

## Selección de Resúmenes de Menopausia

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### **Cardiovascular risk assessment in women: which women are suited for menopausal hormone therapy?**

A H E M Maas 1

Individual risk assessment for atherosclerotic cardiovascular disease is important for safe menopausal hormone prescription. Besides the traditional risk factors, female-specific risk variables related to pregnancy and gynecologic conditions importantly contribute to a more tailored risk assessment in women at middle age. Of these, prior pre-eclampsia/HELLP (hemolysis, elevated liver enzymes and low platelets) syndrome and early spontaneous menopause (<40 years) seem to be the strongest adverse risk variables. Concomitant inflammatory disorders should also be taken into account. Adding a coronary artery calcium score with a computed tomography scan to risk assessment has a high predictive value for future cardiovascular events. This should be considered to discriminate between low-risk and high-risk women when uncertainty exists. In women at intermediate risk, menopausal hormone therapy can be easily combined with preventive medication if cardiovascular risk factors are present. In women at higher risk who have severe disabling vasomotor symptoms, a lower dosage of hormone therapy can be considered in good collaboration between the gynecologist and the cardiologist/vascular specialist.

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### **Alterations of cardiometabolic risk profile in polycystic ovary syndrome: 13 years follow-up in an unselected population**

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Purpose: Cardiometabolic risk factors are common in women with polycystic ovary syndrome (PCOS) during reproductive years. The aim of this study was to determine the impact of aging on cardiometabolic risk of the syndrome by examining women who had previously been diagnosed to have PCOS or to be healthy in an unselected population in 2009. Participants: Forty-one women with PCOS who were diagnosed and phenotyped according to the Rotterdam criteria and 43 age- and body mass index (BMI)-matched healthy women from the same unselected cohort. Methods: All participants were evaluated by structured interview, physical examination, anthropometric, hormonal and biochemical measurements. Additionally, body composition analyses and echocardiographic assessments of 30 women with PCOS and 30 control women were conducted at 13 years of follow-up. Results: There was no difference between the patient and the control groups in terms of anthropometric and body composition measures and metabolic parameters. Echocardiographic assessment showed similar systolic functions, strain measurements and epicardial fat measurements between the groups. PCOS patients still had higher levels of total testosterone, free androgen index (FAI) and dehydroepiandrosterone sulfate (DHEAS) levels compared to controls. Epicardial fat thickness showed positive correlations with BMI, total and truncal body fat, homeostatic model assessment for insulin resistance (HOMA-IR) and free androgen index (FAI). Conclusions: Aging women with PCOS in the population have higher androgen levels and similar cardiometabolic risk profile compared to age- and BMI-matched healthy women. Epicardial fat thickness, a marker of cardiometabolic risk, appear to be associated with hyperandrogenism. Further research is needed on larger community-based cohorts where older patients are assessed with a longer follow-up.

**Nutr Hosp. 2023 Oct 19. doi: 10.20960/nh.04951. Online ahead of print.**

### **Cardiometabolic effects of intermittent fasting in women**

Aránzazu Aparicio 1, Ana María Lorenzo-Mora 2, Alfredo Trabado-Fernández 2, Viviana Loria-Kohen 3, et al.

Intermittent fasting is a dietary pattern characterized by alternating periods of total or partial fasting and ad libitum food consumption. During prolonged fasting, the body uses the ketone bodies formed from lipolysis of body fat, which also leads to some metabolic modifications with positive effects on health. In this sense, nocturnal intermittent fasting could contribute to properly synchronize the circadian system making the physiological, hormonal, energetic and metabolic processes work correctly and keeping to the individual in homeostasis. Thus, according to the results of different studies, intermittent fasting, in the short-medium term, seems to improve body composition, as well as the values of several

cardiometabolic parameters such as insulin and HOMA-IR index, among others. These effects have been observed in both pre- and postmenopausal women (no differences have been found between both states) and are similar to those found in interventions with caloric restriction diets.

