

Selección de Resúmenes de Menopausia

Semana del 24 al 30 de marzo 2021

María Soledad Vallejo. Clínica Quilín. Universidad de Chile

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COVID-19 Outcomes in Postmenopausal and Perimenopausal Females: Is Estrogen Hormone Attributing to Gender Differences?

Ruchika Garg¹, Prabhat Agrawal², Ashish Gautam², Nikhil Pursnani², Mohita Agarwal¹, et al.

Background: Globally, case fatality rate is more in males compared to females. Some studies have suggested. It is hypothesized that estrogen hormone may decrease susceptibility to severe acute respiratory syndrome coronavirus 2 (SARS CoV-2.). **Objective:** The objective of the study was to evaluate the gender differences in SARS CoV-2 outcomes and to analyze if there are any differences in outcomes in premenopausal females compared to postmenopausal females. **Materials and methods:** Patients tested positive for SARS CoV-2 through real-time reverse transcription-polymerase chain reaction by Thermo Fischer Taqpath assay approved by the Indian Council of Medical Research were included in the study. The data obtained was analyzed for the epidemiological, clinical, and laboratory characteristics from their medical records. **Results:** The mortality rate in females was 12.6%, whereas mortality in males was 19.4%. In between-group analysis, 8.6% (16/185) of females died in premenopausal age group versus 12.8% (27/211) in postmenopausal group. The proportion of females who expired due to COVID significantly differ by age and postmenopausal status $X^2(1, n = 293) = 7.2$, the P value is 0.007. The difference is statistically significant at $P < 0.05$. Postmenopausal women were more likely to expire due to COVID-19 infection compared to premenopausal women. **Conclusion:** The mortality rate in postmenopausal age group was greater than mortality in premenopausal females emphasizing the protection provided by estrogens hormone in them. Postmenopausal women are also at higher risk of severe COVID-19 infection than premenopausal women. Mortality is greater in males compared to females, further strengthening the role of estrogens.

Cancer Res. 2021 Mar 24;canres.4100.2020.doi: 10.1158/0008-5472.CAN-20-4100. Online ahead of print.

Bisphosphonate Use and Breast Cancer Risk among Women with Ductal Carcinoma In Situ

Christopher I Li¹, Meghan R Flanagan², Mei-Tzu C Tang³, Peggy L Porter⁴, Kathleen E Malone⁵

Women with a history of ductal carcinoma in situ (DCIS) have an elevated risk of a subsequent invasive breast cancer, but there are few established potentially modifiable factors known to lower this risk. Bisphosphonates are a commonly used treatment for patients with osteoporosis and have been shown to lower risks of recurrence and mortality in patients with invasive breast cancer; however, their use has not previously been investigated within the context of DCIS. Utilizing a population-based nested case-control design, we compared 301 cases of women diagnosed with DCIS and a subsequent breast cancer and 587 individually matched controls (on age, DCIS diagnosis year, primary treatment, histology, grade, and disease-free survival time) who were diagnosed with DCIS but never a subsequent breast cancer. Information on recency and duration of bisphosphonate use was ascertained from patient interviews and medical record reviews. Current users of bisphosphonates had a reduced risk of developing an invasive breast cancer compared to never users (OR=0.50, 95% CI: 0.26-0.99). Users of bisphosphonates for {greater than or equal to}48 months had a similar reduction in risk (OR=0.45, 95% CI: 0.24-1.06). This is the first study to document that bisphosphonate use is associated with a lower risk of subsequent invasive breast cancer among women with a history of DCIS. This finding is consistent with the protective effect of bisphosphonates observed in other breast cancer settings. If validated by others, bisphosphonates may be an effective risk-reducing approach with the potential added benefits of its positive impacts on bone health and fracture risk.

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Hyaluronic acid in vulvar and vaginal administration: evidence from a literature systematic review

G Buzzaccarini¹, L Marin¹, M Noventa¹, A Vitagliano², A Riva¹, F Dessole³, G Capobianco³, L et al.

Vulvovaginal pathology impairs the quality of life of both women in menopause and those who are not. Different therapies have been proposed, mainly related to estrogen therapy in postmenopausal women. However, some contraindications limit its use, and different moisturizers or lubricants have been tested. Hyaluronic acid is a promising and widely used vaginal medical treatment with a moisturizing action and appears to provide a solution. For this reason, we performed a systematic review of the literature. We searched for original articles without date restriction until 30 April 2020. We included all clinical trials which administered local hyaluronic acid in the vulva or vagina. Only English studies and those performed in humans were eligible. Seventeen original studies were included in the review (from randomized controlled trials to longitudinal studies). Hyaluronic acid was generally found to be effective in improving vulvovaginal symptoms (dyspareunia, itching, burning, dryness) and signs (bleeding, atrophy, vaginal pH). In conclusion, hyaluronic acid has the properties to be an efficient moisturizer for women suffering from vulvovaginal atrophy who have contraindications for estrogen therapy and for vulvovaginal signs and symptoms affecting sexual well-being. However, a well-designed randomized controlled trial is needed in order to clarify its efficacy and safety profile.

Gynecol Obstet Fertil Senol.2021 Mar 20;S2468-7189(21)00079-9.doi:10.1016/j.gofs.2021.03.027. Ahead of print.
The HRT follow-up consultation. What to do in case of breast pain. CNGOF and GEMVi clinical practice guidelines.

