Selección de Resúmenes de Menopausia

Semana del 25 a 31 de octubre, 2023

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J Neurosci. 2023 Oct 30:JN-RM-0663-23. doi: 10.1523/JNEUROSCI.0663-23.2023. Online ahead of print.

Menopause status and within group differences in chronological age affect the functional neural correlates of spatial context memory in middle-aged females

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Reductions in the ability to encode and retrieve past experiences in rich spatial contextual detail (episodic memory) are apparent by midlife - a time when most females experience spontaneous menopause. Yet, little is known about how menopause status affects episodic memory-related brain activity at encoding and retrieval in middle-aged pre- and post-menopausal females, and whether any observed group differences in brain activity and memory performance correlate with chronological age within group. We conducted an event-related task fMRI study of episodic memory for spatial context to address this knowledge gap. Multivariate behavioral partial least squares (PLS) was used to investigate how chronological age and retrieval accuracy correlated with brain activity in 31 premenopausal (age range: 39.55 - 53.30 yrs, Mage = 44.28 yrs, SDage = 3.12 yrs) and 41 postmenopausal females (age range: 46.70 to 65.14 yrs, Mage = 57.56 yrs, SDage = 3.93 yrs). We found that postmenopausal status, and advanced age within post-menopause, was associated with lower spatial context memory. The fMRI analysis showed that only in postmenopausal females, advanced age was correlated with decreased activity in occipitotemporal, parahippocampal, and inferior parietal during encoding and retrieval, and poorer spatial context memory performance. In contrast, only premenopausal females exhibited an overlap in encoding and retrieval activity in angular gyrus, midline cortical regions, and prefrontal cortex, which correlated with better spatial context retrieval accuracy. These results highlight how menopause status and chronological age, nested within menopause group, affect episodic memory and its neural correlates at midlife.

Climacteric. 2023 Oct 30:1-20. doi: 10.1080/13697137.2023.2258783. Online ahead of print.

The 2023 Practitioner's Toolkit for Managing Menopause (Se adjunta)

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Objective: The Practitioner's Toolkit for Managing the Menopause, developed in 2014, provided an accessible desk-top tool for health-care practitioners caring for women at midlife. To ensure the Toolkit algorithms and supporting information reflect current best practice, the Toolkit has been revised in accordance with the published literature. Methods: A systematic search for guidelines, position and consensus statements pertaining to the menopause and published after 2014 was undertaken, and key recommendations extracted from the Clinical Practice Guidelines determined to be the most robust by formal evaluation. The peer-reviewed literature was further searched for identified information gaps. Results: The revised Toolkit provides algorithms that guide the clinical assessment and care of women relevant to menopause. Included are the reasons why women present, information that should be ascertained, issues that may influence shared decision-making and algorithms that assist with determination of menopausal status, menopause hormone therapy (MHT) and non-hormonal treatment options for symptom relief. As clear guidelines regarding when MHT might be indicated to prevent bone loss and subsequent osteoporosis in asymptomatic women were found to be lacking, the Toolkit has been expanded to support shared decision-making regarding bone health. Conclusions: The 2023 Toolkit and supporting document provide accessible desk-top information to support health-care providers caring for women at midlife.

J Clin Med. 2023 Oct 10;12(20):6446. doi: 10.3390/jcm12206446.

Depression in Polycystic Ovary Syndrome: A Systematic Review and Meta-Analysis

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Polycystic ovary syndrome (PCOS) is an endocrine disorder with a broad spectrum of clinical symptoms. Some of the serious complications of PCOS are mental disorders including depression. Therefore, the aim of the meta-analysis was to determine the prevalence, mean level, standardized mean difference and probability of depression based on the research conducted with the Hospital Anxiety and Depression Scale (HADS). A systematic literature search was performed using the following databases: PubMed, EMBASE, Scopus, ClinicalTrials.gov and Google for research published until January

2023. The meta-analysis was conducted on a group of 4002 patients obtained from 19 studies, which met the inclusion criteria (adult pre-menopausal women diagnosed with PCOS, papers on the prevalence of depression or the HADS scoring). According to the research performed, the mean prevalence of depression was 31% (I2 = 93%; p < 0.001), whereas the mean HADS depression score in patients with PCOS was 6.31 (I2 = 93%; p < 0.001). The standardized difference of mean depression scores was SMD = 0.421 (95% confidence interval = 0.17-0.68, I2 = 67%). The overall probability of depression in PCOS patients was more than 2.5-fold higher than in healthy women ((RR: 2.58), confidence interval [1.38-4.85]; I2 = 90%, p < 0.001). The research results imply an increased risk of depressive symptoms in women with PCOS.

