Selección de Resúmenes de Menopausia

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Menopause Hormone Therapy in Women with Cardiovascular Risk Factors or Established Ischemic Heart Disease: A Joint FIGO and WHF Position Paper

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Extending women's health-span is a key challenge for the medical community. Although women live longer than men, they face a higher burden of chronic diseases, such as cardiovascular diseases (CVDs) and disabilities. Endogenous estrogens appear to benefit cardiovascular health, and their marked decline at menopause is associated with increased cardiovascular risk; conversely, poor cardiovascular health may hasten menopause onset. Systemic menopause hormone therapy (MHT) begun early-ideally soon after symptom onset and at most within 10 years of the final menstrual period-alleviates climacteric symptoms and is associated with long-term benefits. This joint position paper between the International Federation of Gynecology and Obstetrics (FIGO) and the World Heart Federation (WHF) aims at supporting both gynecologists and cardiologists in providing a tailored and evidence-based counseling on systemic MHT use to women with increased CVD risk or established ischemic heart disease (IHD). Women with CVD risk factors require thorough risk stratification to tailor MHT type, dose, and route. For those at high thromboembolic risk, transdermal estrogen, with micronized progesterone or dydrogesterone when needed, is considered the safest regimen. Women with established IHD may receive systemic MHT for symptom relief, provided risks and benefits are carefully reviewed. Transdermal low-dose estrogen, alone or with micronized progesterone or dydrogesterone, is the best choice. All primary and secondary prevention measures, including statins, should be continued. Managing the most complex cases warrants the adoption of a multidisciplinary approach between cardiologists, gynecologists, internists and primary care providers to offer the best possible care.

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The Influence of Statin Therapy on Markers of Endothelial Dysfunction, Endocan and Endoglin, in Postmenopausal Women-A Prospective Study

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Background: Postmenopausal women experience an increased risk of cardiovascular diseases due to estrogen deficiency, which induces endothelial dysfunction. Statins primarily lower cardiovascular risk by altering lipid profiles, but they also exert non-lipid-modifying, pleiotropic effects on the vascular endothelium. This prospective observational study was aimed to evaluate and compare the impact of atorvastatin and rosuvastatin on plasma markers of endothelial dysfunction, endocan and endoglin, in postmenopausal women undergoing primary cardiovascular prevention. Methods: A total of 128 postmenopausal Croatian women (aged 45-70 years) with dyslipidemia were prospectively enrolled and assigned to two treatment groups receiving either atorvastatin or rosuvastatin therapy based on primary care clinical management. Cardiovascular risk was evaluated using the SCORE2 algorithm, and statin doses were titrated up to 16 weeks until target LDL-C values were achieved. Plasma concentrations of endocan and endoglin, alongside lipid profiles, were quantified via ELISA and laboratory analyses before and after the treatment period. Results: Atorvastatin and rosuvastatin therapies significantly decreased plasma concentrations of both endocan and endoglin ($p < 0.001$ for both groups). No statistically significant differences in the absolute changes in these biomarkers were observed between therapy groups. The reduction in endocan and endoglin levels occurred independently of whether the participants achieved their clinical target LDL-C values. While statin-induced reduction in endoglin was directly driven by the extent of LDL-C lowering, the decrease in endocan occurred independently of lipid changes, with both biomarker reductions being greatest in women with higher baseline levels regardless of statin type or dose. ROC curve analysis demonstrated that neither biomarker had significant clinical discriminatory ability to predict the attainment of target LDL-C levels. Conclusions: Atorvastatin and rosuvastatin treatment was associated with significant reductions in plasma endocan and endoglin concentrations in postmenopausal women receiving primary cardiovascular prevention.

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Reproductive Characteristics, Postmenopausal Obesity, and Cardiovascular Disease Incidence in the Women's Health Initiative

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Background: Early menarche, menopause, and short reproductive lifespan are risk factors for cardiovascular disease (CVD), but whether these reproductive characteristics are independently associated with CVD or influenced by obesity is unclear. This study aimed to address this gap. Methods: Postmenopausal women from the Women's Health Initiative longitudinal cohort study without CVD at baseline (October 1993 to December 1998) and followed through January 2025 were included. Early menarche (<12 years) and menopause (<40 years) were self-reported. Reproductive lifespan was defined as the difference between age at menopause and menarche, with short duration as <35 years. Obesity was defined by baseline waist circumference of ≥88 cm. Cox regression models assessed associations of each reproductive characteristic and incident CVD, adjusting for demographic, lifestyle, medical, and reproductive history. Interactions and mediation of reproductive characteristics and CVD by waist circumference were also examined. Results: Participants (N=119 182) reported an age of menarche and menopause at 12.6±1.5 and 48.2±6.3 years of age, yielding an average reproductive lifespan of 35.6±6.4 years. Over a median follow-up of 12.8 years (interquartile range, 8.1-14.1), 12 731 CVD events occurred (rate=10.4/1000 person-years). Early menarche (hazard ratio [HR], 1.07 [95% CI, 1.01-1.15]), early menopause (HR, 1.22 [95% CI, 1.11-1.35]), and short reproductive lifespan (HR, 1.21 [95% CI, 1.13-1.29]) were associated with CVD incidence. Waist circumference was a significant mediator of early menarche, early menopause, and a short reproductive lifespan. Conclusions: Younger ages at menarche, menopause, and shorter duration of reproductive lifespan were independently associated with CVD incidence; waist circumference was a significant mediator of associations.

