Selección de Resúmenes de Menopausia

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María Soledad Vallejo. Hospital Clínico. Universidad de Chile

Cardiometabolic Risk, Peripheral Arterial Disease and Cardiovascular Events in Polycystic Ovary Syndrome: Time to Implement Systematic Screening and Update the Management

Andrej Janez 1, Rok Herman 1, Pavel Poredos 2, Dimitri P Mikhailidis 3, Ales Blinc 4, Miso Sabovic 4, et al.

Polycystic ovary syndrome (PCOS) is a highly prevalent endocrine disorder in women of reproductive age. It presents with gynaecologic, metabolic, and psychologic manifestations. The dominant drivers of pathophysiology are hyperandrogenism and insulin resistance. Both conditions are related to cardiometabolic risk factors, such as obesity, hypertension, dyslipidaemia, hyperglycaemia, type 2 and gestational diabetes, nonalcoholic fatty liver disease and obstructive sleep apnoea. Women with PCOS of reproductive age consistently demonstrated an elevated risk of subclinical atherosclerosis, as indicated by different measurement methods, while findings for menopausal age groups exhibited mixed results. Translation of subclinical atherosclerosis into the increased incidence of peripheral arterial disease and major cardiovascular (CV) events is less clear. Although several expert groups have advised screening, the CV risk assessment and prevention of CV events are frequently underdiagnosed and overlooked aspects of the management of PCOS. A combination of lifestyle management and pharmacotherapy, including the promising new era of anti-obesity medicine, can lead to improvements in cardiometabolic health.

Types of Dairy Foods and Risk of Fragility Fracture in the Prospective Nurses' Health Study Cohort

Mengjie Yuan 1, Frank B Hu 2, Yanping Li 2, Howard J Cabra, Sai Krupa Das, Jude T Deeney, Xinyi Zhou, et al.

Background: Fragility fractures present enormous health challenges for women. Dairy products provide many bone-beneficial nutrients such as calcium and vitamin D. Individual dairy foods may exert different association on bone health. Objective: To investigate the associations between total dairy, yogurt, milk, and cheese and fragility fracture risk among females in the prospective Nurses' Health Study (NHS) in the US. Methods: There are 103,003 females with mean age of 48 in the current analysis who were followed from 1980-2004. Proportional hazards models were used to estimate risk of first fracture (of the wrist, hip, or vertebrae) by intakes of dairy foods (total dairy, milk, yogurt, or cheese) obtained from food frequency questionnaire (FFQ). Fractures that were caused by high-trauma events were not included. We relied on self-reported data for wrist and hip fractures while for vertebral fractures, medical records were used to confirm cases. Results: A total of 5495 incident fracture cases were documented during follow-up. After controlling for relevant confounding variables, consumption of ≥ 2 servings per day (servings/d) of total dairy (compared with <1 servings/d) was associated with lower fracture risk [hazard ratio (HR): 0.74; 95% confidence interval (CI): 0.61 - 0.89]. More than 2 servings of milk per day (compared with <1 servings/d) were associated with a lower fracture risk (HR: 0.85; 95% CI: 0.77 - 0.94). Intakes of calcium, vitamin D, and protein from non-dairy sources did not modify the effects of total dairy or milk on fracture risk. There was no association between yogurt intake and fracture risk. Intake of cheese (≥ 1 servings/d compared with < 1 servings per week) was weakly associated with a lower fracture risk (HR: 0.89; 95% CI: 0.79 - 0.99). Conclusion: Higher total dairy, milk and cheese intakes were associated with lower risks of fracture in females in NHS.

Comparison of the Efficacy of Vaginal Hyaluronic Acid to Estrogen for the Treatment of Vaginal Atrophy in Postmenopausal Women: A Systematic Review

