Selección de Resúmenes de Menopausia

Semana del 1 al 7 de julio, 2026

María Soledad Vallejo. Obstetricia y Ginecología. Hospital Clínico. Universidad de Chile

Medicine (Baltimore). 2026 Jul 3;105(27):e49611. doi: 10.1097/MD.0000000000049611.

Global, regional, and national burdens of musculoskeletal disorders in postmenopausal women from 1990 to 2021 and projections to 2050: A population-based observational study using GBD 2021 data

Zui Tian 1, Jingkai Di, Changjiang Mu, Zijian Guo, Yingda Qin, Zehui Yan, Chuan Xiang

Musculoskeletal disorders, the second-leading cause of disability from nonfatal diseases worldwide, pose significant economic burdens and public health challenges. Studies have demonstrated that the synergy between estrogen deficiency and inflammatory aging in postmenopausal women results in a higher risk of musculoskeletal disorders in women compared with men. This study aims to fill this gap by characterizing the burden of musculoskeletal disorders in postmenopausal women. Using data from the Global Burden of Disease Study 1990 to 2021, a comprehensive analysis was conducted on the incidence, prevalence, mortality, and disability-adjusted life years associated with musculoskeletal disorders in postmenopausal women. Additionally, levels of exposure to risk factors and their associated disease burdens were analyzed, along with projections to 2050. Globally, 476 million postmenopausal women were affected by musculoskeletal disorders in 2021, representing a 126.7% increase compared with 210 million in 1990. The projected number of prevalent cases is expected to reach 897 million by 2050. The burden of musculoskeletal disorders in menopausal women slowly increased with a higher Sociodemographic Index. A high body mass index was identified as the most significant risk factor for musculoskeletal disorders in menopausal women. The global burden of musculoskeletal disorders in menopausal women remains high, with substantial disparities between regions and socioeconomic strata. Prioritizing metabolic risk reduction, responding to demographic changes, and developing region-specific policies are essential for addressing this escalating public health challenge.

Pituitary. 2026 Jul 3;29(4):116. doi: 10.1007/s11102-026-01724-3.

Does persistent hyperprolactinemia contribute to bone loss independently of estrogen deficiency in postmenopausal women?

Ali Tunc 1, Ilkin Muradov 1, Mehmet Umut Capar 1, Banu Betul Kocaman 1, Mayis Farajli, Sebnem Yogurtcu, et al.

Objective: To evaluate bone mineral density (BMD) in postmenopausal women with prolactinoma diagnosed during the premenopausal period and to compare skeletal outcomes according to prolactin status during drug-free follow-up. Methods: This retrospective cross-sectional single-center study included 42 postmenopausal women with prolactinoma. Patients were classified as hyperprolactinemic or normoprolactinemic based on serum prolactin levels at the last follow-up visit. BMD was assessed by dual-energy X-ray absorptiometry at the lumbar spine and femoral neck. Clinical variables were compared between groups. Correlation analysis, receiver operating characteristic (ROC) analysis, and multivariable logistic regression were performed. Results: Lumbar spine BMD was significantly lower in hyperprolactinemic patients than in normoprolactinemic patients (0.861 ± 0.124 vs. 0.960 ± 0.129 g/cm², p = 0.022), whereas femoral neck BMD did not differ. Patients with hyperprolactinemia had longer cumulative exposure to hyperprolactinemia and required longer and higher-dose cabergoline treatment. Baseline prolactin levels were higher in patients with osteoporosis and showed potential discriminatory value for identifying osteoporosis (AUC = 0.861). Lumbar spine BMD and T-scores were inversely correlated with prolactin levels. In multivariable analysis, baseline prolactin level remained independently associated with low BMD. Conclusion: Persistent hyperprolactinemia is associated with lower lumbar spine BMD in postmenopausal women with prolactinoma. Baseline prolactin level and cumulative exposure to prolactin excess appear to be important contributors to skeletal deterioration, supporting the need for routine bone health assessment during long-term follow-up.

