Selección de Resúmenes de Menopausia

Semana del 16 al 22 de diciembre, 2020

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Rev Assoc Med Bras (1992). 2020 Dec;66(12):1628-1632. doi: 10.1590/1806-9282.66.12.1628.

Prevalence of hot flashes in women of 40 to 65 years of age with metabolic syndrome

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Objective: Hot flashes have a negative impact on the quality of life of women during the menopausal transition and thereafter. The progressive reduction in gonadal estrogen levels associated with aging promotes an accumulation of abdominal fat, dyslipidemia, and arterial hypertension, all of which are components of metabolic syndrome (MetS). The objective of the present study was to estimate the prevalence of hot flashes and evaluate their relationship with MetS in women ≥ 40 years of age. Methods: This was a cross-sectional study involving women aged between 40 and 65 years. We used the Kupperman index to quantify the climacteric symptoms and the National Cholesterol Education Program Adult Treatment Panel III criteria for the diagnosis of MetS. Results: 1,435 women were initially selected, and we obtained information from 647. The mean age at menopause was 45.99 years (SD 6.61 years) and the prevalence of hot flashes and MetS were 55.83% (95% CI: 52.35-59.25%) and 46.29% (95% CI: 44.75-52.53%), respectively. We identified a positive association between MetS and hot flashes (OR 1.16; 95% CI: 1.01-1.33). Conclusions: In women ≥ 40 years of age, hot flashes are highly prevalent and appear to be associated with MetS. 0 results are available, use up and down arrow keys to navigate.

Am J Clin Nutr. 2020 Dec 17;nqaa353. doi: 10.1093/ajcn/nqaa353. Online ahead of print.

Dietary cholesterol and egg intake in relation to incident cardiovascular disease and all-cause and cause-specific mortality in postmenopausal women

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Background: The potential cardiovascular impact of dietary cholesterol intake has been actively debated for decades. Objectives: We aimed to evaluate associations of dietary cholesterol and egg intakes with incident cardiovascular disease (CVD) and all-cause and cause-specific mortality. Methods: We included 96,831 US postmenopausal women aged 50-79 y without known CVD or cancer during baseline enrollment (1993-1998) of the Women's Health Initiative. Dietary information was collected using a validated FFQ. Incident CVD [i.e., ischemic heart disease (IHD) and stroke] and all-cause and cause-specific mortality were ascertained and adjudicated through February 2018. Results: A total of 9808 incident CVD cases and 19,508 all-cause deaths occurred during a median follow-up of 17.8 y and 18.9 y, respectively. After multivariable adjustment for traditional risk factors and key dietary nutrients including dietary saturated fat, there were modest associations of dietary cholesterol intake with incident CVD (HRQ5versusQ1: 1.12; 95% CI: 1.03, 1.21; P-trend < 0.001) and all-cause mortality (HRQ5versusQ1: 1.09; 95% CI: 1.02, 1.15; P-trend < 0.001). Significant positive associations were also observed between dietary cholesterol and incident IHD (P-trend = 0.007), incident ischemic stroke (P-trend = 0.002), and CVD mortality (P-trend = 0.002), whereas there was an inverse association for incident hemorrhagic stroke (P-trend = 0.037) and no association for mortality from cancer, Alzheimer disease/dementia, respiratory diseases, or other causes (P-trend > 0.05). Higher egg consumption was also associated with modestly higher risk of incident CVD (P-trend = 0.004) and all-cause mortality (P-trend < 0.001), with HRs of 1.14 (95% CI: 1.04, 1.25) and 1.14 (95% CI: 1.07, 1.22), respectively, when comparing ≥1 egg/d with <1 egg/wk. Conclusions: Both higher dietary cholesterol intake and higher egg consumption appeared to be associated with modestly elevated risk of incident CVD and all-cause mortality in US postmenopausal women.

Front Microbiol. 2020 Nov 20;11:590877. doi: 10.3389/fmicb.2020.590877. eCollection 2020.

