

Selección de Resúmenes de Menopausia

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Early menopause and cardiovascular disease risk: triangulating the evidence with a combined analysis

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Objective: The relationship between early menopause and the risk of cardiovascular disease (CVD) is understudied in Asian women. This study aimed to investigate this association and its potential causality among East Asian women. **Method:** A seven-year observational study involving 1929 postmenopausal women from the China Health and Retirement Longitudinal Study was combined with two-sample Mendelian randomization (MR) analyses utilizing genetic data from the China Kadoorie Biobank and Biobank Japan. Time-varying Cox proportional hazards models were employed for observational analysis. For MR analyses, the inverse variance-weighted method was used as the primary approach to investigate potential causality between genetically proxied age at natural menopause and CVD. **Results:** In the multivariable-adjusted Cox regression model, early menopause was significantly associated with an increased CVD risk (hazard ratio 1.43, 95% confidence interval 1.05-1.97). However, MR analyses did not yield significant associations. Additionally, a dose-response relationship was observed between menopausal age and incident CVD risk (p-value for non-linearity = 0.022). **Conclusions:** Early menopause was associated with a higher risk of incident CVD in the observational study, while MR findings suggested this association may not be causal. This study unravels the importance of early menopause in CVD risk assessment and informs CVD primary prevention for Asian women.

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Change in body mass index and physical activity and postmenopausal breast cancer risk in a cohort of Dutch nurses

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Background: Body mass index and physical activity are among the best established risk factors for breast cancer (BC). We examined changes in these factors and postmenopausal BC risk in a cohort of registered Dutch female nurses. **Methods:** Participants completed a questionnaire at enrollment and up to two follow-up questionnaires. Body mass index (BMI, in kg/m²) and physical activity were assessed at age 18, at enrollment and prospectively around menopause. Associations with postmenopausal BC risk were assessed using multivariable Cox models. **Results:** With a median follow-up of 13.2 years, 1,776 incident breast cancers occurred among 43,127 postmenopausal women. A BMI ≥ 25 at menopause was associated with increased BC risk. A high level of sports activity was associated with decreased BC risk (ptrend 0.04) only among overweight (BMI = ≥ 25 to 30) women. The Hazard Ratio (HR) for postmenopausal BC increased 1.06-fold (95% Confidence Interval (CI)=1.04-1.09) with every 5kg weight gain between age 18 and menopause. Physical activity did not modify this association. Women with normal weight at enrollment, who developed overweight/obesity, had increased risk of postmenopausal BC (HR = 1.39, 95% CI = 1.06-1.83). We observed no clear associations between changes in physical activity since enrollment and BC risk, irrespective of BMI changes. **Conclusions:** Weight gain between age 18 and menopause is associated with increased postmenopausal BC risk, irrespective of physical activity. Being overweight/obese and developing overweight/obesity at menopause increases postmenopausal BC risk, however higher sports activity at the time of enrollment may be associated with a lower BC risk among overweight women.

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Effectiveness of exercise intervention on muscle mass, muscle strength, and physical function among postmenopausal women with sarcopenia: a systematic review and meta-analysis

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Background: Sarcopenia is highly prevalent among postmenopausal women due to hormonal changes and aging, and is associated with adverse health outcomes. Exercise has been proposed as a key strategy to mitigate sarcopenia; however,

its effectiveness in this population remains inconclusive. Objective: To systematically evaluate the effects of different exercise modalities on muscle mass, muscle strength, and physical function in postmenopausal women with sarcopenia. Methods: A systematic search was conducted across six electronic databases from inception to April 1, 2025. Randomized controlled trials evaluating exercise interventions in postmenopausal women with sarcopenia were included. Primary outcomes were muscle mass, muscle strength, and physical performance. Meta-analyses were performed using RevMan and Stata. Results: A total of 17 RCTs involving 744 postmenopausal women with sarcopenia were included in this systematic review. The pooled analysis revealed that exercise interventions significantly improved skeletal muscle mass index. Additionally, significant improvements were found in muscle strength, including grip strength and knee extension strength. Physical function also improved, as evidenced by improvements in gait speed, the Timed Up and Go test, and single-leg stance. No significant differences were observed for body mass index (BMI) between intervention and control groups. Conclusions: Exercise interventions were associated with improvements in muscle mass, muscle strength, and physical function in postmenopausal women with sarcopenia. These findings support the integration of structured exercise programs into clinical practice to improve sarcopenia-related outcomes in this population.

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Assessing age at natural menopause from self-reported data in a long-running population-based cohort study

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Objectives: To assess whether age at natural menopause could be determined through self-report, and evaluate consistency and reproducibility in self-reported age at natural menopause in a long-running population-based cohort study. Methods: We used longitudinal data from 3394 women participating in the Doetinchem Cohort Study (1987-2017), who reported menstrual status and age at menopause up to seven times over 30 years. We assessed the proportion of women for whom age at natural menopause could be determined, within-person variation across repeated reports, and reproducibility defined as agreement within one year across increasing recall intervals. Main outcome measures: Proportion determination of age at natural menopause, within-person variation across reports, and reproducibility defined as agreement within one year across increasing recall intervals. Results: Age at natural menopause could be determined in 57% of women who reached menopause during follow-up; in the remaining women, this was mainly precluded by hormone use and gynecologic surgery. Among women who had experienced natural menopause, 60% reported age differences of ≤ 2 years and 17% ≥ 4 years across reports. Variation increased with longer recall intervals, with underreporting among women already postmenopausal at baseline. Agreement within one year declined from 62% at 5 years to 45% at 30 years. Conclusion: For a substantial proportion of women, age at natural menopause is difficult to determine and inconsistently reported, especially over longer recall periods. Accurate documentation of menopausal status, hormone use, and surgical history are therefore crucial for both research and clinical care. Clear definitions and careful prospective documentation of hormone use can improve reproducibility and data quality, enhancing comparability across studies and supporting appropriate female-specific health care.