Cell Mol Biol Lett. 2023 Oct 27;28(1):88. doi: 10.1186/s11658-023-00501-5. (Free en PUBMED)

Cellular senescence in skeletal disease: mechanisms and treatment

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The musculoskeletal system supports the movement of the entire body and provides blood production while acting as an endocrine organ. With aging, the balance of bone homeostasis is disrupted, leading to bone loss and degenerative diseases, such as osteoporosis, osteoarthritis, and intervertebral disc degeneration. Skeletal diseases have a profound impact on the motor and cognitive abilities of the elderly, thus creating a major challenge for both global health and the economy. Cellular senescence is caused by various genotoxic stressors and results in permanent cell cycle arrest, which is considered to be the underlying mechanism of aging. During aging, senescent cells (SnCs) tend to aggregate in the bone and trigger chronic inflammation by releasing senescence-associated secretory phenotypic factors. Multiple signalling pathways are involved in regulating cellular senescence in bone and bone marrow microenvironments. Targeted SnCs alleviate age-related degenerative diseases. However, the association between senescence and age-related diseases remains unclear. This review summarises the fundamental role of senescence in age-related skeletal diseases, highlights the signalling pathways that mediate senescence, and discusses potential therapeutic strategies for targeting SnCs.

Front Endocrinol (Lausanne). 2023 Oct 10:14:1230932. doi: 10.3389/fendo.2023.1230932. eCollection 2023.

The relationship of hip fracture and thyroid disorders: a systematic review

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Introduction: Bone density regulation is considered one of the systems affected by thyroid hormones, leading to low bone density that can result in pathologic fractures, including hip fractures. This review aimed to update clinicians and researchers about the current data regarding the relationship between hip fractures and thyroid disorders. Methods: English papers were thoroughly searched in four main online databases of Scopus, Web of Science, PubMed, and Embase. Data extraction was done following two steps of screening/selection using distinct inclusion/exclusion criteria. This study used the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) checklist and the Newcastle-Ottawa Scale (NOS) as bias assessment. Results: In total, 19 articles were included in the research. The risk of hip fractures in women with differentiated thyroid cancer (DTC) is higher than hip fractures caused by osteoporosis. Men with hyperthyroidism and subclinical hyperthyroidism are at higher risk for hip fracture. Also, a decrease in serum thyroid stimulating hormone (TSH) may be associated with an increased risk of hip fracture. Conclusion: Reaching a consensus conclusion regarding the association between subclinical thyroid dysfunction and hip fracture is not feasible due to the heterogenicity of evidence; however, there may be a higher risk of fracture in individuals with subclinical hyperthyroidism.

Minerva Obstet Gynecol. 2023 Oct 25. doi: 10.23736/S2724-606X.23.05365-4. Online ahead of print.

Discussion on cervical cytology in postmenopausal women

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Background: Considering the cervix at the climacteric period, important changes take place in the morphology of the epithelium and stroma due to hypoestrogenism. Therefore, the aim of the present study was to compare the presence of transformation zone cells in the cervix of premenopausal and postmenopausal women. Methods: In a private laboratory in São Paulo (Brazil) a retrospective analysis of cervical cytology results was performed. A total of 1,026,671 satisfactory cytology tests were evaluated between January 2010 and December 2015. Results: A marked decline in transformation zone cells with age was evident, with a greater decrease in the ≥50 years age groups. Only 35% of women ≥50 years of age had transformation zone cells in cytology, while in those <50 years, the figure was 67.5% (P<0.001). The prevalence of negative cytological results in these two age groups was respectively 89.9% and 95.3%; however, it was observed that the most serious cytological results occurred in the group after menopause. Conclusions: Although cytology is the

recommended screening method for cervical cancer in Brazil, the low number of transformation zone cells in cytology in menopausal patients could be less sensitive for screening of dysplasia and cancer. So, we suggest routine high-risk HPV DNA testing, when possible, given that this test is considered more sensitive for detecting cervical lesions in this group of patients. When HPV DNA testing is not possible, cytology should be collected, and for cytology sampling we suggest regular topical estrogenization and use of appropriate technique.

Cureus. 2023 Sep 28;15(9):e46134. doi: 10.7759/cureus.46134. eCollection 2023 Sep. (Free en PUBMED)

The Relationship Between Myocardial Infarction and Estrogen Use: A Literature Review

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This thorough literature evaluation was prompted by significant research into the complex interactions between estrogen use and myocardial infarction (MI). Estrogen has fascinated researchers because of its possible cardioprotective benefits and its impact on cardiovascular health. In order to clarify the connection between estrogen use and the risk of MI, this review critically examines the body of prior evidence. This review focuses on estrogen and its pivotal role in cardiovascular health, concentrating on lipid metabolism, vasodilation, inflammation, and endothelial function. It examines contentious data about estrogen therapy's heart-protective effects, taking into account age, initiation timing, dosage, and dosage of administration. Genetic and epigenetic influences on MI risk among estrogen users highlight intricate, personalized estrogen effects. The conclusion summarizes the main findings and emphasizes the need for an all-encompassing strategy for initiating and managing estrogen medication. It is crucial to consider patient-specific traits and risk factors to successfully customize treatment regimens. This review sheds vital light on the potential directions for better cardiovascular treatment for postmenopausal women by shedding light on the complex link between estrogen use and myocardial infarction. The review also identifies research gaps and future objectives in this area, highlighting the demand for novel medicines and individualized strategies to improve cardiovascular outcomes.