none, mild, moderate, severe). Secondary outcomes included other symptoms and objective signs of VVA. Results: Women in both groups had improved in dyspareunia by week 12 (DHEA 92% and E2 82%), with a tendency of significant difference between the groups (OR 2.87, 95% CI 1.00-8.25; p = 0.051). For those with severe dyspareunia at baseline there was higher odds of improvement in the DHEA group than in the E2 group (OR 3.4, 95% CI 1.07-10.5). Vaginal pH, maturity index, and total score for clinical signs of atrophy improved more in the E2 group than in the DHEA group. Conclusion: Vaginal DHEA tended to improve dyspareunia more than E2 and was superior in alleviating severe dyspareunia in postmenopausal women. On the other hand, vaginal E2 was superior in improving clinical subjective and objective signs of VVA.

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Cognition in menopausal women

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Cognitive health in postmenopausal women is significantly affected by hormonal shifts, especially the drop in estrogen levels. This review explores the intricate relationship between menopause and cognitive functions across six domains: perception, attention, memory, language, executive functioning, and motor skills. The hormonal changes associated with menopause are linked to impairments in memory, attention, executive functioning, and social cognition, with verbal and working memory showing the most significant decline. Neuropsychiatric issues such as anxiety, mood fluctuations, and "brain fog" might arise, often overlapping with symptoms related to cognitive decline. Screening tools like the Mini-Mental Status Examination and the Montreal Cognitive Assessment assist in the early identification of cognitive decline. This review outlines interventions to preserve cognitive function and emphasizes the timing and advantages of initiating menopausal hormonal therapy during the early menopausal stage. Lifestyle modifications such as adopting a balanced diet, engaging in strength-building activities, and incorporating regular aerobic exercise play a vital role in enhancing cognitive resilience. Addressing modifiable risk factors such as hypertension, obesity, and sedentary behavior is crucial to prevent cognitive decline. Neuroimaging studies can now demonstrate gender-specific brain changes during the preclinical phase of Alzheimer's disease (AD), reinforcing the necessity for early intervention. This review recommends a comprehensive strategy that combines hormonal, dietary, physical, and mental stimulation methods to help postmenopausal women sustain their cognitive health and overall wellness. By raising awareness and advocating for preventive actions, women can face the challenges of menopause with assurance, safeguarding their quality of life and cognitive function.

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Prescribing practices for menopausal hormone therapy in France in 2025: A national online survey (MENOPRAT)

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Objectives: This study was performed to provide an updated overview of menopause management among French gynaecologists in 2025, with a focus on prescribing practices for menopausal hormone therapy (MHT), perceived

barriers, and the use of alternative therapies. Study design: This national, cross-sectional, anonymous online survey was conducted between March and June 2025. Main outcome measures: The primary outcome was the proportion of respondents prescribing MHT as first-line therapy for moderate to severe vasomotor symptoms (VMS) in women without contraindications. The secondary outcomes were physicians' perceptions assessed using 0-10 scales, barriers to prescribing, and the use of alternative therapies. Results: In total, 440 questionnaires were analysed. Overall, 76.4% of physicians reported prescribing MHT as first-line treatment for VMS. The median rating of 'comfort with prescribing' was 8.0 (interquartile range 7.0-9.0), and perceived benefit was high (median 9.0, interquartile range 8.0-10.0). The most frequently reported barriers were patients' hesitancy (59.8%), physicians' concern regarding elevated risks of breast cancer and cardiovascular events (34.8% and 29.5%, respectively). Alternative therapies were commonly used, mainly in cases of contraindication to or refusal of MHT; dietary supplements (70.0%), acupuncture (39.0%), and phytoestrogens (37.0%) were the most frequently prescribed. Finally, 67% of respondents expressed interest in additional training on MHT. Conclusions: Despite strong perceived benefits and a high level of comfort with prescribing, one in four gynaecologists does not systematically offer MHT as first-line therapy for moderate to severe VMS. A gap persists between guidelines and real-life menopause care. Patient hesitancy and risk perceptions underline the need for improved education and decision-support tools.

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Risk factors, management and consequences of severe menopausal vasomotor symptoms

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Menopause, particularly the consequences of severe symptoms, has become the subject of intense media interest. Reducing the prevalent stigma around women's reproductive health has allowed more women to speak openly about their menopause experiences, the effects on their lives and the barriers they face. These effects are far-reaching and illustrate the importance of improving the understanding, management and awareness of severe menopausal symptoms. The cardinal symptoms are hot flushes (or flashes) and night sweats (vasomotor symptoms), although symptoms can vary by ethnicity. For example, some Asian women report other primary symptoms (such as bone and/or joint pain). Vasomotor symptoms affect around 70% of perimenopausal and postmenopausal women and are moderate or severe in around one-third of these women. The US Food and Drug Administration considers vasomotor symptoms to be severe if they cause the person to stop their current activity. Severe vasomotor symptoms drive treatment seeking and can affect quality of life, mental health and work ability. We review the incidence, management and potential long-term health consequences of severe vasomotor symptoms, including cardiovascular disease, diabetes mellitus, cognitive dysfunction, bone health and quality of life. We discuss potential underlying mechanisms and the efficacy of available treatments. Finally, we highlight the evidence gaps in this field and directions for future research.