Nada Saleh Albalawi 1, Maram Ati Almohammadi 2, Ahmad Raja Albalawi 3

Topical estrogen is effective for treating postmenopausal vaginal atrophy. However, there is a potential risk of estrogen-related adverse effects. There is a need for finding effective non-hormonal treatment for vaginal atrophy. The topical application of moisturising agents, such as hyaluronic acid (HA), represents a promising non-hormonal treatment for the relief of vaginal atrophy. This study aimed to summarize the evidence regarding the efficacy of topical HA compared to topical estrogen in postmenopausal women with vaginal atrophy. The literature search covered English-published studies from database inception till February 2023. The search included the electronic databases of MEDLINE/PubMed, Cochrane Library, Web of Science, ProQuest, and Scopus, using the terms "Hyaluronic Acid" AND "Postmenopause" AND "Vagina" AND "Atrophy". Due to the diversity in reporting outcomes, meta-analysis was not feasible. A narrative synthesis with a systematic approach was conducted by vote counting of studies that included a direct comparison between topical HA and topical estrogen. Six studies were included. Intra-group comparisons showed that both interventions were significantly effective in alleviating the symptoms of vaginal atrophy and dyspareunia as well as improving vaginal pH and cell maturation index. However, inter-group comparisons in most studies showed that estrogen was superior to HA in relieving vaginal symptoms and improving vaginal pH, dyspareunia, and the cell maturation index. There is no evidence to show the superiority of HA to estrogen in the treatment of postmenopausal vaginal atrophy. However, the therapeutic efficacy of HA seems to be comparable to estrogen and considering its safety, HA can be used as an alternative to estrogen in patients who do not want to use estrogen. The available studies have several limitations, and the reporting of outcomes was considerably heterogeneous.

Osteoporosis Associated with Breast Cancer Treatments Based on Types of Hormonal Therapy: A Cross-Sectional Study Using Korean National Sample Data

Yen Min Wang 1, Yu-Cheol Lim 2, Deok-Sang Hwang 3, Yoon Jae Lee 2, In-Hyuk Ha 2, Ye-Seul Lee 2

Background and Objectives: This study aimed to investigate osteoporosis-related treatments and the overall anticancer drug treatment tendencies, with a focus on selective estrogen receptor modulators (SERMs) and aromatase inhibitors (AIs), in Korean patients with breast cancer from 2010 to 2019. Materials and Methods: Data were obtained from the Health Insurance Review and Assessment Service. Patients with breast cancer (International Classification of Diseases, 10th Revision code: C50) as a principal diagnosis at least once from 2010 to 2019 were included. Those with osteoporosis (M80, M81, or M82) as a principal or sub-diagnosis or those who received osteoporosis treatment at least once were categorized as the osteoporosis-related treatment group, and others as the non-osteoporosis-related treatment group. The trends of drug prescriptions and treatment costs in patient groups were evaluated using descriptive statistics. Results: Among all included patients, those aged 45-54 years (40.20%) without osteoporosis treatment and those aged 55-64 years (34.11%) with osteoporosis treatment were the most common. SERM was the most commonly prescribed anticancer drug (29.20%) in the entire patient group, followed by AIs (20.83%). Patients without osteoporosis treatment had the highest prescription rate of SERM (31.48%), and those with osteoporosis treatment had a higher prescription rate of AIs (34.28%). Additionally, SERM and AIs were prescribed most frequently before and after the age of 55 years, respectively, regardless of the presence of treatment. Conclusions: This study found that osteoporosis-related treatment and patient age were associated with anticancer drug prescriptions. The present findings would help clinicians and researchers in the clinical diagnosis and treatment of breast cancer.

Association of Cumulative Lifetime Exposure to Female Hormones with Cerebral Small Vessel Disease in Postmenopausal Women in the UK Biobank

Samantha Cote, Thomas-Louis Perron, Jean-Patrice Baillargeon, Christian Bocti, Jean-Francois Lepage, et al.

Background and objectives: Rates of cerebrovascular disease increase after menopause which is often attributed to the absence of hormones. It remains unknown whether the cumulative exposure to hormones across a female person's premenopausal life extends the window of cerebrovascular protection to the postmenopausal period. To investigate this, we examined the relationship between lifetime hormone exposure and cerebral small vessel disease in over 9 000 postmenopausal women in the UK-Biobank. Methods: The cohort consisted of women (aged 40 to 69) that attended one of 22 research centers across the United Kingdom between 2006-2010. Women were excluded if they were premenopausal when scanned, had missing reproductive history data, self-reported neurological disorders, brain

cancer, cerebral vascular incidents, head or neurological injury and nervous system infection. Endogenous lifetime hormone exposure (LHEEndo) was estimated by summing the number of years pregnant (LHEparity) with the duration of the reproductive period (LHECycle = age menopause - age menarche). Exogenous lifetime hormone exposure (LHEExo) was estimated by summing the number of years on oralcontraceptives (LHEOC) and hormone replacement therapy (LHEHRT). Cerebral small vessel disease was determined by estimating white matter hyperintensity volume (WMHV) from T2-FLAIR brain MRI (acquired between 2014 and 2021), normalized to intracranial volume and log-transformed. Multiple linear regressions were used to assess the relationship between LHEEndo on WMHV adjusted for age, cardiovascular risk factors, sociodemographics and LHEExo. Results: A total of 9163 postmenopausal women (age = 64.21 {plus minus} 6.81) were retained for analysis. Average LHEEndo was 39.77 {plus minus} 3.59 years. Women with higher LHEEndo showed smaller WMHV (R2Adj = 0.307, LHEEndo β= -0.007 (-0.012, -0.002), p <0.01). LHEparity and LHECycle were independent contributors to WMHV (R2Adj =0.308, p<<0.001; LHEparity β=-0.022, (-0.042, -0.002), p <0.05; LHECycle β=-0.006, (-0.011, -0.001), p <0.05). LHEExo was not significantly related to WMHV (LHEExo β= 0.001, (-0.001, 0.002), p>0.05). Discussion: Women with more prolonged exposure to endogenous hormones show relatively smaller burden of cerebral small vessel disease independent of history of oral contraceptive use or hormone replacement therapy. Our results highlight the critical role endogenous hormones play in female brain health and provide real-world evidence of the protective effects premenopausal endogenous hormone exposure plays on postmenopausal cerebrovascular health.

