Selección de Resúmenes de Menopausia

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Age at Iatrogenic Menopause and Cardiovascular Morbidity and Mortality: A Systematic Review and Meta-Analysis

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Importance: Iatrogenic menopause is common, but its long-term cardiovascular consequences remain uncertain, particularly by age at menopause. Objective: To quantify associations between iatrogenic menopause and cardiovascular morbidity and mortality and evaluate whether age at iatrogenic menopause is a modifier. Data sources: In this systematic review and meta-analysis, Scopus, MEDLINE, PubMed, Embase, Cochrane Central Register of Controlled Trials (CENTRAL), CINAHL, and PsycINFO were searched from January 2004 to March 2026. Study selection: Observational studies and randomized clinical trials reporting cardiovascular morbidity or mortality among women with iatrogenic menopause before natural menopause age compared with naturally menopausal or age-matched controls were included. Main outcomes and measures: Primary outcomes were cardiovascular morbidity, cardiovascular and all-cause mortality, and a composite of cardiovascular morbidity and cardiovascular mortality, quantified as random-effects pooled hazard ratios (PHRs) with 95% CIs, irrespective of heterogeneity and with age at menopause as a moderator. Meta-regression estimates were clustered by source cohort. Results: Of 14 409 records, 36 studies were included with 2 617 942 women (mean [SD] age, 55.52 [12.41] years for the iatrogenic menopause cohort and 45.58 [16.02] years for comparators); median follow-up was 16.0 years (range, 4.8-36.0 years). Iatrogenic menopause vs comparators was associated with higher risk of all-cause mortality (PHR, 1.08; 95% CI, 1.01-1.16), cardiovascular events (PHR, 1.25; 95% CI, 1.12-1.39), coronary heart disease (PHR, 1.48; 95% CI, 1.07-2.03), and stroke (PHR, 1.22; 95% CI, 1.15-1.28). Mortality excesses were confined to iatrogenic menopause before age 45 years (cardiovascular mortality: PHR, 1.20 [95% CI, 1.04-1.37]; all-cause mortality: PHR, 1.15 [95% CI, 1.06-1.25]), with null estimates at or after age 45 years (cardiovascular mortality: PHR, 0.95 [95% CI, 0.81-1.11]; all-cause mortality: PHR, 0.99 [95% CI, 0.89-1.09]). In a post hoc meta-regression on the composite outcome, each increasing 5-year increment in age at iatrogenic menopause was associated with lower risk (HR, 0.89; 95% CI, 0.83-0.97) based on 37 estimates from 11 independent populations. Conclusions and relevance: In this study, iatrogenic menopause was associated with higher cardiovascular morbidity, most consistently stroke, and with cardiovascular and all-cause mortality excesses before age 45 years at menopause. Older age at iatrogenic menopause was associated with progressively lower risk of cardiovascular morbidity and mortality, supporting a period of elevated risk before age 45 years rather than a single threshold age.

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Reproductive life stages and cognitive outcomes: a systematic review in Latin American and Caribbean women

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Reproductive life stages, menopausal symptoms, and hormonal exposures are increasingly recognized as potential determinants of cognitive outcomes in women. However, these associations remain largely understudied in Latin American and Caribbean (LAC) populations. In this systematic review, we identified 18 observational studies published between 2003 and 2025. Of these, 16 were conducted across 13 LAC countries and two were conducted among latina women in the United States. Evidence was organized across four reproductive life stages domains: reproductive history, menopausal hormone therapy use, type of menopause and menopausal symptoms, and postmenopausal factors. Most LAC studies were cross-sectional and demonstrated substantial methodological heterogeneity. Across studies, shorter reproductive span, earlier menopause, higher parity, surgical menopause, and greater menopausal symptom burden were generally associated with poorer cognitive performance or higher odds of mild cognitive impairment. Some studies suggested favorable associations between menopausal hormone therapy use and cognitive outcomes. Postmenopausal factors, such as sarcopenia and obesity, as well as a longer duration of menopause, were predominantly linked to poorer cognitive outcomes. Only one population-based cohort evaluated incident dementia, underscoring the scarcity of longitudinal evidence in the region. Overall, the evidence suggests that reproductive life stages in LAC women are

