



Selección de Resúmenes de Menopausia

Semana del 21 al 27 de Septiembre, 2016

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Arch Med Res. 2016 May;47(4):310-314. doi: 10.1016/j.arcmed.2016.07.009.

Low Thyroid Stimulating Hormone Levels Are Associated with Low Bone Mineral Density in Femoral Neck in Elderly Women.

Ding B, Zhang Y, Li Q, Hu Y, Tao XJ, Liu BL, Ma JH, L DM.

BACKGROUND AND AIMS: To determine the relationship between thyroid stimulating hormone (TSH) and bone mineral density (BMD) in elderly women. **METHODS:** This is a retrospective cross-sectional population cohort study of women aged ≥ 65 years. All 1097 subjects had no overt thyroid dysfunction, 47 had subclinical hyperthyroidism and 100 had subclinical hypothyroidism. Overall, 167 had normal BMD, 594 had osteopenia and 336 had osteoporosis. **RESULTS:** The femoral neck (FN) BMD was lower in women with lower TSH, with a high prevalence of osteoporosis and osteopenia ($p = 0.036$). The prevalence of osteoporosis and osteopenia was significantly low in the lowest quartile compared with the third quartile ($p = 0.023$) and the fourth quartile ($p = 0.002$), and the second low quartile, compared with the fourth quartile ($p = 0.028$). The differences were not significant among subclinical hyperthyroid, subclinical hypothyroid and euthyroid women. Low TSH was related to low BMDs at FN by multiple logistic regression analysis corrected for age and BMI. TSH in the lower two quartiles were independently related to osteoporosis (OR: 1.960, $p = 0.023$ and OR: 1.800, $p = 0.037$) and osteopenia (OR: 2.108, $p = 0.005$ and OR: 1.723, $p = 0.030$). Low TSH quartile (β : 0.007, $p = 0.013$) predicting low BMDs at FN. **CONCLUSION:** Low TSH was independently related to decreased BMDs at FN in elderly women without overt thyroid dysfunction.

Prog Urol. 2016 Sep 20. pii: S1166-7087(16)30415-8. doi: 10.1016/j.purol.2016.08.016. [Epub ahead of print]

Efficacy and safety of flibanserin "new female Viagra®": Literature review.

Terrier C, Terrier JE.

INTRODUCTION: In August 2015, the US Food and Drug Administration (FDA) has approved Addyi® (flibanserin) for treatment of acquired, generalized hypoactive sexual desire disorder (HSDD) in pre-menopausal women. We carried out a systematic review and meta-analysis to assess the efficacy and safety of the drug in women with HSDD.

PATIENTS AND METHODS: A systematic literature review from the PubMed database search was carried out until April 2016 using the following keywords: "HSDD", "flibanserin", "sexual desire" and "randomised controlled trial". **RESULTS:** We found four randomized double-blind control studies and two meta-analyses and literature reviews. For the comparison of flibanserin with placebo, the results were reported in standardized mean difference (SMD). Regarding the main criterion "Satisfactory Sexual Event" (SSE), SMD was ranged from 0.49 to 1 ($P < 0.05$); "Desire Sexual Score" SMD was ranged from 1.63 to 2.20 ($P < 0.05$). For the Female Sexual Function Index (FSFI) desire domain score SMD was ranged from 0.03 to 0.4 ($P < 0.05$). Adverse effects were mostly minor: dizziness and drowsiness. **CONCLUSION:** Flibanserin showed a moderate benefit in terms of frequency of sex and patient satisfaction. The long-term safety of flibanserin is still poorly defined and scientific data concerning this drug are still few.

J Alzheimers Dis. 2016 Sep 20. [Epub ahead of print]

How Studies of the Serotonin System in Macaque Models of Menopause Relate to Alzheimer's Disease.

Bethea CL, Reddy AP, Christian FL.

Serotonin plays a key role in mood or affect, and dysfunction of the serotonin system has been linked to depression in humans and animal models. Depression appears prior to or coincident with overt symptoms of Alzheimer's disease (AD) in about 50% of patients, and some experts consider it a risk factor for the development of AD. In addition, AD is more prevalent in women, who also show increased incidence of depression. Indeed, it has been proposed that mechanisms underlying depression overlap the mechanisms thought to hasten AD. Women undergo ovarian failure

and cessation of ovarian steroid production in middle age and the postmenopausal period correlates with an increase in the onset of depression and AD. This laboratory has examined the many actions of ovarian steroids in the serotonin system of non-human primates using a rhesus macaque model of surgical menopause with short or long-term estradiol (E) or estradiol plus progesterone (E+P) replacement therapy. In this mini-review, we present a brief synopsis of the relevant literature concerning AD, depression, and serotonin. We also present some of our data on serotonin neuron viability, the involvement of the caspase-independent pathway, and apoptosis-inducing factor in serotonin-neuron viability, as well as gene expression related to neurodegeneration and neuron viability in serotonin neurons from adult and aged surgical menopausal macaques. We show that ovarian steroids, particularly E, are crucial for serotonin neuron function and health. In the absence of E, serotonin neurons are endangered and deteriorating toward apoptosis. The possibility that this scenario may proceed or accompany AD in postmenopausal women seems likely.

