Selección de Resúmenes de Menopausia

Semana del 9 a 15 de septiembre, 2026

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

Climacteric. 2026 Sep 11:1-9. doi: 10.1080/13697137.2026.2715247. Online ahead of print.

Perimenopausal symptom burden: implications for health, work and earlier clinical management

Doris Rodríguez-Vidal, Juan E Blümel, Peter Chedraui, María S Vallejo, Lucia Costa-Paiva, Hugo Gutiérrez, et al.

Objective: Perimenopausal women often experience symptoms impairing quality of life, yet they receive limited clinical attention. This study aimed to assess symptom burden, health-related quality of life (HRQoL) and work-related outcomes across reproductive aging stages. Method: Secondary analysis included 1478 women aged 40-54 years from 12 Latin American countries, classified by age and menstrual status into four groups: age 40-44 years with regular cycles (reference), age 45-49 years with regular cycles, age 45-49 years with irregular cycles (perimenopause) and age 50-54 years with absent menses (early postmenopause). Symptoms, HRQoL, work-related outcomes and job satisfaction were assessed using validated instruments Multivariable logistic regression analyses were performed. Results: Symptom severity increased progressively across stages, with severe symptoms rising from 18.3% (reference group) to 50.6% in postmenopausal women ($p < 0.001$). Compared with the reference group, women with irregular cycles and those with absent menses had higher odds of severe symptoms (odds ratio [OR] 2.97 and 3.71), lower HRQoL (OR 1.62 and 1.97) and lower job satisfaction (OR 2.01 and 3.07), respectively. Menopausal stage was not independently associated with work-related quality of life. Conclusion: Symptom burden and its impact on health and job satisfaction emerge before menopause and may inform earlier, stage-specific clinical guidance.

Clin Pharmacol. 2026 Sep 9:18:581397. doi: 10.2147/CPAA.S581397. eCollection 2026.

Cardiovascular and Metabolic Outcomes of Hormone Replacement Therapy in Women Aged 65 Years and Older: A Systematic Review of Randomized Clinical Trials

Taraneh Mousavi 1, Md Fitrat Hossain 1, Fadia T Shaya 1, Wanda Hill 2, Stephen N Davis 3

Background: The cardiovascular, kidney, and metabolic effects of hormone replacement therapy (HRT) in postmenopausal women, particularly those who initiate treatment after age 65, remain incompletely characterized. The objective of this systematic review was to evaluate evidence on these outcomes, with a focus on women aged 65 years and older. Methods: PubMed, Embase, Scopus, and the Cochrane Library were searched for studies published between January 1, 2021, and February 28, 2026. Eligible studies included randomized controlled trials and secondary or post-trial analyses evaluating HRT in postmenopausal women, particularly women aged 65 years and older. Outcomes included cardiovascular, renal, and metabolic endpoints. Risk of bias was assessed using RoB 2 where applicable, and evidence was synthesized narratively. The review protocol was registered in PROSPERO (CRD420261338310). Results: Of 1701 records identified, 6 reports met the inclusion criteria, all derived from three parent trials: the Women's Health Initiative Hormone Therapy Trials (WHI-HT), Early versus Late Intervention Trial with Estradiol (ELITE), and Kronos Early Estrogen Prevention Study (KEEPS). HRT effects varied by regimen and timing. In WHI-HT analyses, conjugated equine estrogens (CEE), alone or with medroxyprogesterone acetate (MPA), lowered low-density lipoprotein cholesterol (LDL-C) but increased triglycerides and systolic blood pressure; CEE plus MPA had a less favorable coronary profile than CEE alone. ELITE supported less favorable vascular effects with later initiation, while KEEPS showed neutral long-term findings. No trial was designed specifically for women aged ≥65 years, and evidence in this age group was limited to subgroup analyses of broader postmenopausal women. Additionally, no studies included renal outcomes. Conclusion: Future prospective studies should evaluate cardiovascular, kidney, and metabolic outcomes across HRT regimens and timing in older postmenopausal women to guide individualized treatment decisions.

Women Health. 2026 Sep 14:1-11. doi: 10.1080/03630242.2026.2733532. Online ahead of print.

