

Selección de Resúmenes de Menopausia

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A perspective on economic barriers and disparities in access to hormone replacement therapy in LMICs (MARIE-WP2b)

Gayathri Delanerolle # 1 2, Snehal Ghosh # 1, Paula Briggs # 3 4, Peter Phiri 2 5, Julie Taylor, Vindya Pathiraja, et al. Women globally spend a significant portion of their lives experiencing perimenopausal and menopausal symptoms, which can severely affect their quality of life. Hormone Replacement Therapy (HRT) has proven effective in alleviating symptoms such as hot flushes, sleep disturbances, and mood disorders. However, disparities in access to HRT exist, especially in low- and middle-income countries (LMICs), where socioeconomic factors and healthcare availability may limit treatment access. We aimed to explore economic barriers and disparities to access to HRT across Brazil, Ghana, Malaysia, Nepal, Nigeria and Sri Lanka. A cross-sectional exploratory study was conducted using publicly available data from national healthcare databases, pharmacies, and hospital formularies from Brazil, Ghana, Malaysia, Nepal, Nigeria, and Sri Lanka. The availability and cost of common HRT medicines, including oral and transdermal therapies, were analysed alongside of surgical procedures. Affordability was assessed by comparing the cost of a two-month HRT supply to the number of days of minimum wage work required to cover the cost. Additionally, Gross National income per capita was also collected to contextualise these findings. The availability of HRT medicines varied widely across six countries, with Brazil and Nigeria offering a broader range of options compared to Ghana and Nepal. Pricing disparities were significant, with the cost of medicines such as the Mirena Coil requiring over 21 days of minimum wage work in Brazil and more than 260 days in Nigeria for Angeliq. Affordability remained a critical issue across LMICs, with high out-of-pocket costs restricting access to essential menopausal treatments. This study reveals substantial economic barriers to accessing HRT in LMICs, driven by high costs and limited availability. Healthcare policy reforms to improve access and affordability of HRT in these regions are urgently needed. These findings can inform strategies to reduce healthcare inequalities and enhance women's health outcomes globally.

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Trends in Government-Subsidised Menopausal Hormone Therapy Dispensing in Australia Between 2014 and 2023

Hindun Wilda Risni 1, Li Wei 1, Martha Hickey 2 3, Luke Grzeskowiak 4 5, Jenni Ilomäki 6 7, Ruth Brauer 1 Menopausal hormone therapy (MHT) is a mainstay treatment for menopausal symptoms. While international studies report rising MHT use, trends in Australia remain unclear. Using a 10% random sample of Pharmaceutical Benefits Scheme (PBS) data from 2014 to 2023, we analysed the prevalence of MHT dispensing among women aged 45-64. Overall prevalence of MHT dispensing remained stable (relative annual change: 0.42%, 95% CI -0.50 to 1.35). Use of transdermal and intrauterine device (IUD) MHT increased (5.89%, 95% CI 3.88-7.91 and 10.22%, 95% CI 9.48-10.95, respectively), and vaginal MHT decreased (-1.47%, 95% CI -2.30 to -0.63), while oral MHT appeared stable (0.66%, 95% CI -0.04 to 1.36). This study offers a clearer understanding of how MHT use in Australia has changed over the last decade.

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Estrogen replacement therapy and physical function in rheumatoid arthritis

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Objectives: Postmenopausal women with rheumatoid arthritis (RA) experience worsening functional decline, independent of disease activity. Estrogen replacement therapy (ERT) has been proposed to mitigate musculoskeletal deterioration, but its role in RA remains unclear. This study investigated the association between ERT use and physical function in postmenopausal women with RA. Methods: This longitudinal study analyzed data from Forward, the National Databank for Rheumatic Diseases (2000-2022). Postmenopausal women with RA who initiated ERT were

matched 1:1 to non-users based on menopause year or ERT initiation. The primary outcome was physical function, assessed using the Health Assessment Questionnaire (HAQ). Generalized estimating equations (GEE) were used to evaluate the association between ERT and HAQ scores, adjusting for demographics, reproductive history, RA duration, comorbidities, and medication use. Sensitivity analyses with propensity score matching were conducted. Results: A total of 8,246 women were included, with 4,123 ERT users matched to non-users. ERT use was associated with modestly improved HAQ scores ($\beta = -0.02$, 95% CI -0.03, -0.01; $p < 0.001$). Later menopause correlated with better function ($\beta = -0.008$ per year after menopause, 95% CI -0.03, -0.01; $p < 0.001$). Women initiating ERT within five years of menopause demonstrated greater benefits. Sensitivity analyses using propensity score adjustment confirmed these findings and revealed additional improvements in patient-reported outcomes (PROs). Conclusions: ERT use was modestly associated with improved physical function and other PROs in postmenopausal women with RA, with the greatest benefits seen in early postmenopausal initiation. No excess crude rates of cardiovascular or cancer events were observed. Further research is needed to determine the clinical implications of ERT in RA management.

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Hormone replacement therapy and cardiovascular risk in postmenopausal women

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Menopause hormone replacement therapy (HRT) remains the main strategy for managing menopausal symptoms and preventing osteoporosis in postmenopausal women. However, its cardiovascular effects are complex and influenced by multiple factors. Early initiation of HRT within 10 years of menopause onset consistently demonstrates cardiovascular benefits, whereas delayed initiation may increase risks such as stroke and venous thromboembolism. Transdermal and bioidentical hormones generally show a safer cardiovascular profile compared to oral synthetic preparations. Current guidelines advocate for individualized therapy considering patient preferences and risk stratification. However, significant knowledge gaps remain regarding long-term safety, diverse populations, and optimized risk assessment tools. The development of a menopause-specific cardiovascular risk calculator could enhance patient-centred care and guide shared decision-making. This review synthesizes current evidence from major randomized trials, observational studies, and meta-analyses, highlighting the critical role of timing, hormone formulation, administration route, and baseline cardiovascular risk in determining HRT's cardiovascular outcomes. It also underscores the importance of precision medicine in optimizing cardiovascular and overall health outcomes for postmenopausal women using HRT.