BMC Womens Health. 2016 Sep 21;16(1):63.

The effect of brisk walking on postural stability, bone mineral density, body weight and composition in women over 50 years with a sedentary occupation: a randomized controlled trial.

Gába A, Cuberek R, Svoboda Z, Chmelík F, Pelclová J, Lehnert M, Frömel K.

BACKGROUND: To assess the effect of brisk walking on postural stability, bone mineral density (BMD) and body composition in women over 50 years of age with a sedentary occupation. **METHODS:** A 10-week walking intervention based on self-regulated brisk walking (BW) to or from work of 30-35 min at least 5 times per week. The research included a total of 104 women (58 women in intervention group). The mean center of pressure (COP) velocity in medial-lateral and anterior-posterior directions, mean total COP velocity with eyes open and closed, BMD of the distal forearm and the calcaneus, body weight, fat mass, and lean body mass were assessed. **RESULTS:** The BW intervention was completed by 76 % of participants. A significant effect (time \times group interaction) was confirmed only in the mean COP velocity in the anterior-posterior direction with eyes closed ($F = 7.41$, $P = 0.008$). The effect of BW was not confirmed in BMD, body weight, or body composition. The results indicate that the effect of the intervention is influenced by baseline body mass index in body weight, fat mass and visceral adipose tissue. **CONCLUSIONS:** BW prevents the deterioration of postural stability with eyes closed, which can have a direct effect on reducing the risk of falls under worse spatial orientation and visibility. The presented intervention model is insufficient for weight loss, changes in BMD, or body composition, and its effect should be assessed during a longer period of time.

Curr Opin Endocrinol Diabetes Obes. 2016 Sep 20. [Epub ahead of print]

An update on vitamin D for clinicians.

Hansen KE, Johnson MG.

PURPOSE OF REVIEW: The clinical benefits of vitamin D therapy have received substantial attention over the past decade. Recently, several trials looked to clarify the optimal vitamin D dose or serum level needed to promote human health. The purpose of this review is to highlight selected studies published since January 2015. **RECENT FINDINGS:**

Several recent trials challenge whether serum vitamin D levels at least 30ng/ml promote human health. In postmenopausal women with 25-hydroxyvitamin D [25(OH)D] levels 21 ± 3 ng/ml, high-dose vitamin D for 1 year increased calcium absorption by 1%, without changes in bone mineral density, physical function, or falls when compared with low-dose vitamin D and placebo. High-dose vitamin D increased risk of falling in 200 adults 78 ± 5 years old with baseline 25(OH)D levels of $\sim 19 \pm 9$ ng/ml. High-dose vitamin D in adults increased the number and duration of upper respiratory tract infections compared with placebo. Asthma patients achieving 25(OH)D levels more than 30ng/ml during a trial experienced more respiratory infections than those not achieving such levels. **SUMMARY:**

Recent studies are congruent with the Institute of Medicine's conclusion that humans are vitamin D replete when their serum 25(OH)D levels are at least 20ng/ml. Higher levels seem to promote falls and respiratory infections.

Menopause. 2016 Oct;23(10):1108-13. doi: 10.1097/GME.0000000000000672.

Fractional microablative CO2 laser for vulvovaginal atrophy in women treated with chemotherapy and/or hormonal therapy for breast cancer: a retrospective study.

Pagano T, De Rosa P, Vallone R, Schettini F, Arpino G, De Placido S, Nazzaro G, Locci M, De Placido G.

OBJECTIVES: Breast cancer is one of the most common malignancies in women. Hormonal treatment and chemotherapy induce a transient or permanent menopause status. Vulvovaginal atrophy (VVA) is a frequent debilitating symptom of menopause that is best treated with local or systemic estrogen formulations. Because estrogens drive the growth of the majority of breast cancers, most effective VVA therapies are precluded. The aim of this study was to evaluate the effects of fractional microablative CO2 laser on sexual function and in relieving symptoms in women with breast cancer and VVA induced or exacerbated by iatrogenic menopause. **METHODS:** This retrospective study included 26 women affected by hormone-receptor positive breast tumors and treated for VVA symptoms with the fractional microablative CO2 laser system. Every 30 to 40 days, women underwent a cycle of treatment for a total of three cycles. During each cycle, women underwent a gynecological examination and completed visual analog scale questionnaires designed to assess (1) the degree of symptoms and (2) procedure-related discomfort. **RESULTS:** Treatment resulted in a significant regression of VVA symptoms and procedure-related discomfort versus baseline ($P < 0.001$ in almost all cases). No adverse reactions were observed nor reported by women. **CONCLUSIONS:** Fractional microablative CO2 laser treatment is associated with a significant improvement of VVA symptoms in women affected by hormone-driven breast cancer. This procedure has the advantage of relieving iatrogenic/physiological VVA symptoms without resorting to contraindicated estrogen preparations, which have been the most effective therapy thus far.