meaningfully associated with cognitive outcomes, reflecting the influence of hormonal transitions, menopausal characteristics, and postmenopausal health within distinctive regional contexts. However, the predominance of cross-sectional designs and limited regional representativity, coupled with a lack of integrated physiological indicators, reveal a substantial knowledge gap. Longitudinal and regionally representative cohorts incorporating standardized assessments of reproductive life stages alongside comprehensive cognitive measures are essential to understanding how reproductive life stages shape cognitive outcomes in LAC women.

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Effectiveness of digital interventions for menopausal symptoms and cardiometabolic outcomes among women undergoing the menopausal transition: A systematic review and meta-analyses

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The menopausal transition is characterised by bothersome menopausal symptoms and increased cardiometabolic risks, yet access to evidence-based non-pharmacological support remains limited. Digital health interventions offer an accessible and scalable approach to symptom management, but their effectiveness remains uncertain. This systematic review and meta-analysis evaluated the effectiveness of digital health interventions in women undergoing the menopausal transition. Eleven databases were searched from inception to August 2025. Eighteen randomised controlled trials involving 1926 participants were included. Random-effects meta-analyses using the Hartung-Knapp-Sidik-Jonkman adjustment were performed and two reviewers independently assessed methodological quality and certainty of evidence. Digital health interventions reduced hot-flash frequency (standardised mean difference - 0.30, 95% confidence interval - 0.57 to -0.03), improved sleep quality (mean difference - 3.38, 95% confidence interval - 5.56 to -1.19) and reduced waist circumference (mean difference - 2.23 cm, 95% confidence interval - 3.37 to -1.09). For depressive symptoms, the pooled estimate favoured digital health interventions but did not reach statistical significance (standardised mean difference - 1.30, 95% confidence interval - 2.67 to 0.07) and was not robust in sensitivity analysis excluding high-risk-of-bias studies. No significant pooled effects were observed for night sweats, body weight, body fat percentage, body mass index, blood pressure, lipid profiles, heart rate or glycaemic outcomes. Certainty of evidence was moderate for hot-flash frequency, very low for sleep quality and low for depressive symptoms and waist circumference, while evidence for broader cardiometabolic benefits remained limited. Future trials should evaluate longer-duration interventions in clearly defined menopausal populations using standardised and objective outcome measures where feasible.

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Joint impact of premature age at menopause and depression on mortality in older females: an NHANES analysis

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Objectives: Premature ovarian failure and depression are independently associated with adverse health outcomes, but their combined association with long-term mortality remains unclear. We examined these associations using National Health and Nutrition Examination Survey data 2005-2018 linked to mortality records through 2019. Methods: Postmenopausal women aged older than or equal to 40 years with available information on age at final menstrual period, depression status, and mortality follow-up were included. Premature ovarian failure was defined as a last menstrual period before age 40. Depression was assessed using the Patient Health Questionnaire-9 (PHQ-9), with scores ≥10 indicating clinically significant depression. Participants were classified into four groups according to premature ovarian failure and depression status. Cox proportional hazards models estimated adjusted hazard ratios (aHRs) for all-cause mortality; cardiovascular disease (CVD) mortality was evaluated as an exploratory secondary outcome. Results: A total of 4,754 women were included, representing 27.2 million US women. Premature ovarian failure alone (aHR: 2.50; 95% CI: 1.72-3.64) and depression alone (aHR: 1.64; 95% CI: 1.14-2.38) were associated with higher all-cause mortality compared with neither condition. Women with both conditions had the highest observed risk (aHR: 5.04; 95% CI: 2.18-11.62). Exploratory analyses showed a similar direction of association for CVD mortality. Conclusions: Premature ovarian failure and depression were independently associated with higher all-cause mortality, and women with both conditions had the highest observed risk. Findings for CVD mortality were exploratory and require confirmation in larger studies with sufficient numbers of cardiovascular deaths.