Effect of Menopausal Hormone Therapy on the Vaginal Microbiota and Genitourinary Syndrome of Menopause in Chinese Menopausal Women

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Genitourinary syndrome of menopause (GSM) is a chronic and progressive condition with a series of vulvovaginal, sexual, and lower urinary tract discomforts, mainly due to hypoestrogenism. Menopausal hormone therapy (MHT) has

generally been considered as the most effective treatment for GSM. In addition, vaginal microbiota is of particular significance to gynecological and reproductive illnesses and potentially has some intimate connections with GSM. Consequently, we sought to evaluate how MHT impacts the composition and structure of vaginal microbiota while alleviating GSM in Chinese menopausal women aged 45-65 years, which has not been investigated previously. 16S rRNA gene sequencing was performed to analyze microbial diversity and composition using vaginal swabs obtained from 100 menopausal women, classified as MHT women who have been taking tibolone regularly (n = 50) and non-treated women who never received any treatment (n = 50). Vaginal Health Index Score (VHIS) and GSM symptoms inquiry were also performed. We found that the vaginal microbial diversity decreased and that the abundance of Lactobacillus increased to be the dominant proportion significantly in the MHT group, in considerable contrast to vaginal microbiota of the non-treated group, which significantly comprised several anaerobic bacteria, namely, Gardnerella, Prevotella, Escherichia-Shigella, Streptococcus, Atopobium, Aerococcus, Anaerotruncus, and Anaerococcus. In this study, women without any MHT had significantly more severe GSM symptoms than those receiving tibolone, especially with regard to vulvovaginal dryness and burning, as well as decreased libido ($P < 0.01$). However, there was no significant difference in the severity of urological symptoms between the groups ($P > 0.05$). Furthermore, Lactobacillus was demonstrated to be associated with VHIS positively ($r = 0.626$, $P < 0.001$) and with GSM negatively ($r = -0.347$, $P < 0.001$). We also identified Chlamydia ($r = 0.277$, $P < 0.01$) and Streptococcus ($r = 0.270$, $P < 0.01$) as having a prominent association with more serious GSM symptoms. Our study provided an elucidation that MHT could notably alleviate GSM and conspicuously reshape the composition of the vaginal microbiota, which is of extreme importance to clinical practice for the management of GSM.

Sleep. 2020 Dec 16;zsaa283.doi: 10.1093/sleep/zsaa283. Online ahead of print.

Sleep During Menopausal Transition: A 10-year Follow-Up

Nea Kalleinen, Jenni Aittokallio, Laura Lampio, Matti Kaisti, Päivi Polo-Kantola, Olli Polo, Olli J Heinonen, et al.

Study objectives: A 10-year observational follow-up study to evaluate the changes in sleep architecture during menopausal transition. Methods: Fifty-seven premenopausal women (mean age 46 years, SD 0.9) were studied at baseline and after a 10-year follow-up. At both time points, polysomnography (PSG) was performed, and the serum follicle-stimulating hormone (S-FSH) concentration measured. Linear regression models were used to study the effects of aging and menopause (assessed as change in S-FSH) on sleep. Results: After controlling for body mass index, vasomotor, and depressive symptoms, higher S-FSH level was associated with longer sleep latency (B 0.45, 95 % CI 0.07 to 0.83). Aging of 10 years was associated with shorter sleep latency (B -46.8, 95 % CI -77.2 to -16.4), shorter latency to stage 2 sleep (B -50.6, 95 % CI -85.3 to -15.9), decreased stage 2 sleep (B -12.4, 95 % CI -21.4 to -3.4) and increased slow wave sleep (B 12.8, 95 % CI 2.32 to 23.3) after controlling for confounding factors. Conclusions: This study suggests that PSG measured sleep of middle-aged women does not worsen over a 10-year time span due to menopausal transition. The observed changes seem to be rather age- than menopause-dependent.

Am J Epidemiol. 2020 Dec 16;kwaa268.doi: 10.1093/aje/kwaa268. Online ahead of print.