Am J Prev Cardiol. 2026 Apr 2:28:101599. doi: 10.1016/j.ajpc.2026.101599. eCollection 2026 Aug.

Trajectories of blood pressure and influencing factors across menopause: A longitudinal cohort study

Xuanjin Yang 1, Gaifen Liu 2, Feiling Huang 1, Ruiyi Tang 1, Penghui Feng 1, Yubo Fan 1, Zhuolin Xie 1, et al.

Objective: To identify the trajectories of blood pressure (BP) across menopause in Chinese women and analyze influencing factors. Methods: A total of 526 participants, contributing 4759 measurements, from the Peking Union Medical College Hospital Aging Longitudinal Cohort of Women in Midlife were included in this analysis. Group-based trajectory modeling was used to identify distinct trajectories of systolic blood pressure (SBP), diastolic blood pressure (DBP) and mean arterial pressure (MAP) changes across menopause. Logistic regression and mixed-effects models were used to analyze the associations between sex hormones, body mass index (BMI), waist circumference(WC) and BP trajectories. Sensitivity analyses were conducted on participants who still have natural menstrual cycle at enrollment. Results: Three distinct trajectories were identified for SBP, DBP and MAP. Overall, SBP and MAP exhibited an upward trend, while DBP showed a downward trend. For all three parameters, lower estradiol was correlated negatively to BP in the "high" group. But BMI and WC had a significant positive correlations of changes in BP in all three groups. BMI and WC exhibited a negative interactions in influencing BP. Additionally, SBP, DBP and MAP were higher in the "high" BMI trajectory group compared to the remaining two groups. Sensitivity analysis also showed similar findings as that from all the participants. Conclusion: Chinese women across menopause experience distinct trajectories for SBP, DBP and MAP, influenced by BMI and WC. This further underscores the necessity for enhanced BP monitoring and weight management among perimenopausal women to promote long-term cardiovascular health.

Front Public Health. 2026 Jun 17:14:1847250. doi: 10.3389/fpubh.2026.1847250. eCollection 2026.

Trends in menopausal hormone therapy use among postmenopausal women in South Korea: analysis of KNHANES 2005-2024

Kisok Kim 1, Hyejin Park 2

Menopausal Hormone Therapy (MHT) has long been used to manage postmenopausal symptoms in Republic of Korea. However, long-term trends in MHT use among postmenopausal Korean women remain incompletely characterized. This study examined temporal trends in the lifetime prevalence of MHT use and sociodemographic correlates using nationally representative data spanning two decades. We conducted a secondary analysis of the Korea National Health and Nutrition Examination Survey (KNHANES) cycles 3 (2005), 4 (2007-2009), 5 (2010-2012), and 9 (2024), including 11,407 postmenopausal women aged ≥40 years. Survey-weighted prevalence estimates with 95% confidence intervals were calculated. Rao-Scott chi-square tests assessed differences across survey cycles and demographic subgroups, while survey-weighted logistic regression models evaluated temporal trends. Overall weighted lifetime prevalence of MHT use was 15.0% (95% CI: 14.1-15.9%), increasing significantly from 13.8% in 2005 to 17.5% in 2024 (p for trend = 0.04). MHT use was significantly associated with younger age, higher education, and higher income (all p for trend < 0.01). Comparing the past period (2005-2012, prevalence 14.4%) with the recent period (2024, prevalence 17.5%) revealed a significant increase (p = 0.01). Age-specific analysis demonstrated substantial increases in older age groups: among women aged ≥70 years, prevalence rose from 3.5 to 12.5% (p < 0.01). In addition, prevalence among women with lower education levels (< middle school) significantly increased from 10.1 to 16.0% (p < 0.01). These patterns may reflect evolving clinical practice and patient preferences, possibly driven by accumulating evidence supporting individualized MHT use for symptomatic relief in appropriately selected women.

Gynecol Obstet Invest. 2026 Jun 30:1-12. doi: 10.1159/000553344. Online ahead of print.

