Selección de Resúmenes de Menopausia

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FDA safety concerns and menopausal-like symptoms in postmenopausal statin users

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Objectives: In light of US Food and Drug Administration (FDA) warnings about adverse effects of statin therapy, some of which resemble menopausal complaints, this study compared menopause-related manifestations [Menopause Rating Scale (MRS), cognitive, and musculoskeletal symptoms] between users and non-users of statins among postmenopausal women. Methods: This multinational, cross-sectional sub-analysis of the REDLINC XII study included 1,184 postmenopausal women from nine Latin American countries. Menopausal symptoms were assessed with the MRS, cognitive function with the Montreal Cognitive Assessment (MoCA), and sarcopenia risk with the SARC-F questionnaire. Multivariable logistic regression models evaluated associations between statin therapy and outcomes (menopausal symptoms, cognition, and sarcopenia risk) after adjustment for sociodemographic, lifestyle, and clinical factors. Results: Of the 1,184 women, 307 (25.9%) used statins. Compared with non-users, statin users had a higher prevalence of severe menopausal symptoms (47.2% vs. 30.6%), more intense musculoskeletal symptoms (53.1% vs. 33.9%), and higher sarcopenia risk (28.7% vs. 16.5%; all P=0.0001). In multivariable logistic regression analyses, statin therapy was not associated with mild cognitive impairment defined by the MoCA global score, although exploratory analyses suggested poorer performance in delayed recall memory and visuospatial function among users. Statin therapy remained independently associated with severe menopausal symptoms [odds ratio (OR): 1.56; 95% CI: 1.17-2.10] and sarcopenia risk (OR: 1.65; 95% CI: 1.19-2.29). Conclusions: In postmenopausal women, statin therapy was not associated with mild cognitive impairment; however, statin use was linked to poorer delayed recall memory and visuospatial function and a higher burden of menopausal symptoms and sarcopenia risk. Statin-related cognitive and somatic effects may overlap with menopausal symptomatology and contribute to symptom burden during midlife.

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The Impact of Menopause Symptoms on Productivity at Workplace: A Cross-Sectional Analytical Study from Turkey

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Objective: This study aims to examine the experiences of postmenopausal working women with menopause symptoms in the workplace and the impact of these symptoms on work productivity, based on the Job Demands-Resources model. Method: Data for this cross-sectional analytical study were collected via an online survey from 144 postmenopausal working women using Personal Information Form, the Menopause Rating Scale, and the Endicott Work Productivity Scale. Results: In the hierarchical regression analysis, it was determined that age (β=-0.181; p=0.016), field of work (β=-0.208; p=0.003), psychological (β=0.493; p<0.001) and urogenital (β=0.178; p=0.018) symptoms related to menopause were significant predictors of workplace productivity. The model explained 45.9% of the total variance (R^2=0.459; p<0.001). Conclusions: The results highlight the need for workplace interventions, including organizational support and menopause-sensitive policies, to mitigate the negative impact of menopause symptoms on efficiency.

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Impact of sex differences on microglial function in Alzheimer's disease

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Aging is the strongest risk factor for Alzheimer's disease (AD), a multifactorial neurodegenerative disorder characterized by amyloid-β (Aβ) accumulation, tau pathology (hyperphosphorylated tau and neurofibrillary tangles [NFTs]), and associated neuroinflammatory processes. Age-related cellular and molecular stressors, including mitochondrial dysfunction, genomic instability, and chronic low-grade inflammation, progressively increase vulnerability to neurodegeneration. In parallel, sex is increasingly recognized as a biological variable that shapes AD risk, clinical course,

and neuropathological burden. Women account for roughly two-thirds of AD cases, a disparity not fully explained by longevity. Multiple factors likely contribute, including hormonal transitions across the lifespan (particularly menopausal estrogen decline), sex chromosome-linked immune regulation, sex-dependent interactions between genetic risk factors (e.g., APOE4 and TREM2) and brain aging, and differences in vascular risk, cognitive reserve, and sociocultural exposures that influence disease expression and detection. Microglia, the brain's resident immune cells, are sexually dimorphic, and respond to Aβ and tau pathology, modulating inflammatory signaling, synaptic remodeling, and neurovascular dysfunction implicated in AD. Emerging human and experimental evidence indicate that microglial activation states, immunometabolism, and functional responses differ between males and females and may contribute to sex-specific AD trajectories. Here, we synthesize current evidence supporting microglial sexual dimorphism across aging and AD, highlight possible candidates (hormonal signaling, immuno-aging, disease-associated microglial states, and immunometabolic remodeling), and discuss key knowledge gaps toward sex-informed precision approaches for prevention and treatment.

