

Selección de Resúmenes de Menopausia

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Menopause in Brazil: lived experiences, inequities, and opportunities for inclusive care (MARIE-Brazil WP2a)

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Despite global prevalence of Menopause, evidence on lived experiences across diverse populations remains limited, particularly in Brazil. Addressing these gaps is essential for designing equitable health policies. MARIE-Brazil conducted a qualitative study to explore menopausal experiences. Twenty women were selected from a cohort of 262 women in the MARIE-Brazil quantitative study who consented to the qualitative phase. Semi-structured interviews were conducted using a topic guide with participants self-identifying as experiencing perimenopause, menopause, or post-menopause. Sampling captured heterogeneity across age, menopausal stage, socio-economic position, ethnicity, and healthcare access. The findings indicate intersecting biological, psychological, socio-cultural, and health system determinants shaping experiences. Participants reported vasomotor symptoms, sleep, cognitive, and urogenital changes that influenced quality of life and occupational participation. Barriers to care included limited clinical knowledge, "front-desk gatekeeping," and financial inaccessibility of treatments. Cultural stigma and gender norms exacerbated inequities, while peer networks and supportive clinicians improved coping. Menopause is not solely a biological milestone but a multifaceted transition shaped by structural and cultural determinants. Findings highlight urgent needs to adapt robust clinical protocols (e.g. Brazilian Federation of Gynecology and Obstetrics Associations-FEBRASGO, Brazilian Society of Climacteric-SOBRA) for the public sector (SUS) and provide training for non-clinical staff, and accessible treatment pathways. Incorporating lived experiences into service design and policy frameworks is critical to promoting equity in menopause care across diverse Brazilian population.

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Creatine monohydrate for lean mass, strength, and bone density in postmenopausal women: a systematic review and meta-analysis

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Background: Menopause is accompanied by accelerated losses in muscle mass and strength and declining bone density. Whether creatine monohydrate benefits postmenopausal women are uncertain. Methods: We systematically reviewed randomized, placebo-controlled trials examining creatine supplementation, with or without resistance training (RT), in postmenopausal women. Results: Seven RCTs (n = 608 randomized; duration 12-104 weeks, median 38 weeks) enrolled postmenopausal women (mean age $\approx$ 62 y). Lean mass (k = 5; n = 338) favored creatine: mean difference (MD) + 0.37 kg (95% CI + 0.05 to + 0.69; I^2 = 25%; τ^2 = 0.01; 95% PI -0.10 to + 0.84). Leg-press 1RM (k = 3; n = 111) improved with creatine: MD + 7.5 kg (95% CI + 2.2 to + 12.8; I^2 = 0%). Benefits were evident when creatine $\geq$ 5 g $\cdot$ day⁻¹ was combined with RT; trials using $\leq$ 3 g $\cdot$ day⁻¹ without RT showed no measurable effect. Bone density was unchanged overall. Adverse events were mild and similar to placebo; renal indices were unchanged. Risk of bias was mostly "some concerns;" one large, preregistered, double-blind RCT was at low risk. Conclusions: In postmenopausal women, creatine, particularly $\geq$ 5 g $\cdot$ day⁻¹ with RT, yields small but meaningful gains in lean mass and strength without evidence of harm. Effects on bone density remain unclear. Registration: This review was not prospectively registered. De-identified data and supplementary materials were deposited on OSF after completion of the analysis (DOI: 10.17605/OSF.IO/BVTRZ).

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Potential risk of neoplasms with fezolinetant: clinical evidence, mechanisms, and post-marketing implications

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In 2023, the Food and Drug Administration (FDA) and the European Medicines Agency (EMA) approved fezolinetant (Veoza® in the United States, Veoza® in Europe), a novel neurokinin 3 receptor (NK3R) antagonist and first-in-class nonhormonal drug for treating moderate to severe menopausal vasomotor symptoms (VMS). While its efficacy and safety have been demonstrated through the SKYLIGHT and MOONLIGHT programs, concerns were highlighted regarding a potential increased risk of neoplasms. Although regulatory agencies initially dismissed that risk, emerging data from meta-analysis and pooled analysis consistently showed a significant increase in the risk of nonbenign neoplasms. These findings raise important questions regarding a potential causal link between NK3R antagonists and cancer. By blocking NK3R, fezolinetant can reduce kisspeptin secretion, a ubiquitous peptide known for its antimetastasis function. Furthermore, NK3R blockade may induce compensatory activation of the neurokinin 1 receptor (NK1R), which has been implicated in tumor proliferation, angiogenesis, and metastasis. Because of these mechanistic concerns, long-term safety studies and investigations on the NK3R pathway are essential to clarify the neoplastic risk profile of fezolinetant. This review is based on a PubMed/MEDLINE search using specific keywords, complemented by screening of regulatory documents and citation tracking.