Vaginal Estrogen for Urinary Tract Infection Prevention: A Narrative Review of Evidence, Guidelines, and Regulatory Gaps **FREE**

Rola Ghasoub, William Mackay, Ashley Shepherd

Background: Recurrent urinary tract infections (rUTIs) are common in peri- and postmenopausal women and impose substantial symptom, quality of life, and antimicrobial stewardship burdens, with particularly high incidence and hospitalization costs documented in England and UK primary care populations. Vaginal estrogen, by restoring urogenital epithelium and the lactobacillus-dominant microbiome, is recommended in several guidelines for preventing rUTI; including UK antimicrobial prescribing guidance for rUTIs and European Association of Urology recommendations. However, most formulations are licensed only for genitourinary syndrome of menopause, not for UTI prophylaxis. This creates a mismatch between the growing clinical evidence base and the absence of a specific

regulatory indication for rUTI prevention across major regulatory agencies, including the U.S. Food and Drug Administration (FDA), the European Medicines Agency (EMA), and the UK Medicines and Healthcare products Regulatory Agency (MHRA), which may contribute to underuse and clinician uncertainty. Objectives: To review and summarize the evidence on vaginal estrogen for prevention of recurrent urinary tract infections in peri- and postmenopausal women, with a particular focus on its use alone and in combination with antibiotic therapy, and on the gap between clinical guideline recommendations and regulatory product labelling. Methods: We conducted a structured narrative review focusing on randomized controlled trials and clinical practice guidelines that evaluate intravaginal estrogen for the prevention of rUTI in peri- and postmenopausal women. Conclusions and outlook: Vaginal estrogen is an evidence-based yet underutilized strategy for rUTI prevention in peri- and postmenopausal women, supported by RCT data and guideline recommendations, but not recognized in current FDA-approved indications for vaginal estrogen products. Closing this evidence licensing gap will require regulatory reconsideration informed by existing trial data, alongside new pragmatic studies to refine timing, dosing, and formulation choices, to evaluate co-administration with antibiotics, and to explore women's knowledge, preferences, and adherence to support patient-centered implementation in routine care.

Menopause. 2026 Jun 30. doi: 10.1097/GME.0000000000002855. Online ahead of print.

Novel and traditional anthropometric measures of obesity association with dynapenia in postmenopausal women

Pascual García-Alfaro 1, Faustino R Pérez-López 2, María Angela Sulé 3, Ignacio Rodríguez 1

Objectives: To examine the association between body mass index (BMI), Body Roundness Index (BRI), and A Body Shape Index (ABSI), with handgrip strength (HGS) and dynapenia in postmenopausal women. Methods: This is a cross-sectional study involving 259 postmenopausal women. Age, age at menopause, alcohol consumption, height, weight, waist circumference, and smoking status were recorded. BMI, BRI, and ABSI were separately calculated. Serum creatinine, glucose, glycated hemoglobin, and uric acid were evaluated. HGS was measured using a digital dynamometer, and physical activity was assessed by the International Physical Activity Questionnaire. Student t test, $\chi 2$ test, Pearson correlation coefficient, and multivariable linear and logistic regression models were performed for data analysis. Results: HGS was not correlated with BMI (r=-0.004, P=0.930), BRI (r=-0.080, P=0.190), and ABSI (r=-0.019, P=0.750). The multivariable linear regression models showed that HGS was not significantly associated with BMI (β= 0.01; 95% CI, -0.11 to 0.12), BRI (β= -0.04; 95% CI, -0.34 to 0.25), and ABSI (β= 43; 95% CI, -38 to 124). The multivariable logistic regression models displayed no significant association between dynapenia with BMI (OR= 1.00; 95% CI, 0.92-1.09), BRI (OR= 1.06; 95% CI, 0.84-1.34), and ABSI (OR= 0.80; 95% CI, 0.55-1.14). Conclusions: There were no associations between BMI, BRI, and ABSI with HGS. Furthermore, in postmenopausal women, dynapenia was also not associated with these anthropometric indices of obesity.