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Associations of mortality with leisure-time physical activity and sitting time in postmenopausal women: Insights from NHANES

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Objective: Postmenopausal women are vulnerable to insufficient physical activity and prolonged sitting. While both behaviors have been individually associated with mortality, their joint effects remain unclear. Methods: We analyzed 5355 postmenopausal women (median age 63 years [interquartile range 56-71]) from the National Health and Nutrition Examination Survey (NHANES) 2007-2018. Leisure-time physical activity was categorized as insufficient (<600 metabolic equivalent of task minutes per week) or sufficient (≥ 600 metabolic equivalent of task minutes per week). Sitting time was classified as <6 h/day, 6-8 h/day, or ≥ 8 h/day. Survey-weighted Cox proportional hazards models examined the independent and joint associations of physical activity and sitting time with all-cause, cardiovascular disease, cancer and other-cause mortality. Results: During a median follow-up of 78 months, 673 (13.8%) deaths occurred, including 201 from cardiovascular disease, 162 from cancer, and 310 from other causes. Both sufficient leisure-time physical activity and shorter sitting time were independently associated with lower risks of all-cause, cardiovascular disease, and other-cause mortality, but not cancer mortality. In joint analyses, participants with sufficient physical activity and < 6 h/day sitting had the lowest all-cause (adjusted hazard ratio 0.25, 95% confidence interval 0.16-0.39), cardiovascular disease (adjusted hazard ratio 0.15, 95% confidence interval 0.08-0.30) and other-cause (adjusted hazard ratio 0.17, 95% confidence interval 0.08-0.37) mortality, compared with those with insufficient physical activity and ≥ 8 h/day sitting. Conclusion: In this prospective cohort study of US postmenopausal women, the combination of sufficient physical activity and lower sitting time was associated with lower risks of all-cause and cardiovascular disease mortality.

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Premenopausal and postmenopausal obesity and endometrial cancer risk: circulating biomarkers of inflammation, insulin resistance, and sex hormones as mediators

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Background: Obesity may increase endometrial cancer risk through pathways involving chronic inflammation, insulin resistance, and altered sex hormone levels. Methods: Within the European Prospective Investigation into Cancer and Nutrition cohort, we investigated these mediating pathways using pre-diagnostic circulating biomarkers measured in 337 matched case-control pairs with postmenopausal measurements and 196 pairs with premenopausal measurements. We estimated the natural indirect effect (NIE) of obesity [body mass index (BMI) ≥ 30 kg/m² vs < 25 kg/m²] on endometrial cancer risk: (1) for each biomarker separately, (2) for all biomarkers jointly, and (3) sequentially, accounting for upstream biomarkers based on an assumed causal sequence specified a priori. Results: The adjusted odds ratio (OR) between obesity and endometrial cancer risk was 3.34 [95% confidence interval (CI) 1.97 to 5.65] in the postmenopausal analysis, and 3.24 (1.43 to 7.36) in the premenopausal analysis. Jointly, the ORNIE through all biomarkers was 1.82 [CI 1.21 to 2.74; proportion mediated (P.M.)=50%] in the postmenopausal analysis and 1.79 (0.97 to 3.29; 49%) in the premenopausal analysis. In sequential mediation analysis, estrone [ORNIE =1.20 (CI 1.02 to 1.41); P.M. = 15%] remained a key mediator beyond upstream biomarkers in the postmenopausal analysis and interleukin-6 (IL-6) [1.35 (1.03 to 1.78); 24%] remained a key mediator in the premenopausal analysis. Conclusions: Circulating biomarkers for inflammation, insulin resistance, and sex hormones may mediate the effect of obesity on endometrial cancer risk, with some overlaps in mediating pathways. Sex hormones were the most prominent mediators in postmenopausal obesity, whereas biomarkers for inflammation may play an important role in premenopausal obesity.

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The impact of estrogen status on the gut microbiome: a systematic review and meta-analysis

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Background: Estrogens have been proposed as modulators of gut microbiome (GM) composition, yet evidence from observational studies remains inconsistent. Objective: This meta-analysis aimed to systematically summarise existing evidence on GM alterations in hypoestrogenic women - post-menopausal or premature ovarian insufficiency (POI) - compared to eustrogenic pre-menopausal controls. Methods: PubMed, SCOPUS and Embase were searched through December 2024 for studies comparing GM characteristics between hypoestrogenic and pre-menopausal women. Primary outcome was α -diversity (Shannon index). Secondary outcomes included relative abundances of Bacteroidetes, Firmicutes, and the Bacteroidetes to Firmicutes ratio. Random-effects models were used for data synthesis. Results: Out of 1092 studies screened, 7 met the inclusion criteria (n = 45 women with POI, n = 1222 post-menopausal women, n = 463 eustrogenic controls). No significant differences were observed in α -diversity (p=0.990), Bacteroidetes (p=0.440), or Firmicutes abundance (p=0.110) between hypoestrogenic and eustrogenic groups, irrespective of POI or postmenopause. Similarly, the Bacteroidetes to Firmicutes ratio showed no significant difference between the groups (p=0.400). Study heterogeneity was high (I² 61-99%). Conclusion: Current evidence does not support consistent differences in GM diversity or major bacterial phyla between hypoestrogenic and eustrogenic women. Given the substantial heterogeneity, limited control of confounding factors, and variability in methodological quality, these findings should be interpreted with caution. High-quality, well-controlled studies are needed to better define the relationship between estrogen status and the GM.