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Epilepsy and menopausal health: A European Menopause and Andropause Society (EMAS) and Centre for Global Epilepsy clinical guide

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Introduction: Menopause presents unique clinical challenges for women with epilepsy, with hormonal changes, antiseizure medication interactions, and comorbid health risks converging to potentially influence seizure susceptibility, treatment requirements, and long-term health outcomes. Aim: To provide a clinical guide for the parallel assessment and management of epilepsy and menopausal health. Materials and methods: Review of the literature and consensus of expert opinion. Results and conclusion: Women with epilepsy may be at increased risk of early menopause and are more likely to develop cardiovascular disease, osteoporosis, and cognitive impairment than women without epilepsy. There is a paucity of data regarding the optimal management of menopausal symptomatology and treatments for osteoporosis in women with epilepsy, since the condition is often an exclusion criterion in randomized controlled trials and observational studies. A personalized approach is required. Systemic menopausal hormone therapy (MHT) can be considered if the potential benefits outweigh the risks. The use of transdermal estrogen may be preferred to minimize dose-related fluctuations in hormone levels. Potential drug interactions between antiseizure medications and systemic MHT should be taken into consideration and alterations to antiseizure medication may be necessary. Healthcare providers should be appropriately trained to assess and manage epilepsy at the menopause and beyond, with provision of multidisciplinary teams.

Rev Fac Cien Med Univ Nac Cordoba. 2026 Aug 25;83(3):e50008. doi: 10.31053/1853.0605.v83.n3.50008.

Sleep disturbances in menopausal women. What do they say?: a cross-sectional study

[Article in Spanish]

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Few studies have investigated sleep quality in postmenopausal women and the causes that disrupt it. Objectives: Evaluate sleep quality and identify the reasons that interrupt them. To evaluate daytime sleepiness in the postmenopausal period and also to analyze the association of reasons that interrupt sleep with the time elapsed in the postmenopause Methods: Cross-sectional study. N=196 surveys were selected. Quality and reasons for sleep fragmentation were assessed using the Pittsburgh Sleep Quality Index and sleepiness by the Epworth Sleepiness Scale. Protocol approved by the Ethics and Research Committee. Results: 46.4% reported poor sleep quality. 65% reported nocturia, 61% having to wake up in the middle of the night and 57% feeling hot. More postmenopausal years were inversely associated with daytime sleepiness, p=0.02. Conclusion: We found poor sleep quality in 46.4% and the reasons frequently cited were nocturia, waking up in the middle of the night or early in the morning, having a feeling of heat and difficulty falling asleep in the first 30 minutes as causes of sleep fragmentation. Greater sleepiness was associated during the first years of postmenopause. The study allowed us to know certain aspects that motivate poor sleep quality, although it is possible to increase the n and plan actions to improve sleep in this menopause.

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Testosterone Therapy for Cognition in Menopause: Systematic review and meta-analysis

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Menopause is a stage of life that can affect thinking and memory, often colloquially called 'brain fog'. Brain fog, can affect daily life and relationships. Hormone treatments are often used to manage symptoms, but it is still not clear how well they work. Testosterone is sometimes prescribed for low sex drive, but its effects on thinking and memory are unclear. This study reviews the existing evidence. Five studies were identified. These studies looked at different areas of thinking and memory, including attention, planning, decision-making and learning. We found no clear evidence that testosterone impacts thinking and memory. However, there were only a few small studies, so the results need to be interpreted carefully. This research highlights a knowledge gap. More studies are needed on testosterone to guide effective treatment and support women to make informed decisions about their health.