Carole Mathelin 1

Breast pain is a concern in perimenopausal and postmenopausal women, quantifiable using validated tools, and may pre-exist or appear after initiation of a HRT. Objectives: A review of the literature was conducted to evaluate the frequency of breast pain, its evolution with age, its changes under HRT, its link with a possible risk of subsequent breast cancer, and the diagnostic (breast imaging) or therapeutic management modalities (pharmacological or other) in women taking HRT. Method: A review of the literature was carried out by consulting Medline, Cochrane Library data and international recommendations in French and English up to the end of 2019. Results: Published data confirm the importance of breast pain in relation to breast cancer risk. Women with breast pain prior to or related to the use of HRT have a significantly increased risk of breast cancer compared to women without breast pain. The risk is increased in cases of moderate to severe breast pain. In the presence of diffuse breast pain without abnormalities on clinical examination, it is not recommended to change the usual indications for screening, whether organized or individual. For focal breast pain, breast imaging (mammography and possibly ultrasound) is recommended. In the absence of abnormalities on breast imaging, a reassuring dialogue has to take place. With regard to HRT, doses of estrogens should be reduced until the breast pain decreases, or even stop the HRT if this symptom persists despite the use of low doses. Wearing a bra brassiere-type can also reduce breast pain.

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Impact of menopausal hormone therapy on colorectal cancer risk - a systematic review

Livia Nakhostin 1 , Aurelia Stadle 1 , Petra Stute 1

Colorectal cancer (CRC) is the second most frequently diagnosed cancer in females worldwide. Menopausal hormone therapy (MHT) has been proposed as a potential protective factor for the development of CRC. Yet, the available evidence is controversial. Thus, we aimed at summarizing the current evidence on the effect of MHT on CRC through a systematic review. A systematic literature search identified 1'001 potentially relevant articles, out of which 57 original studies and nine meta-analyses were deemed eligible for the final synthesis. The evidence synthesis showed the following: 1) MHT showed a heterogeneity in findings for CRC risk with a slight tendency to a neutral or protective effect, 2) MHT effect was either neutral or protective on colorectal adenoma, 3) MHT had no impact on tumor grade, subsite and histologic types, 4) MHT was not associated with CRC mortality, and 5) MHT showed heterogeneous effects on CRC stage and invasiveness, respectively. In summary, despite some evidence pointing towards a protective effect of MHT on CRC, MHT is currently not recommended for primary CRC prevention by international guidelines due to several important, potentially harmful effects.

Surg. 2021 Mar;13(1):60-66.doi: 10.4055/cios20111. Epub 2021 Feb 15.

Relationship of Bone Mineral Density and Knee Osteoarthritis (Kellgren-Lawrence Grade): Fifth Korea National Health and Nutrition Examination Survey

Eun-Seok Choi¹, Hyun Dae Shin¹, Jae Ang Sim², Young Gon Na³, Won-Jun Choi⁴, Dae-Do Shin², et al.

Background: Osteoarthritis (OA) and osteoporosis (OP) are the 2 most common bone disorders associated with aging. We can simply assume that older patients have a higher incidence of OA and OP with more severity. Although several papers have conducted studies on the relationship between OA and OP, none of them has demonstrated a conclusive link. In this study, we used radiological knee OA and bone mineral density (BMD; T-score of the total hip and lumbar spine) to analyze the incidence of OA and OP in a large population. We aimed to determine the relationship between OA and OP and investigate the associated risk factors. **Methods:** This cross-sectional study used data extracted from the 2010-2012 Korea National Health and Nutrition Examination Survey. We evaluated a total of 4,250 participants aged ≥ 50 years who underwent knee radiography and dual-energy X-ray absorptiometry and their laboratory results. The relationship between radiological knee OA and BMD was assessed. The generalized linear model was used to evaluate the relationship between BMD and Kellgren-Lawrence (KL) grade. **Results:** The higher KL grade was associated with older age, higher body mass index (BMI), female sex, and lower hemoglobin level ($p < 0.001$). No significant association was found between OA and the following variables: white blood cell, platelet, total cholesterol, vitamin D, alkaline phosphatase, parathyroid hormone, hypertension, diabetes, asthma, dyslipidemia, smoking status, alcohol consumption, and regular exercise ($p > 0.05$). After adjusting for confounding factors (age, BMI, diabetes, hypertension, smoking, and alcohol consumption), the average T-scores of total hip and lumbar spine were the highest in the mild OA group with KL grade 2 (-0.22 ± 1.08 and -0.89 ± 1.46 , respectively, $p < 0.001$). The average T-scores of the total hip and lumbar spine significantly decreased as OA progressed from moderate (KL grade 3; -0.49 ± 1.05 and -1.33 ± 1.38 , respectively, $p < 0.001$) to severe (KL grade 4; -0.73 ± 1.13 and -1.74 ± 1.75 , respectively, $p < 0.001$). T-scores of the moderate-to-severe OA group were significantly lower than those of the non-OA group (KL grades 0 and 1, $p < 0.001$). **Conclusions:** Compared with the non-OA group, BMD (T-scores of the total hip and lumbar spine) was higher in the mild OA group and lower in the moderate-to-severe OA group.