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Assessing Resident Knowledge Regarding Menopause, Treatment, and Patient Care

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Introduction: Current literature demonstrates significant deficiencies in menopause education among Department of Obstetrics and Gynecology (OB-GYN) residents, with limited formal curricula reported across residency programs. Reported gaps in resident knowledge and comfort with menopause management pose a concern for the growing aging population in the United States. The aim of this project was to assess resident knowledge of menopause, treatment options, and patient care. **Methods:** This cross-sectional, survey-based study involved OB-GYN residents affiliated with The University of Kansas School of Medicine-Wichita, Wichita, Kansas. The survey included questions assessing knowledge and comfort related to menopause topics. The primary outcome was resident knowledge regarding menopause. This study was conducted at a community-based OB-GYN residency program and was designed to be reproducible across residency programs. **Results:** Of 20 residents, 14 responses were received and analyzed (70% response rate). Most respondents reported fewer than 5 hours of exposure to menopause education (56.3%, n = 9). Of five knowledge questions, two had fewer than 25% correct responses. Most residents reported being only somewhat comfortable and needing additional experience explaining the etiology and physiology of menopause symptoms (56.3%, n = 9). When asked whether the program prepares them to confidently treat menopausal patients after graduation, the largest proportion neither agreed nor disagreed (43.8%, n = 7). **Conclusions:** Residents demonstrated limited knowledge of menopause and low comfort with menopause management. Although this study was limited to a single program, the findings are consistent with current literature. Increased exposure to menopausal patients and topics, along with standardized menopause curricula, may improve resident knowledge and comfort in menopause management.

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Research advances on estrogen deficiency leading to depression

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Depression is a debilitating mental disorder with a significantly higher prevalence in women, particularly during periods of hormonal fluctuation such as perimenopause, postpartum, and postmenopause. Estrogen, especially 17 β -estradiol (E2), serves as a crucial neuroactive steroid that regulates mood, cognition, and neural homeostasis through nuclear and membrane-associated receptors. Accumulating evidence suggests that estrogen deficiency contributes to the pathogenesis of depression via multiple interconnected mechanisms, including dysregulation of monoamine neurotransmission, hyperactivation of the hypothalamic-pituitary-adrenal (HPA) axis, decreased brain-derived neurotrophic factor (BDNF) expression, impaired mitochondrial function and bioenergetics, neuroinflammation mediated by glial cells, and disruption of gut-brain axis communication. These alterations collectively lead to synaptic dysfunction, reduced neuroplasticity, and increased neuronal vulnerability. Therapeutic strategies such as estrogen replacement therapy (ERT), selective estrogen receptor modulators (SERMs), and receptor-specific agonists show promising antidepressant effects, particularly when administered during critical windows of hypoestrogenism. This review systematically elaborates the pathophysiological mechanisms underlying estrogen deficiency-induced depression and discusses recent advances in estrogen-based therapeutics, highlighting future directions for targeted and personalized treatment approaches.

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Association Between Vasomotor Symptoms of Menopause and Retirement: A Prospective Longitudinal Study

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Objective: To assess the association between vasomotor symptoms of menopause and retirement in Australian women.

Design: Population-based cohort study. **Setting:** Secondary analysis of six surveys collected between 1996 and 2010.

Population: A total of 6928 Australian women, born between 1946 and 1951. **Methods:** Data were obtained from participants in the cohort born between 1946 and 1951 of the Australian Longitudinal Study on Women's Health. Between 1996 and 2010, self-reported longitudinal survey data were collected. Vasomotor symptoms, specifically hot flushes and night sweats, and retirement status were captured. Data were analysed by discrete time survival analyses using logistic regression. **Main outcome measures:** Odds of retirement. **Results:** In fully adjusted analyses, women who experienced both hot flushes and night sweats reported higher odds of retirement compared to women with no vasomotor symptoms (Adjusted Odds Ratio (AOR) = 1.13, 95% CI: 1.03, 1.25). There was no significant association with retirement for women who experienced only hot flushes (AOR = 0.97, 95% CI: 0.85, 1.11) or only night sweats (AOR = 1.19, 95% CI: 0.94, 1.50), compared with those who experienced no symptoms. **Conclusions:** Combined menopausal vasomotor symptoms may contribute to women's retirement from the workforce. Improving access to effective symptom management, along with examining how workplace conditions shape women's experiences of menopause, may help guide strategies to support continued workforce participation in midlife.