Selección de Resúmenes de Menopausia

Semana del 7 al 13 de Diciembre de 2016

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Changes in Physical Activity, Sedentary Time, and Risk of Falling: The Women's Health Initiative Observational Study.

Bea JW, Thomson CA, Wallace RB, Wu C, Seguin RA, Going SB, LaCroix A, Eaton C, et al.

Falling significantly affects quality of life, morbidity, and mortality among older adults. We sought to evaluate the prospective association between sedentary time, physical activity, and falling among post-menopausal women aged 50-79 y recruited to the Women's Health Initiative Observational Study between 1993 and 1998 from 40 clinical centers across the United States. Baseline (B) and change in each of the following were evaluated at year 3 (Y3) and year 6 (Y6; baseline n=93,676; Y3 n=76,598; Y6 n=75,428): recreational physical activity (MET-h/wk), sitting, sleeping (min/d), and lean body mass by dual energy X-ray absorptiometry (subset N=6,475). Falls per year (0, 1, 2, ≥3) were assessed annually by self-report questionnaire and then dichotomized as ≤1and ≥2 falls/year. Logistic regression models were adjusted for demographics, body mass index, fall history, tobacco and alcohol use, medical conditions, and medications. Higher baseline activity was associated with greater risk of falling at Y6 (18%; p for trend <0.0001). Increasing sedentary time minimally decreased falling (1% Y3; 2% Y6; p<0.05). Increasing activity up to ≥ 9 MET-h/wk (OR: 1.12, 95%CI: 1.03-1.22) or maintaining ≥ 9 MET-h/wk (OR: 1.20, 95% CI: 1.13-1.29) increased falling at Y3 and Y6 (p for trend <0.001). Adding lean body mass to the models attenuated these relationships. Physically active lifestyles increased falling among post-menopausal women. Additional fall prevention strategies, such as balance and resistance training, should be evaluated to assist post-menopausal women in reaching or maintaining levels of aerobic activity known to prevent and manage several chronic diseases.

Ann Endocrinol (Paris). 2016 Dec 5. pii: S0003-4266(16)31142-8. [Epub ahead of print]

Relative contribution of muscle and liver insulin resistance to dysglycemia in postmenopausal overweight and obese women: A MONET group study.

Elisha B, Disse E, Chabot K, Taleb N, Prud'homme D, Bernard S, Rabasa-Lhoret R, Bastard JP.

OBJECTIVES: The relative contribution of muscle and liver insulin resistance (IR) in the development of dysglycemia and metabolic abnormalities is difficult to establish. The present study aimed to investigate the relative contribution of muscle IR vs. liver IR to dysglycemia in non-diabetic overweight or obese postmenopausal women and to determine differences in body composition and cardiometabolic indicators associated with hepatic or muscle IR. MATERIAL AND METHODS: Secondary analysis of 156 non-diabetic overweight or obese postmenopausal women. Glucose tolerance was measured using an oral glucose tolerance test. Whole-body insulin sensitivity (IS) was determined as glucose disposal rate during a euglycemic-hyperinsulinemic clamp. Muscle and liver IR have been calculated using Abdul-Ghani et al. OGTT-derived formulas. Participant's body compositions as well as cardiometabolic risk indicators were also determined. RESULTS: Overall, 57 (36.5%) of patients had dysglycemia, among them 25 (16.0%); 21 (13.5%); 11 (7.1%) had impaired fasting glycemia, impaired glucose tolerance and combined glucose intolerance respectively. Fifty-three (34.0%) participants were classified as combined IS while on the opposite 51 participants (32.7%) were classified as combined IR and 26 (16.7%) participants had either muscle IR or liver IR. For similar body mass index and total fat mass, participants with liver IR were more likely to have lower whole-body IS, dysglycemia and higher visceral fat, liver fat index, triglycerides and alanine aminotransferase than participants with muscle IR. CONCLUSION: In the present study, the presence of liver IR is associated with a higher prevalence of dysglycemia, ectopic fat accumulation and metabolic abnormalities than muscle IR.

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Obesity and breast cancer: risk, outcomes, and future considerations.

Yung RL, Ligibel JA.

The proportion of adults who are obese has increased dramatically in the United States over the last 30 years. Obesity has been linked to an increased risk of developing a number of malignancies, including postmenopausal breast cancer. Evidence also suggests that obesity at the time of breast cancer diagnosis is linked to an increased risk of breast cancer-

specific and overall mortality in both premenopausal and postmenopausal women with early-stage breast cancer. Obesity is linked to an increased risk of secondary malignancies in women with early breast cancer, and studies suggest that weight gain after diagnosis increases overall mortality. Despite the data linking obesity to poor outcomes in women with early breast cancer, there are currently no data from randomized trials testing the impact of weight loss on breast cancer outcomes. A number of recent randomized controlled trials have shown that weight loss interventions are feasible in obese survivors of breast cancer, yielding loss of 5% to 6% of body weight, and several ongoing randomized phase 3 clinical trials are evaluating the effect of weight loss interventions on breast cancer outcomes. These studies will help define the role of weight loss in the management of obese women with early breast cancer.