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Breast arterial calcification rates in screening mammography patients without a history of major adverse cardiovascular events (MACEs)

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Background: Breast arterial calcification (BAC), detected by digital mammography, has been strongly associated with coronary artery disease (CAD). Meta-analyses have estimated BAC prevalence to range from 12.7%-17.1%, yet these estimates include women with known cardiovascular conditions. The percentage of women in a screening population with BAC who might benefit from formal cardiovascular evaluation is unknown. Objective: To determine the prevalence of, and factors associated with BAC in a sample of patients without a history of coronary artery disease (CAD), prior myocardial infarction or heart failure, prior stroke or TIA, atrial fibrillation or angina with or without prescribed nitroglycerin (i.e., without a Major Adverse Cardiovascular Event +, named MACE+). And to clarify the percentage of mammography patients who could benefit from cardiovascular assessment. Methods: 4304 mammography patients without MACE+ history were enrolled. BAC presence/absence and demographic/medical history information was collected. Results: BAC prevalence was 8.04%. Age was a significant risk factor for BAC. Age-adjusted analyses revealed: 1) increased BAC prevalence in Black and Hispanic women, 2) decreased BAC prevalence in Ashkenazi women and women with current HRT use, and 3) no association between BAC prevalence and menopausal status, age of menarche, or breast density. Conclusions: An 8% BAC prevalence suggests that more than half of women with BAC likely have no history of diagnosed cardiovascular conditions, and BAC might be the first indication they should be referred for formal cardiovascular evaluation. For the 1 in 12 women without MACE+ but with BAC, communicating BAC results could alert them to cardiovascular concerns and encourage them seek out preventive cardiology care, making BAC communication an important public health intervention.

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Effects of Menopausal Hormone Therapy on Uterine Fibroids in Women During Menopausal Transition

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Objective: Uterine fibroids are highly prevalent globally. However, evidence on the effects of menopausal hormone therapy (MHT) on fibroid growth during menopausal transition remains limited. This study explores the association between MHT and the size of uterine fibroids in women during the menopausal transition. Methods: This retrospective observational study enrolled women during menopausal transition with uterine fibroids who received sequential menopausal hormone therapy (estradiol combined with dydrogesterone) at Nanjing Women and Children's Healthcare Hospital from January 2016 to August 2023. Serial ultrasound examinations were performed to dynamically monitor changes in fibroid cross-sectional area during follow-up. A linear mixed-effects model was applied to explore the long-term impact of menopausal hormone therapy on fibroid size alterations over time. Furthermore, all adverse events occurring during hormone therapy were systematically recorded and summarized. Results: A total of 83 patients were enrolled, with a maximum follow-up of 5 years post-treatment. Although statistically significant differences from baseline in fibroid cross-sectional area were observed during the first four years of follow-up, these changes were marginal and clinically unremarkable and undetectable at year 5. Most adverse events were transient and resolved spontaneously. The incidence rates of unexpected bleeding, breast discomfort and gastrointestinal symptoms were 18.07%, 10.84% and 2.41%, respectively. Conclusion: Findings suggest that women during menopausal transition that receiving MHT may experience transient, minor changes in fibroid size. These changes are not considered clinically meaningful, and MHT

exhibits an overall favorable safety profile for this group. With regular surveillance and use of the lowest effective dose, MHT represents a safe and practical therapeutic choice. Additional prospective investigations are needed to characterize the long-term dynamic changes of fibroids associated with MHT.

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Effect of transdermal testosterone on postmenopausal sexual desire: placebo-controlled randomized clinical trial