Alignment of dietary patterns with the Dietary Guidelines for Americans 2015-2020 and risk of all-cause and cause-specific mortality in the Women's Health Initiative Observational Study

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Poor diet quality is a leading risk factor for death in the United States (U.S.). We examined the association between Healthy Eating Index-2015 (HEI-2015) scores and death from all-causes, cardiovascular disease (CVD), cancer, Alzheimer's Disease and Dementia not otherwise specified (NOS) among postmenopausal women in the Women's Health Initiative Observational Study (1993-2017). This analysis included 59,388 participants who completed a food frequency questionnaire and were free of cancer, CVD and diabetes at enrollment. Stratified Cox proportional hazards models were fit using person-years from enrollment as the underlying time metric. We estimated multivariable adjusted hazard ratios and 95% confidence intervals for risk of death associated with HEI-2015 quintiles, with higher scores reflecting more optimal diet quality. Over a median of 18.2 years, 9,679 total deaths 3,303 cancer deaths, 2,362 CVD deaths, and 488 deaths from Alzheimer's Disease and Dementia NOS occurred. Compared to those with lower scores, women with higher HEI-2015 scores had an 18% lower risk of all-cause mortality and 21% lower risk of cancer mortality. HEI-2015 scores were not associated with mortality from CVD, Alzheimer's Disease and dementia NOS.

Consuming a diet aligned with 2015-2020 U.S. Dietary Guidelines may have beneficial impacts for preventing death from cancer and overall.

Int J Cardiol. 2020 Dec 12;S0167-5273(20)34270-4.doi: 10.1016/j.ijcard.2020.12.022. Online ahead of print.

Association of the length of oestrogen exposure with risk of incident stroke in postmenopausal women: Insights from a 20-year prospective study.

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Background: To examine the relationship between the length of oestrogen exposure and risk of incident stroke. Also, the additive value of each model was compared for assessing oestrogen exposure and stroke risk in postmenopausal women. Study design and setting: Prospective study of 5632 post-menopausal women without a prior history of stroke from 1998 through 2016 in Australian Longitudinal Study on Women's Health. Data on surrogate measures of oestrogen exposure were used to derive five indices of oestrogen exposure including reproductive lifespan (RLS) (age at menopause-age at menarche), endogenous oestrogen and total oestrogen exposure (which included menopausal hormone therapy (MHT use)). The relationships between the length of oestrogen exposure (quartiles) and incident stroke events were examined using multivariable adjusted Cox proportional hazard regression and their predictive accuracy were compared using area under the Receiver Operative Curves. Results: The mean (SD) for RLS was 37.9(4.3) years. A shorter RLS (≤34 years) was associated with a higher risk of incident stroke after adjustment (HR: 1.85, 95%CI: 1.08, 3.15), compared with 38-40 years. There was 7% decrease in risk of stroke per 1-year increase in RLS (HR: 0.93, 95%CI: 0.89, 0.97). Even though the combination of endogenous oestrogen and exogenous hormones aimed to provide more accurate length of oestrogen exposure, the results showed that each model had similar goodness of fit and did not improve the model of just using RLS as a predictor of incident stroke. Conclusions: A shorter RLS (≤34 years) was associated with higher risk of incident stroke compared to medium RLS. Endogenous oestrogen and of total oestrogen exposure (which included MHT use) did not improve the model of just using RLS as a predictor of incident stroke.

Drugs Context. 2020 Dec 2;9:2020-10-1.doi: 10.7573/dic.2020-10-1. eCollection 2020.

Progestogens as a component of menopausal hormone therapy: the right molecule makes the difference