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Menopausal hormone therapy and pulmonary diseases

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Menopause is accompanied by loss of ovarian estrogen and progesterone production and by age-related changes in circulating androgens, with implications for respiratory physiology and chronic pulmonary disease. Sex steroids influence lung development, immune responses, airway tone, vascular remodeling and pathways involved in lung carcinogenesis. Epidemiological evidence linking menopausal hormone therapy (MHT) to asthma is heterogeneous; some cohorts show increased incident asthma or exacerbations, particularly with estrogen therapy and in specific subgroups, whereas others suggest preserved lung function or reduced late-onset asthma. Data on chronic obstructive pulmonary disease remain limited and inconsistent. In pulmonary hypertension, evidence is conflicting, and clinical decisions must weigh thrombotic risk, strongly influenced by the route of estrogen administration. Studies on obstructive sleep apnea and sleep-disordered breathing suggest possible modest benefits of MHT in selected populations but are methodologically heterogeneous. For lung cancer, large cohorts, meta-analyses and randomized trials essentially show no clear increase in incidence with MHT and suggest potential survival advantages in some subgroups. Overall, MHT use in women with or at risk for pulmonary disease should be individualized, integrating symptom burden, cardiometabolic and respiratory risk, disease phenotype and formulation/route.

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Estrogen prevents menopausal obesity

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Obesity is one of the complications of menopause. Menopausal obesity (MO) may progress to high-risk MO (high cardiovascular risk menopausal obesity; HRMO), which is associated with clinical cardiovascular disease and shortened lifespan. Weight control is the key to preventing MO/HRMO. Estrogen in the form of menopausal hormone treatment (MHT) has been shown to prevent or retard the development of MO and the development of intrathoracic visceral fat. This article reviews the mechanisms by which estrogen, as MHT, may prevent or improve MO and its progression to HRMO. We present this personal perspective to emphasize this clinical effect of MHT as further justification for its use in menopausal women.

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Infertility and age of menopause in a longitudinal cohort of women with primary infertility

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Objectives: To analyze the association between primary infertility and infertility type with the age of natural menopause. **Methods:** This is a retrospective cohort study reviewing a subset of women from the Mayo Primary Infertility Cohort (MPIC). The MPIC is a cohort of 1,001 women diagnosed with primary infertility and 1,001 age-matched referent women. In this study, we included all women at risk for natural menopause and further evaluated those who had reported natural menopause in the medical record. We compared the risk of natural menopause using Cox proportional hazard models with infertility status and infertility type as covariates. In those with documented menopause during the study period, the association between primary infertility and early and premature menopause was analyzed with χ^2 testing. We evaluated the association between age at natural menopause, primary infertility status, and infertility type in this group using linear regression. **Results:** In all, 461 women with primary infertility, with 530 referent individuals, were at risk of natural menopause, and of these, 340 women with infertility and 346 referent women underwent documented natural menopause on review of medical records. Women with primary infertility had an increased risk of natural menopause (hazard ratio: 1.25, 95% CI: 1.06-1.46) and underwent menopause 1 year earlier than referent individuals ($\beta = -1.17$, 95% CI: -1.82 to -0.52) after adjustment for body mass index, tobacco use, race, menstrual cycle regularity, and previous contraception use. Women with primary infertility were more likely to undergo early menopause (age 40-45) than referent women (7.6% vs. 3.0%, $P = 0.01$). Compared with referent women, women with endometriosis underwent menopause 2.75 years earlier (95% CI: -4.38 to -1.13, $P = 0.0009$), and women with unexplained infertility underwent menopause 1.45 years earlier (95% CI: -2.26 to -0.64, $P = 0.0005$). **Conclusions:** Women with primary infertility had an increased risk of early menopause and collectively underwent menopause 1 year earlier than women without a history of primary infertility.

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United States Menopausal Hormone Therapy Usage Trends: An Observational Study

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Objective: To evaluate nationwide trends in systemic menopausal hormone therapy (HT) use in women aged 40 and older between 2007 and 2023. **Patients and methods:** This retrospective, population-based cohort study used de-identified medical and pharmacy claims data from the OptumLabs Data Warehouse, including commercially insured and Medicare Advantage women 40 years of age and older in the United States from 2007 to 2023. The annual rate of HT use was defined as the proportion of women in a year with at least 180 days of filled prescriptions. The prevalence of HT use was analyzed by 5-year age groups and calendar year. Prescriptions for HT were further stratified by formulation, dose, and route of administration. **Results:** Systemic HT use in women 40 years of age and older declined from 4.4% in 2007 to 1.7% in 2023. Oral HT was the most common route of administration. Among women aged 45-49, 50-54, and 55-59 years, HT use decreased from 2.9%, 5.8%, and 7.1% in 2007 to 1.5%, 3.4%, and 3.5% in 2023, respectively. Use of HT was consistently highest among White women. **Conclusion:** Despite substantial evidence and established guidelines supporting the efficacy and safety of menopausal HT, particularly when started early in menopause, usage rates have declined and remain low, even among age groups most likely to experience bothersome menopause symptoms.