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Objective: The transdermal administration of testosterone is a promising alternative to improve sexual health in postmenopausal women with decreased sexual desire, although its use remains off-label in Brazil and several other countries. This study aimed to evaluate the effect of compounded transdermal testosterone on serum testosterone concentrations as the primary outcome, and on Free Androgen Index, sex hormone binding-globulin (SHBG), and Female Sexual Function Index (FSFI) scores as secondary outcomes, in postmenopausal women under hormone replacement therapy. Methods: This placebo-controlled randomized clinical trial evaluated serum testosterone concentrations and sexual satisfaction indices in 47 postmenopausal women undergoing isolated or combined hormone therapy who reported decreased sexual desire, comparing a group that received compounded transdermal testosterone to a placebo group. Participants were selected consecutively from April 2023 to April 2024; they were randomized and underwent laboratory tests and completed the FSFI questionnaire before and after treatment. Results: The results showed that the testosterone group had a significant increase in total testosterone levels ($p = 0.001$) and the Free Androgen Index ($p = 0.004$), along with improvements in several FSFI domains, such as desire and sexual satisfaction. In contrast, the placebo group did not show an increase in testosterone levels, although it did show improvement in the pain domain. Both groups did not alter SHBG levels ($p = 0.876$ in testosterone group). Conclusion: Although transdermal testosterone therapy was effective in increasing hormone levels and improving sexual function, variability in hormone concentrations posed challenges in evaluating compounded medications.

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Sleep disturbances during perimenopause and later-life cognitive function

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Objective: To evaluate whether self-reported sleep disturbances during perimenopause are associated with cognitive function decades later in postmenopausal women. Methods: We analyzed 2,097 postmenopausal women without known dementia in the St Louis Baby Tooth-Later Life Health Study (2019-2023). At one postmenopausal visit, participants retrospectively reported perimenopausal sleep, rated current sleep, and completed a cognitive battery. Sleep disturbances were assessed with the Neuro-QoL Sleep Disturbance scale and classified as none to slight, mild, or moderate to severe. Cognitive function was summarized as a composite Z-score from the TestMyBrain battery. Multiple linear regression estimated adjusted differences (SD units) in cognition across sleep disturbance categories, stratified by frequency of being woken by menopausal symptoms (ie, "never or rarely" vs. "sometimes to always"). Results: Perimenopausal sleep disturbances were associated with lower cognitive scores compared with none to slight (mild: -0.07; 95% CI, -0.17 to 0.02; moderate to severe: -0.15; 95% CI, -0.29 to -0.02). No association was observed among women never or rarely woken by menopausal symptoms, whereas larger deficits were seen among those woken sometimes to always (mild: -0.17; 95% CI, -0.28 to -0.06; moderate to severe: -0.31; 95% CI, -0.47 to -0.16). Findings were unchanged after adjustment for hormone therapy or for concurrent sleep disturbances measured at the time of cognitive testing. Conclusions: Perimenopausal sleep disturbances were linked to poorer cognitive function decades later, particularly in women frequently woken by menopausal symptoms. These results suggest that sleep and menopausal symptoms in midlife may be relevant markers of later-life cognitive health, and warrant confirmation in prospective studies.

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Impacts of menopausal hormone therapy on Alzheimer's disease biomarkers: A systematic review

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BackgroundSex-specific vulnerability to Alzheimer's disease (AD) has been increasingly recognized, with menopause representing a decisive neuroendocrine transition. Estrogen and progesterone modulate synaptic plasticity, glucose metabolism, and amyloid-tau homeostasis, yet the impact of their decline and replacement remains controversial. AD

biomarkers provide objective means to assess menopausal hormone therapy (MHT) mechanistic effects beyond cognitive endpoints. Objective To determine how MHT influences validated AD biomarkers in peri- and postmenopausal women. Methods A systematic review was conducted following PRISMA guidelines (PROSPERO CRD420251149404). PubMed, Embase, Web of Science, and Cochrane Library were searched through September 2025 for interventional and observational studies evaluating MHT and AD biomarkers after non-surgical menopause. Eligible biomarkers included cerebrospinal fluid (CSF) and plasma markers, and amyloid-, tau- or FDG-PET imaging. Study quality was assessed using RoB-2 and ROBINS-I tools, and evidence certainty with GRADE. Results Fourteen studies met inclusion criteria. Early or continuous transdermal 17β-estradiol was linked with lower CSF and plasma p-tau181 and preserved glucose metabolism in AD-vulnerable cortical regions. Neuroimaging studies showed decreased amyloid deposition and sustained metabolic benefits years after discontinuation. Conversely, oral conjugated equine estrogens and estrogen-progestin regimens led to neutral or unfavorable biomarker trends, particularly when initiated more than five years after menopause. Conclusions MHT's effects on AD biomarkers depend on timing, formulation and hormonal composition. Early transdermal estradiol appears to reinforce neuroprotective biomarker profiles, whereas delayed or combined therapies may nullify these benefits. Genotype-stratified trials with harmonized biomarker reports are needed to define optimal neuroprotective windows for women.