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Optimizing menopausal hormone therapy (MHT) requires an awareness of the benefits and risks associated with the available treatments. This narrative review, which is based on the proceedings of an Advisory Board meeting and supplemented by relevant articles identified in literature searches, examines the role of progestogens in MHT, with the aim of providing practical recommendations for prescribing physicians. Progestogens are an essential component of MHT in menopausal women with a uterus to prevent endometrial hyperplasia and reduce the risk of cancer associated with using unopposed estrogen. Progestogens include natural progesterone, dydrogesterone (a stereoisomer of progesterone), and a range of synthetic compounds. Structural differences and varying affinities for other steroid receptors (androgen, glucocorticoid, and mineralocorticoid) confer a unique biological and clinical profile to each progestogen that must be considered during treatment selection. MHT, including the progestogen component, should be tailored to each woman, starting with an estrogen and a progestogen that has the safest profile with respect to breast cancer and cardiovascular effects, while addressing patient-specific needs, risk factors, and treatment goals. Micronized progesterone and dydrogesterone appear to be the safest options, with lower associated cardiovascular, thromboembolic, and breast cancer risks compared with other progestogens, and are the first-choice options for use in 'special situations,' such as in women with high-density breast tissue, diabetes, obesity, smoking, and risk factors for venous thromboembolism, among others.

Maturitas. 2021 Jan;143:65-71.doi: 10.1016/j.maturitas.2020.08.009. Epub 2020 Aug 19.

Three-dimensional ultrasound evaluation of the pelvic floor in postmenopausal women using hormone therapy

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Objective: To evaluate the three-dimensional (3D) ultrasound characteristics of the pelvic floor muscles (PFM) in two groups of postmenopausal women: users and nonusers of menopausal hormone therapy (MHT). Study design: Observational, cross-sectional cohort study. Main outcome measures: In this study 226 sexually active heterosexual

women, aged 45-60 years with amenorrhea >12 months and without clinical pelvic floor disorders or urinary incontinence were included. Women using MHT ≥ 6 months were classified as systemic users. PFM strength was assessed by digital vaginal palpation and scored on the Modified Oxford Scale. Biometry of the PFM was performed by 3D transperineal ultrasound for evaluation of total urogenital hiatus area, transverse and anteroposterior diameters, and levator ani muscle thickness. Results: The participants were divided into users (n = 78) and nonusers (n = 148) of MHT. There were no differences in clinical or anthropometric parameters between groups. The mean age was 55 years and the time since menopause was six years in both groups. The mean duration of MHT use was 43.4 ± 33.3 months. Users of MHT had greater levator ani muscle thickness (p = 0.001) and higher PFM strength (p = 0.029) than nonusers. Risk analysis adjusted for age, time since menopause, BMI, parity, and type of delivery showed an association of MHT use with greater levator ani muscle thickness (OR = 2.69; 95% CI 1.42-5.11, p = 0.029), and higher PFM strength (OR = 1.78; 95% CI1.01-3.29, p = 0.046). There was a weak positive correlation between levator ani muscle thickness and duration of MHT use (r = 0.25, p = 0.0002) and PFM strength (r = 0.12, p = 0.043). Conclusions: Postmenopausal women using MHT had a greater levator ani muscle thickness associated with higher PFM strength than nonusers.

Maturitas- 2021 Jan;143:36-40.doi: 10.1016/j.maturitas.2020.08.005. Epub 2020 Aug 26.

Managing menopausal vasomotor symptoms in older women

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This review considers the persistent vasomotor symptoms (VMS) of menopause-hot flashes-from the perspective of older women. Although these symptoms are most prevalent in younger women during the menopause transition and recent postmenopausal years, emerging data, corroborated by clinical experience, support the observation that for some women, VMS can remain bothersome into advanced age. Most clinical guidance focuses on treating VMS in younger women because of the concerns of increasing cardiovascular disease (CVD) risks and possibly dementia when menopausal hormone therapies (MHT) are initiated at more advanced ages. Furthermore, recent studies into the physiology of VMS suggest a potential link with endothelial dysfunction and evidence of increased subclinical CVD and CVD events. Clinical trials have reported that older women with VMS have markedly increased CVD risk in response to oral MHT initiation compared with asymptomatic women. Nonhormonal treatment options are available for those who elect not to use, or are advised not to use, menopausal hormone therapies. As the global population ages, more research is needed to clarify the physiology of VMS in older women, suggest optimal approaches to enhance awareness of potential health risks of VMS, and recommend strategic management of VMS in older women, with the goal of promoting health and maintaining quality of life.9