Factors affecting muscle strength, muscle mass, physical performance, and sarcopenia in middle-aged menopausal women in Taiwan: A cross-sectional study

Ting-Wan Tan 1 2, Yu-Chu Chung 2, Wen-Shu Lin 1, Mei-Hui Hsieh 2, Han-Ling Tan 3

This study aimed to investigate factors associated with muscle strength, muscle mass, physical performance, and sarcopenia risk among middle-aged menopausal women in Taiwan. A cross-sectional study was conducted using convenience sampling among women aged 40-65 years in Taiwan. Data were collected between June 2023 and January 2024 using a demographic and health characteristics questionnaire and sarcopenia-related assessment tools, including the SARC-CalF questionnaire, handgrip strength dynamometer, bioelectrical impedance analysis, and the Short Physical Performance Battery test, based on the 2019 Asian Working Group for Sarcopenia criteria. Postmenopausal women had lower muscle-related measures and poorer physical performance than premenopausal and perimenopausal women. Lower fat mass, body mass index, lean mass, bone mineral content, waist circumference, and intracellular water were associated with muscle strength, muscle mass, and/or physical performance. Older age and postmenopausal status were also associated with poorer muscle-related outcomes and a higher risk of sarcopenia. Among middle-aged menopausal women in Taiwan, older age, postmenopausal status, and lower body mass index, fat mass, lean mass, bone mineral content, waist circumference, and intracellular water were associated with poorer muscle strength, muscle mass, and physical performance, as well as a higher risk of sarcopenia. These findings highlight the multifactorial nature of muscle health during the menopausal transition.

J Obstet Gynaecol Res. 2026 Sep;52(9):e70497. doi: 10.1111/jog.70497.

Comparison of Carotid Intima-Media Thickness and Serum Endocan Levels in Surgical and Natural Menopause With Premenopausal Women

Ayse Derya Topal, Fisun Vural, Ayse Deniz Ertürk Coskun, Sibel Aydin Aksu, Kubra Bozali, Eray Metin Güler.

Aim: Menopause is associated with increased cardiovascular risk due to estrogen depletion. This study aimed to compare carotid intima-media thickness (CIMT) and serum endocan levels in women with natural menopause, surgical menopause, and premenopausal status, and to evaluate their potential roles as biomarkers for cardiovascular risk stratification. Methods: This prospective observational study included 88 healthy women aged 45-60 years: 32 with surgical menopause, 30 with natural menopause, and 26 who were premenopausal. Serum endocan concentrations were measured using an enzyme-linked immunosorbent assay, and bilateral CIMT was assessed ultrasonographically. Between-group comparisons were performed using appropriate parametric or non-parametric tests. Multivariable linear regression analyses adjusted for age and body mass index (BMI) were performed. Serum endocan was natural-log transformed before multivariable analysis because of its skewed distribution. Results: Serum endocan concentrations differed significantly among the three groups (overall $p < 0.001$), with the highest levels in surgical menopause, followed by natural menopause and premenopause. The association between menopausal group and log-transformed endocan remained significant after adjustment for age and BMI (overall $p < 0.001$). Overall mean CIMT did not differ significantly among the groups in either unadjusted ($p = 0.913$) or adjusted analyses ($p = 0.703$). Age, but not menopausal group or BMI, was independently associated with overall mean CIMT ($p = 0.003$). Conclusions: Serum endocan levels were independently associated with menopausal status after adjustment for age and BMI, with the highest concentrations observed in women with surgical menopause. In contrast, CIMT was not independently associated with menopausal status. These findings support further investigation of endocan as a potential marker of menopause-associated endothelial alterations. However, prospective longitudinal studies are strictly required to validate this indirect hypothesis and establish causality.

PD. Endocan se refiere a Endothelial Cell-Specific Molecule-1 (ESM-1), una molécula producida principalmente por las células endoteliales. Se utiliza como biomarcador de activación o disfunción endotelial.

Maturitas. 2026 Sep 9:214:109119. doi: 10.1016/j.maturitas.2026.109119. Online ahead of print.

From PCOS to PMOS: An EMAS clinical guide to the proposed terminology and its relevance to menopause care

Fatih Aktoz 1, C Tamer Erel 2, Ipek Betul Ozcivit Erkan 3, Eleni Armeni 4, Judith Boban 5, Iuliana Ceausu 6, et al.