Medicine (Baltimore). 2016 Dec;95(49):e5496.

The effect of sequential therapy for postmenopausal women with osteoporosis: A PRISMA-compliant meta-analysis of randomized controlled trials.

Lou S, Lv H, Wang G, Li Z, Li M, Zhang L, Tang P.

BACKGROUND: Osteoporosis, more likely to occur in postmenopausal women, is a chronic condition that usually requires a long-term treatment strategy, but the use of either antiresorptive or anabolic drugs should be limited to 18 to 24 months. Discontinuing antiosteoporosis drugs may result in rapidly declining bone mineral density (BMD). Therefore, many patients are treated with the sequential use of 2 or more drugs. However, whether switching treatment from anabolic to antiresorptive drugs or the reverse could maintain or further increase BMD; and whether the sequential therapy could outperform the monotherapy under the same treatment duration still remains unclear. Nowadays, no firm conclusions were drawn. METHODS: We searched Medline, Embase, and Cochrane Library from January 1, 1974 until February 1, 2016 to identify all randomized controlled trials for evaluating the effectiveness of sequential therapy of antiresorptive and anabolic drugs in postmenopausal osteoporosis women with the BMD changes of lumbar spine, femoral neck, and total hip as the outcomes. We evaluated the methodological quality and abstracted relevant data according to the Cochrane Handbook. RESULTS: Eight trials involving 1509 patients were included. The pooled data showed that after switching treatment, the alternative drugs maintained the BMD and significantly increased the percentage change in BMD at the lumbar spine (MD, 3.59; 95% CI, 2.26-4.93), femoral neck (MD, 1.44; 95% CI, 0.60-2.27), and total hip (MD, 1.24; 95% CI, -0.12 to 2.60), although change in BMD was not significantly increased at the total hip. The sequential therapy significantly increased BMD from baseline at the lumbar spine (SMD, 0.59; 95% CI, 0.26-0.91), femoral neck (SMD, 0.22; 95% CI, 0.06-0.37), and total hip (SMD, 0.28; 95% CI, 0.01-0.56). CONCLUSIONS: After switching treatment, sequential therapy further increased BMD. The sequential therapy showed a more significant improvement in BMD compared with any anti-resorptive drug given for the same treatment duration and was as effective as anabolic drugs. Thus, sequential therapy may be recommended as an effective treatment for osteoporotic women. However, more randomized controlled trials are still needed to determine the best sequence and the most appropriate drugs of sequential therapy.

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Population Attributable Risk of Modifiable and Nonmodifiable Breast Cancer Risk Factors in Postmenopausal Breast Cancer.

Tamimi RM, Spiegelman D, Smith-Warner SA, Wang M, Pazaris M, Willett WC, Eliassen AH, Hunter DJ.

We examined the proportions of multiple types of breast cancers in the population that were attributable to established risk factors, focusing on behaviors that are modifiable at menopause. We estimated the full and partial population attributable risk percentages (PAR%) by combining the relative risks and the observed prevalence rates of the risk factors of interest. A total of 8,421 cases of invasive breast cancer developed in postmenopausal women (n = 121,700) in the Nurses' Health Study from 1980-2010. We included the following modifiable risk factors in our analyses: weight change since age 18 years, alcohol consumption, physical activity level, breastfeeding, and menopausal hormone therapy use. Additionally, the following nonmodifiable factors were included: age, age at menarche, height, a combination of parity and age at first birth, body mass index at age 18 years, family history of breast cancer, and prior benign breast disease. When we considered all risk factors (and controlled for age), the PAR% for invasive breast cancers was 70.0% (95% confidence interval: 55.0, 80.7). When considering only modifiable factors, we found that changing the risk factor profile to the lowest weight gain, no alcohol consumption, high physical activity level, breastfeeding, and no menopausal hormone therapy use was associated with a PAR% of 34.6% (95% confidence interval: 22.7, 45.4). The PAR% for modifiable factors was higher for estrogen receptor-positive breast cancers (PAR% = 39.7%) than for estrogen receptor-negative breast cancers (PAR% = 27.9%). Risk factors that are modifiable at menopause account for

more than one-third of postmenopausal breast cancers; therefore, a substantial proportion of breast cancer in the United States is preventable.

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Skeletal muscle mass is associated with higher dietary protein intake and lower body fat in postmenopausal women: a cross-sectional study.

Silva TR, Spritzer PM.