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Associations of menopause hormone therapy with late-life cognition and brain health vary by formulation and APOEε4 presence

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Implications of menopause hormone therapy (MHT) for cognitive aging remain unclear despite decades of research. Potential reasons include insufficient consideration of MHT type, despite notable pharmacokinetic differences across formulations, and limited attention to individual differences that may exacerbate cognitive risk. We examined neurocognitive outcomes as a function of APOEϵ4 status, the strongest genetic predictor of Alzheimers disease, and MHT formulation in a sample of older (>70) females (N=8,741). Results suggest formulation- and domain-specific association between MHT and cognition, with evidence of estradiol-based MHT providing more benefits for APOEϵ4 carriers relative to conjugated equine estrogens use. Neuroimaging analyses available for a subset of participants (N=930) revealed a consistent pattern of more favourable associations (higher volume, cortical thickness; less white matter damage) in APOEϵ4 carriers taking estradiol-based MHT. These results reframe mixed MHT findings as an issue of exposure definition and support formulation- and genetic-risk-aware approaches to menopause care.

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Contemporary menopausal hormone therapy and thrombotic disease: nationwide nested case-control study

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Objectives: To investigate associations between current use of menopausal hormone therapy and development of venous thromboembolism, ischaemic stroke, and myocardial infarction. Design: Nationwide nested case-control study. Setting: National Danish health registries. Participants: 9807 women with venous thromboembolism, 18 460 women with ischaemic stroke, and 11 974 women with myocardial infarction were identified in a cohort of women of 50-69 years living in Denmark between 2003 and 2021 without a medical history of venous thrombosis, arterial thrombosis, cancer, liver disease, thrombophilia, oophorectomy, infertility treatment, endometriosis, or polyendocrine metabolic ovarian syndrome (PMOS, previously known as polycystic ovary syndrome). Cases were matched by birth year to a total of 49 035, 92 300, and 59 870 women without thrombotic disease, respectively. Main outcome measures: Receiving a first time diagnosis of venous thromboembolism, ischaemic stroke, or myocardial infarction. Results: Among women who had not used menopausal hormone therapy, incidence rates of venous thromboembolism, ischaemic stroke, and myocardial infarction per 10 000 person years were 15.8, 20.3, and 13.0, respectively. Compared with no current use, current use of

oral oestrogen therapy (alone or combined with progestin) was associated with increased rates of venous thromboembolism (hazard ratio 1.6, 95% CI 1.5 to 1.8), ischaemic stroke (1.3, 1.2 to 1.4), and myocardial infarction (1.2, 1.1 to 1.3). The absolute risk increase per year was 0.09% (95% confidence interval (CI) 0.08 to 0.13%) for venous thromboembolism, 0.06% (0.04 to 0.08%) for ischaemic stroke, and 0.03% (0.01 to 0.04%) for myocardial infarction, corresponding to numbers needed to harm for one year of use of 1055 (95% CI 791 to 1266), 1642 (1232 to 2463), and 3846 (2564 to 7692), respectively.Use of oral forms of oestradiol was consistently associated with increased venous thromboembolic risk compared with no current use. Oral oestradiol doses >1 mg/day used for more than one year was associated with increased risks of ischaemic stroke and myocardial infarction, with risks increasing with treatment duration (stroke hazard ratio 1.8, 95% CI 1.4 to 2.2 and myocardial infarction hazard ratio 1.8, 1.4 to 2.4 for >5 years of use compared with no current use).Transdermal therapy was not associated with increased thrombotic rates compared with no current use, with the exception of increased risk of myocardial infarction with transdermal combined cyclic therapy (hazard ratio 2.1, 95% CI 1.1 to 4.1). Conclusions: Compared with no current use of any hormone therapy, oral menopausal hormone therapy was associated with increased venous thromboembolic risk regardless of dosage and treatment duration, while prolonged use of high dose oral oestradiol (>1 mg/day) showed elevated risks of ischaemic stroke and myocardial infarction. No increased thrombotic risks were observed with transdermal therapy.