Cognitive Problems in Perimenopause: A Review of Recent Evidence
Christina A Metcalf 1, Korrina A Duffy 2, Chloe E Page 2, Andrew M Novick 2
Purpose of review: To review recent research regarding cognitive problems during perimenopause, including which menopause-related symptoms, demographic variables, stress exposures, and neural biomarkers are associated with cognitive problems and which interventions demonstrate efficacy at improving cognitive performance. Recent findings: Cognitive problems are common during perimenopause and have a significant impact on a substantial proportion of women. Evidence continues to indicate that verbal learning and verbal memory are the cognitive functions that are most negatively affected during perimenopause, and new research suggests that perimenopause may also be associated with deficits in processing speed, attention, and working memory. Recent research suggests that the cognitive profiles of women transitioning through perimenopause are heterogenous - with some showing strengths and others demonstrating weaknesses in particular cognitive domains. Depression, sleep problems, and vasomotor symptoms in perimenopause may be associated with cognitive difficulties. Recent neuroimaging studies are identifying changes in activity patterns within brain regions that correlate with cognitive performance in perimenopause, but future causal studies are needed to understand the neural mechanisms of cognitive problems during this time. Although clinical treatment studies for cognitive concerns have historically focused on postmenopause, some small trials in perimenopausal samples have been conducted recently but are frequently underpowered. Current guidelines from the North American Menopause Society do not support the use of hormone therapy at any age for cognitive problems. Animal research demonstrates that estradiol and levonorgestrel combined may alleviate working memory problems. Much progress has been made in understanding how perimenopause impacts cognition, and more research is needed to better identify who is at highest risk and how to meaningfully prevent and alleviate cognitive problems during this reproductive stage. Larger-scale randomized intervention trials specifically during perimenopause are urgently needed to address cognitive concerns in this population of women. More consistent reproductive staging, inclusion of covariates, and analyses examining perimenopause specifically would improve study quality and the ability to draw clear conclusions from this research.

Real-world practice of estrogen and progestogen prescriptions in menopausal women in Japan: A descriptive study using a Japanese claims database
Yoshihide Inayama 1 2, Kayoko Mizuno, Miho Egawa, Ken Yamaguchi, Junzo Hamanishi, Masato Takeuchi, et al.
Aim: This study aimed to investigate the real-world clinical practice of estrogen and progestogen prescriptions for menopausal women. Methods: Using a health care database in Japan, we conducted a cross-sectional study on estrogen prescriptions and detailed analyses of newly initiated estrogens and concomitant prescriptions of progestogens. Data between January 2005 and December 2021 were analyzed. Results: In 2021, the proportion of women aged 45-49 years receiving estrogens was 25.8 [95% confidence interval (CI): 25.3, 26.3] per 1000 women, while it was 6.4 [95% CI:

6.0, 6.7] for those aged ≥60 years. The prescription of estrogens gradually increased in women aged 50-59 years after 2009. In women without a history of hysterectomy, transdermal estradiol was the primary form of estrogens prescribed for ≥180 days, in women aged <60 years. The proportion of transdermal estradiol gradually increased each year, whereas that of oral-conjugated equine estrogens decreased. Among progestogen, the proportions of dydrogesterone and transdermal norethisterone acetate increased over time, while that of medroxyprogesterone acetate decreased. Approximately 30% of women prescribed estrogens for ≥180 days did not initiate progestogen concurrently. In women undergoing hysterectomy, progestogen was not initiated in >90% of cases, and transdermal estradiol was prescribed in approximately 80% of cases in 2021. Conclusions: This study reviewed the prescription of estrogens in menopausal women in Japan. A considerable number of women with a uterus are receiving estrogen therapy rather than estrogen-progestogen therapy (EPT), despite the guidelines recommending the use of EPT in these women.