**Breast Care (Basel). 2023 Jun;18(3):164-171. doi: 10.1159/000530205. Epub 2023 Mar 17.**

## **Menopausal Hormone Therapy and the Breast: A Review of Clinical Studies**

Marina Sourouni 1, Ludwig Kiesel 1

**Background:** Women in the peri- or postmenopause can experience symptoms related to the gradual degradation of ovarian function. Hormone replacement therapy (HRT) is the most effective therapy to treat common menopausal symptoms such as hot flashes and vaginal discomfort. However, safety concerns have been raised revolving, among others also, around the risk of breast cancer. **Methods:** This article is based on a selective literature search for relevant studies regarding HRT use and the risk of breast cancer in the general population or BRCA carriers, the risk of breast cancer recurrence, or the risk of breast cancer in situ. **Summary:** HRT can lead to little or no increase in breast cancer risk. The risk depends on the duration and composition of the HRT and decreases after stopping the treatment. Data assessing the oncological safety of HRT after breast cancer are inconsistent. According to current knowledge, HRT is fundamentally contraindicated after breast cancer but can be individually considered after a risk-benefit assessment and when nonhormonal therapies have failed. The same applies to HRT after DCIS, which should not be routinely offered but nonetheless can be considered in individual cases. HRT can be offered up to the age of natural menopause for BRCA mutation carriers who are undergoing risk-reducing bilateral salpingo-oophorectomy and do not have a personal history of breast cancer, but is contraindicated in BRCA mutation carriers who have already had breast cancer.

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## **Menopausal age and cardiovascular disease risk in American women: evidence from the National Health and Nutrition Examination Survey**

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**Objective:** Cardiovascular disease (CVD) is a significant contributor to the deaths of females, and premature menopause adds to the risk of CVD in females. Therefore, our study aimed to investigate the age of menopause and CVD incidence in American females using data from the National Health and Nutrition Examination Survey (NHANES). **Method:** We analyzed data from 6347 females to investigate the association between menopausal age and the risk of CVD using multivariate logistic regression analysis. **Results:** The study found that a later menopausal age reduces the risk of developing CVD (odds ratio [OR] = 0.74, 95% confidence interval [CI] = 0.63 - 0.88,  $p < 0.001$ ). Moreover, females with early-onset CVD had an increased risk of premature menopause before the age of 40 years (OR = 2.44, 95% CI = 1.60 - 3.72,  $p < 0.001$ ). **Conclusion:** Menopausal age is associated with the risk of developing CVD in American females. Specifically, if menopause occurs earlier, there is an increased risk of CVD. Additionally, early-onset CVD significantly raises the risk of premature menopause, which in turn has important implications for female reproductive health.

**JAMA Oncol. 2023 Nov 2:e234508. doi: 10.1001/jamaoncol.2023.4508. Online ahead of print.**

## **Vaginal Estrogen Therapy Use and Survival in Females With Breast Cancer**

Lauren McVicker 1, Alexander M Labeit 1, Carol A C Coupland 2 3, Blánaid Hicks 1, Carmel Hughes 4, et al.

**Importance:** Genitourinary syndrome of menopause can be treated with vaginal estrogen therapy. However, there are concerns about the safety of vaginal estrogen therapy in patients with breast cancer. **Objective:** To determine whether the risk of breast cancer-specific mortality was higher in females with breast cancer who used vaginal estrogen therapy vs females with breast cancer who did not use hormone replacement therapy (HRT). **Design, setting, and participants:** This cohort study analyzed 2 large cohorts, one each in Scotland and Wales, of females aged 40 to 79 years with newly diagnosed breast cancer. These population-based cohorts were identified from national cancer registry records from 2010 to 2017 in Scotland and from 2000 to 2016 in Wales and were followed up for breast cancer-specific mortality until 2020. Females were excluded if they had a previous cancer diagnosis (except nonmelanoma skin cancer). **Data analysis** was performed between August 2022 and August 2023. **Exposure:** Use of vaginal estrogen therapy, including vaginal tablets and creams, was ascertained from pharmacy dispensing records of the Prescribing Information System for the Scotland cohort and from general practice prescription records for the Wales cohort.

Main outcomes and measures: The primary outcome was time to breast cancer-specific mortality, which was obtained from national mortality records. Time-dependent Cox proportional hazards regression models were used to calculate hazard ratios (HRs) and 95% CIs for breast cancer-specific mortality, comparing vaginal estrogen therapy users with HRT nonusers and adjusting for confounders, including cancer stage and grade. Results: The 2 cohorts comprised 49 237 females with breast cancer (between 40 and 79 years of age) and 5795 breast cancer-specific deaths. Five percent of patients with breast cancer used vaginal estrogen therapy after breast cancer diagnosis. In vaginal estrogen therapy users compared with HRT nonusers, there was no evidence of a higher risk of breast cancer-specific mortality in the pooled fully adjusted model (HR, 0.77; 95% CI, 0.63-0.94). Conclusions and Relevance: Results of this study showed no evidence of increased early breast cancer-specific mortality in patients who used vaginal estrogen therapy compared with patients who did not use HRT. This finding may provide some reassurance to prescribing clinicians and support the guidelines suggesting that vaginal estrogen therapy can be considered in patients with breast cancer and genitourinary symptoms.