Introduction: Polycystic ovary syndrome (PCOS) has recently been renamed polyendocrine metabolic ovarian syndrome (PMOS). This change is particularly relevant after menopause, when menstrual dysfunction and ovarian

morphology are no longer useful for assessment, while cardiometabolic and other long-term health risks remain clinically significant. Aim: To review the implications of the shift in terminology from PCOS to PMOS for women in the menopausal transition and after menopause and to provide guidance for assessment and management. Materials and methods: This EMAS Clinical Guide is based on a narrative review and expert consensus. PubMed and Web of Science were searched in June 2026 for evidence on PCOS/PMOS during and after menopause, with additional references identified from key guidelines and publications. International guidelines, position statements, systematic reviews, meta-analyses, randomized controlled trials, cohort studies, and other clinically relevant publications were considered. There were notable evidence gaps in relation to postmenopausal women. Summary recommendations: The proposed change from PCOS to PMOS reflects a broader understanding of the condition as a lifelong endocrine and metabolic disorder rather than a syndrome defined mainly by reproductive features and ovarian morphology. After menopause, given that current menstrual and ovarian morphology cannot be used to establish the diagnosis de novo, recognition of PMOS should rely primarily on a documented diagnosis before menopause or a well-characterized reproductive history consistent with the syndrome. Women with PMOS have increased risk of cardiometabolic conditions, including obesity, impaired glucose metabolism, type 2 diabetes, hypertension, dyslipidemia, and cardiovascular disease. Although evidence specifically in postmenopausal women remains limited, these risks remain clinically relevant during the menopausal transition and after menopause and should be considered during long-term follow-up. Clinical care should focus on cardiometabolic risk assessment, which should include evaluation of body weight, waist circumference, blood pressure, glycemic status, lipid profile, and other established cardiovascular risk factors. New, severe, or rapidly progressive hyperandrogenism after menopause should not be attributed to PMOS without further evaluation for alternative causes. Current evidence does not support additional endometrial, breast, or ovarian cancer screening or a separate osteoporosis screening strategy solely on the basis of PMOS. PMOS alone is not a contraindication to menopausal hormone therapy. Evidence specifically evaluating menopausal hormone therapy in women with PMOS is limited. Current recommendations are largely extrapolated from evidence and guidance for the general menopausal population. The decision to initiate menopausal hormone treatment and the choice of regimen and route should follow standard menopause guidance and be based on symptoms and the woman's overall individual risk.

J Menopausal Med. 2026 Aug;32(2):65-74. doi: 10.6118/jmm.26001. (FREE)

Menopausal Hormone Treatment as a Preventive against the Progress of Chronic Diseases in Menopausal Women

Jae Yeon Woo 1, Frederick Nicholas Naftolin 2

This review aimed to summarize the biological rationale for the protective effects of estrogen, the robust evidence supporting the benefits of menopausal hormone therapy (MHT), and the evolving regulatory and historical context shaped by the reinterpretation of the Women's Health Initiative data. This study outlines the risk-benefit profile of contemporary MHT regimens and presented a modern clinical framework for the use of MHT as a preventive strategy to support metabolic, cardiovascular, and skeletal health across and beyond the menopausal transition. Moreover, this review emphasized that menopausal symptoms should be recognized as a critical biological inflection point necessitating proactive intervention. Furthermore, the 2025 FDA regulatory shift reinforces the safety and efficacy of individualized MHT when initiated within the "window of opportunity," providing a definitive strategy for long-term prevention of chronic diseases in healthy women.

Menopause. 2026 Sep 8. doi: 10.1097/GME.0000000000002870. Online ahead of print.

Association of enhanced protein intake with handgrip strength in postmenopausal women: a systematic review and meta-analysis

Faustino R Pérez-López 1, Ana M Fernández-Alonso 2, Helena Losa-Puig 3, Pascual García-Alfaro 4