OBJECTIVE: We investigated the association between skeletal muscle mass and dietary protein intake, habitual physical activity, body composition, and metabolic variables. METHODS: One hundred three healthy postmenopausal women from southern Brazil (age 55.2±4.9 y, body mass index 27.2±4.6kg/m) were enrolled. Bone mineral density, %body fat, %trunk fat mass, and appendicular lean mass were assessed by dual-energy x-ray absorptiometry, resting metabolic rate by indirect calorimetry, and habitual physical activity by pedometer. Skeletal muscle mass index (SMI) was expressed as appendicular lean mass standardized to body mass index. The cutoff for low lean mass was <0.512. Protein intake was measured by a validated food frequency questionnaire and categorized into tertiles: ≤0.93g/kg body weight (BW), 0.94 to 1.29g/kg BW, and ≥1.3g protein/kg BW. RESULTS: The prevalence of low lean mass (SMI <0.512) was 7%. Waist circumference, %body fat, trunk fat mass, and diastolic blood pressure were higher, whereas SMI and mean daily steps were lower in women with protein intake ≤0.93g/kg BW. SMI was positively correlated with physical activity (r=0.205, P=0.038) and protein intake (r=0.334, P=0.001), and negatively correlated with waist circumference (r=-0.505, P<0.001) and %body fat (r=0.808, P<0.001). Linear regression analysis adjusted for age, time since menopause, previous smoking behavior, and energy intake showed an independent, positive contribution of protein intake (mean difference 0.007, 95% CI, 0.001-0.014, P=0.044) and an independent, negative contribution of %body fat (mean difference -0.010, 95%CI, -0.011 to -0.008, P<0.001) to SMI. CONCLUSIONS: In our healthy postmenopausal women, SMI was positively associated with protein intake and negatively associated with %body fat.

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Should We Screen for Vitamin D Deficiency?: Grand Rounds Discussion From Beth Israel Deaconess Medical Center.

Libman H, Malabanan AO, Strewler GJ, Reynolds EE.

The U.S. Preventive Services Task Force (USPSTF) recently issued guidelines on screening for vitamin D deficiency. The guidelines were based on randomized trials of vitamin D deficiency screening and treatment, as well as on case-control studies nested within the Women's Health Initiative. The USPSTF concluded that current evidence is insufficient to assess the benefits and harms of screening for vitamin D deficiency in asymptomatic adults. Compared with placebo or no treatment, vitamin D was associated with decreased mortality; however, benefits were no longer seen after trials of institutionalized persons were excluded. Vitamin D treatment was associated with a possible decreased risk for at least 1 fall and the total number of falls per person but not for fractures. None of the studies examined the effects of vitamin D screening versus not screening on clinical outcomes. In this Grand Rounds, 2 prominent endocrinologists debate the issue of screening for vitamin D deficiency in a 55-year-old, asymptomatic, postmenopausal woman. They review the data on which the USPSTF recommendations are based and discuss the potential benefits and risks, as well as the challenges and controversies, of screening for vitamin D deficiency in primary care practice.

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Efficacy and safety of transdermal testosterone in postmenopausal women with hypoactive sexual desire disorder: a systematic review and meta-analysis.

Achilli C, Pundir J, Ramanathan P, Sabatini L, Hamoda H, Panay N.

OBJECTIVE: To systematically review and summarize the existing evidence related to the efficacy and safety of transdermal T in postmenopausal women for the treatment of hypoactive sexual desire disorder (HSDD). DESIGN: Systematic reviews and meta-analysis. SETTING: Not applicable. PATIENT(S): Seven randomized controlled trials enrolled 3,035 participants; 1,350 women were randomized to treatment with T patch, and 1,379 women were randomized to placebo. INTERVENTION(S): None. MAIN OUTCOME MEASURE(S): Primary outcome: satisfying sexual episodes. SECONDARY OUTCOMES: sexual activity, orgasm, Profile of Female Sexual Function domains (desire), personal distress score, adverse events, acne, increased hair growth, facial hair, alopecia, voice deepening,

urinary symptoms, breast pain, headache, site reaction, total adverse events, serious adverse events, withdrawal from study, and follow-up rate. RESULT(S): The T group had significantly more satisfying sexual episodes, sexual activity, orgasms, desire, significant change in Personal Distress Scale score, androgenic adverse events, acne, and hair growth compared with the placebo group. There was no significant difference between the two groups in increase in facial hair, alopecia, voice deepening, urinary symptoms, breast pain, headache, site reaction to the patch, total adverse events, serious adverse events, reasons for withdrawal from the study, and the number of women who completed the study. CONCLUSION(S): The short-term efficacy in terms of improvement of sexual function and safety of transdermal T in naturally and surgically menopausal women affected by HSDD either on or not on estrogen progestin hormone therapy is evident from this systematic review. The use of transdermal T is associated with increase in androgenic adverse events such as acne but is not associated with any serious adverse events.