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Blood proteomics of menopause map to brain aging and dementia risk

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Menopause is a hallmark process in biological aging that has been implicated in later neurodegenerative risk, but the pathways underlying this connection remain unclear. Here we used blood proteomics data from several cohorts to identify biological changes associated with menopause and its links to brain aging. In n = 80 rigorously staged (STRAW+10) pre-, peri- and postmenopausal women (aged 43-58 years) with serum NULISAseq proteomics, we show that spontaneous menopause is characterized by dysregulation in inflammatory, synaptic, metabolic and Alzheimer's disease biologic processes, which tracked more strongly with hormones than with age. Validation analyses in age-matched pre-/peri- and postmenopausal women (n = 2,814) with plasma Olink proteomics replicated the observed proteomic shifts and revealed broader menopause-related upregulation of inflammatory and catabolic processes plus accelerated organ and cell aging, including brain aging. In four independent cohorts of older women (average age, 60.7-72.1 years; total n = 11,925), higher menopause proteomic scores associated consistently with cognitive aging and dementia risk. The molecular signatures of menopause may inform the selection of biomarkers or therapeutic targets for brain health in midlife women.

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Semaglutide in postmenopausal women: Clinical implications for weight loss, muscle health, and sleep-disordered breathing

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Postmenopause is characterized by hormonal changes that predispose women to sleep disturbances, alterations in body composition, and an increased risk of sarcopenia. Current studies indicate that weight reduction induced by glucagon-like peptide-1 receptor agonists is associated with decreases in lean body mass, although the functional consequences of these changes, including their implications for muscle and sleep-disordered breathing, are incompletely understood. Importantly, reductions in lean body mass do not necessarily reflect clinically meaningful skeletal muscle loss or impaired muscle function. This narrative mini-review highlights the clinical challenge of balancing effective pharmacologically induced weight loss with the preservation of muscle health and physical function in postmenopausal women. It reviews the current evidence regarding semaglutide use in this population, with a focus on muscle health and sleep-disordered breathing. In this context, overcoming anabolic resistance through adequate intake of protein and micronutrients, and resistance exercise may help preserve musculoskeletal health, although evidence in semaglutide-treated postmenopausal women remains indirect. Although weight reduction is generally expected to improve obesity-related obstructive sleep apnea, the specific effects of semaglutide on sleep-disordered breathing and long-term sleep-related outcomes in postmenopausal women are insufficiently characterized. A more integrated approach to obesity management, combining pharmacological treatment with targeted nutritional and lifestyle strategies, may help achieve safe and sustainable weight loss while preserving muscle function and optimizing overall metabolic health.

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Evaluating menopausal symptom burden and treatment engagement in a predominantly Hispanic population on the United States-Mexico border

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Objective: To evaluate menopausal symptom burden, health care engagement, and treatment disparities among postmenopausal women at the United States-Mexico border. Methods: A cross-sectional bilingual survey was administered to postmenopausal women receiving care from 2021 to 2024 at a tertiary care center. Menopausal symptoms, treatment use, and health care clinician engagement were assessed. Associations were evaluated using multivariable logistic or Poisson regression. Results: Among 340 postmenopausal participants (mean age: 55.8 ± 7.0 y), the most frequently reported symptoms were sleep disturbances (73%; 95% CI: 68%-77%) and weight gain (68%; 95% CI: 63%-73%). Despite this high symptom burden, 58% (95% CI: 52%-63%) reported that their symptoms had never been addressed by a clinician. Younger participants (<55 y) had higher odds of vasomotor, sleep, and mood symptoms (all P<0.01), while older participants were more likely to have discussed menopause with a clinician (adjusted odds ratio [aOR] 1.86; 95% CI: 1.16-2.97, P= 0.01) or used hormone therapy (aOR 2.91; 95% CI: 1.53-5.50, P= 0.001). Higher education was associated with hormone therapy use (aOR: 5.63; 95% CI: 1.09-29.08; P= 0.039) and mental health treatment (aOR: 4.11; 95% CI: 1.30-13.02; P= 0.016). Despite similar symptom prevalence, Hispanic participants were less likely to have received mental health treatment (aOR: 0.35; 95% CI: 0.19-0.65; P= 0.001). Conclusions: Menopausal symptoms were common in this border-region cohort, yet clinician engagement and treatment use were low. Socioeconomic and ethnic disparities in treatment highlight the need for culturally and linguistically tailored menopause care.