Importance: Low handgrip strength (HGS) is a highly prevalent condition in postmenopausal women, although there is no clear evidence about the convenience and benefit of enhanced protein intake (EPI). Objective: This systematic review and meta-analysis evaluate the association between EPI and HGS in postmenopausal women. Evidence review: The meta-analysis protocol was registered in the PROSPERO database (CRD420261299335). We adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. A comprehensive literature search was conducted up to February 2026 across four databases (PubMed, Web of Science, Scopus, and LILACS) for studies comparing the effect of EPI with mild protein intake on the HGS in postmenopausal women. The quality of the included

studies was assessed using the Newcastle-Ottawa Scale. Statistical analyses were performed with the RevMan 5.4 software. Results are reported as standardized mean difference (SMD) and the 95% CI. Findings: Seven studies with low or moderate risk of bias, including 8,922 postmenopausal women, showed that EPI was significantly associated with HGS (SMD: 0.15, 95% CI: 0.10 to 0.20; Z = 5.54, P < 0.0001; I2 = 6%, τ2 = 0.00) compared with the control group under low protein intake. There was a lower body mass index in women under EPI compared with the control group (SMD: -0.43, 95% CI: -0.68 to -0.18; Z = 3.35, P < 0.0001; I2 = 90%, τ2 = 0.04), and there was no significant age difference (SMD: -0.17, 95% CI: -0.36 to 0.02; I2 = 83%, τ2 = 0.08). The HGS sensitivity analysis for protein intake and HGS indicates that the statistical heterogeneity was low, ranging I2 from 0% to 22%. Conclusion and relevance: Postmenopausal women with EPI have significantly higher HGS and lower body mass index compared with those with lower protein intakes.

JAMA Intern Med. 2026 Sep 8. doi: 10.1001/jamainternmed.2026.2922. Online ahead of print.

Menopausal Hormone Therapy and Cardiovascular Risk in Midlife Women With Vasomotor Symptoms

Ziyuan Wang 1, Sonja A Swanson 1, Maria M Brooks 1, Emma Barinas-Mitchell 1, Marnie Bertolet 1, et al

Importance: Vasomotor symptoms in perimenopause are associated with increased future cardiovascular (CVD) risk. Most clinical trials on menopausal hormone therapy (MHT) and CVD risk have focused on postmenopausal women, with limited study of the perimenopausal period when hormonal fluctuations and symptoms are greatest. Moreover, these trials were not designed to evaluate CVD risk with MHT among women with vasomotor symptoms. Objective: To estimate the effect of MHT on CVD risk among perimenopausal and recently postmenopausal women with vasomotor symptoms and assess the extent to which timing of MHT use relative to menopause and race and ethnicity modify this effect. Design, setting, and participants: Cohort data from the Study of Women's Health Across the Nation (SWAN, 1997-2017)-a multiethnic, multicenter, longitudinal study of the menopause transition-were used to emulate a sequence of target trials. Eligible participants were women who self-reported any vasomotor symptoms (ie, hot flashes and/or night sweats over the past 2 weeks) and who were CVD-free, with no prior MHT use. Data were analyzed from January 2023 to December 2025. Exposure: MHT use (systemic estrogen with/without progestogens, verified from medication containers). Main outcomes and measures: CVD events (myocardial infarction, stroke, heart failure, and revascularization) were self-reported. CVD-related death was recorded from death certificates. Results: Of 2737 women who reported any vasomotor symptoms, 755 initiated MHT (mean [SD] age, 53.7 [4.6] years) over the 20-year follow-up period, during which 224 fatal and nonfatal CVD events occurred. Overall, the estimated adjusted hazard ratio (aHR) of CVD events for MHT initiation vs noninitiation was 0.78 (95% CI, 0.62-0.98). The estimated aHR was 0.73 (95% CI, 0.58-0.93) and 1.53 (95% CI, 0.66-3.52) among women initiating MHT 10 or fewer years vs more than 10 years from the onset of menopause, respectively (P value for interaction: .02). Race and ethnicity modified the MHT initiation effect, with Black women showing protective effect (aHR, 0.51; 95% CI, 0.33-0.81), while no clear effects were observed in White women or women of other races (P value for interaction = .007). Conclusions and relevance: The presented results are pooled from all target trials and found that MHT initiation during perimenopause or recently postmenopausal women with vasomotor symptoms was estimated to reduce CVD risk by 22%. Benefits were more pronounced in Black women and women who initiated MHT within 10 years of menopause onset. However, all estimates warrant caution given the potential for residual confounding. Given the inconsistency of the cardiovascular benefits and the need to consider overall risk-benefit balance, these findings should not be used to support MHT for CVD prevention.