Selección de Resúmenes de Menopausia

Semana del 6 a 12 de diciembre, 2023

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World J Clin Cases. 2023 Nov 16;11(32):7761-7769. doi: 10.12998/wjcc.v11.i32.7761. -30

Association between depressive mood and body image and menopausal symptoms and sexual function in perimenopausal women

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Background: Perimenopausal is the period when women's ovarian function begins to decline before and after menopause. During this period, women experience a series of mental state changes, such as decreased hormone levels, decreased libido, and even female sexual dysfunction (FSD) in severe cases, which reduces their quality of life. Factors affecting the occurrence of FSD include physiological and non-physiological factors, among which physiological factors are uncontrollable. Therefore, it is particularly important to ascertain the related non-physiological factors that affect the occurrence of FSD for improving the quality of sexual life of perimenopausal women. Aim: To investigate the mediating effect of depressive mood and body image on menopausal symptoms and sexual function in perimenopausal women. Methods: A total of 186 perimenopausal women were enrolled between January 2019 and January 2021 and divided into the FSD (134 cases) and control (52 cases) groups based on the presence and absence of FSD. Clinical data were compared between the two groups. FSD-related factors were analyzed using logistic regression analysis. Hamilton Depression Scale (HAMD), Body Image Scale (BIS), and Menopause Rating Scale (MRS) scores were compared among women with different FSD scores. The correlation of the MRS score with the BIS and HAMD scores and the mediating effect of the BIS and HAMD scores on the MRS score and female sexual function index (FSFI) were analyzed.Results: The HAMD and BIS scores were higher in the FSD group than in the control group, and the difference in monthly I ncome between the two groups was statistically significant (all $P < 0.05$). Monthly income of < 2000 yuan [odds ratio (OR) = 26.586, P = 0.000], BIS score (OR = 1.590, P = 0.000), and HAMD score (OR = 1.884, P = 0.000) were independent risk factors for FSD. MRS scores were positively correlated with BIS and HAMD scores (r = 0.358 and 0.244, P = 0.000 and 0.001, respectively) and negatively correlated with FSFI scores (r = -0.433, P = 0.000). Body image and depressive mood had partial mediating effects, accounting for 39.90% of the total effect. Conclusion: Depression and body image play mediating roles between menopausal symptoms and sexual function in perimenopausal women.

J Bone Metab. 2023 Nov;30(4):289-295. doi: 10.11005/jbm.2023.30.4.289. Epub 2023 Nov 30.

Position Statement: Postmenopausal Osteoporosis Treatment Strategies in Korea

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Classifying patients with osteoporosis according to fracture risk and establishing adequate treatment strategies is crucial to effectively treat osteoporosis. The Korean Society for Bone and Mineral Research has issued a position statement regarding appropriate treatment strategies for postmenopausal osteoporosis. According to previous fragility fracture history, bone mineral density (BMD) test results, fracture risk assessment tool, and several clinical risk factors, fracture risk groups are classified into low, moderate, high, and very-high-risk groups. In high-risk groups, bisphosphonates (BPs) and denosumab are recommended as first-line therapies. Sequential BP treatment after denosumab discontinuation is required to prevent the rebound phenomenon. In the very high-risk group, anabolic drugs (teriparatide or romosozumab) are recommended as a first-line therapy; sequential therapy with antiresorptive agents is required to maintain BMD gain and reduce fracture risk. Fracture risk was reassessed annually, and the treatment plan was determined based on the results, according to the osteoporosis treatment algorithm for fracture risk.

Acta Obstet Gynecol Scand. 2023 Dec 10. doi: 10.1111/aogs.14751. Online ahead of print.

Pelvic floor and sexual function 3 years after hysterectomy - A prospective cohort study

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Introduction: Long term effects after hysterectomy, such as a worsening of pelvic floor and sexual function, have been studied with diverse results. Therefore, we investigated the long-term effects of hysterectomy for benign indication on pelvic floor and sexual function as well as differences in outcome depending on mode of hysterectomy. Material and methods: In a prospective clinical cohort study, we included 260 women scheduled for hysterectomy who answered validated questionnaires; pelvic floor impact questionnaire (PFIQ-7), pelvic floor distress inventory (PFDI-20) and female sexual function index (FSFI). Participants were followed up to 3 years after surgery. Nonparametric statistics and mixed effect models were used in analyses of the data. Results: After exclusions, 242 women remained in the study, with a response rate at the 3-year follow-up of 154/242 (63.6%) for all questionnaires. There was an improvement of pelvic floor function with a mean score of PFIQ-7 at baseline of 42.5 (SD 51.7) and at 3 years 22.7 (SD 49.4), ($p < 0.001$) and mean score of PFDI-20 at baseline was 69.6 (SD 51.1) and at 3 years 56.2 (SD 54.6), ($p = 0.001$). A deterioration of sexual function was seen among the sexually active women after 3 years with a mean score of FSFI at baseline 25.2 (SD 6.6) and after 3 years 21.6 (SD 10.1), ($p < 0.001$). However, this was not consistent with the unaltered sexual function for the whole cohort. No difference in pelvic floor or sexual function was detected when comparing robotic assisted laparoscopic hysterectomy, laparoscopic hysterectomy and abdominal hysterectomy. Conclusions: Three years after surgery robotic assisted laparoscopic hysterectomy, total laparoscopic hysterectomy and abdominal hysterectomy improve pelvic floor function to the same extent. Among the sexually active women, a decline of sexual function was seen after 3 years, not consistent with the entire cohort and independent of surgical methods. Whether this is a trend associated with aging or menopausal transition remains to be studied.

J Clin Med. 2023 Nov 26;12(23):7320. doi: 10.3390/jcm12237320.

Sex-Related Differences in the Prevalence of Classical, Non-Classical Risk Factors and Management of the Chronic Coronary Syndrome

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Background: Coronary artery disease (CAD) remains the leading cause of death in both sexes. The male sex is considered a classical atherosclerosis risk factor, whereas females should be protected by hormonal effects until menopause. Although there are known differences in the development, type, and prognosis of chronic coronary syndrome (CCS) between both sexes, there are no differences in approach in the guidelines. (2) Methods: The sex-related differences in CAD risk factors, treatment, echocardiographic, and angiographic results were assessed among 3291 patients with CCS. (3) Results: Women were older and had a higher prevalence of hypertension, dyslipidaemia, and diabetes mellitus than men. Women were more often treated conservatively than men. There was no difference in the use of beta-blockers and statins among the sexes. The LDL cholesterol goal was less frequently reached by women. Women were treated less often with aspirin than men, but they were treated more often with angiotensin receptor blockers than men. The left ventricle ejection fraction was higher among females. The number of obstructed vessels was higher in men. (4) Conclusions: Women may be more exposed to the risk factors of CAD than men. Men are diagnosed with CAD earlier, and their prevention and therapy are more efficient.

J Clin Med. 2023 Nov 25;12(23):7304. doi: 10.3390/jcm12237304.

Oxidative Stress: The Role of Estrogen and Progesterone

Angelo Cagnacci 1 2, Irene Gazzo 1 2, Sara Stigliani 3, Anna Maria Paoletti 4, Paola Anserini 1 3, et al.

The effect of estrogen and progesterone on oxidative status is not yet very clear, improvements and detrimental effects having been reported with the use of menopausal hormone therapy or hormonal contraceptives, respectively. In this study, we evaluated the role played by estrogen and progesterone separately, on the oxidative status of 32 women, 18 to 43 years old, by inducing high levels of estrogen and then adding high levels of progesterone. During a cycle of in vitro fertilization, blood samples were collected prior to gonadotrophin stimulation (low estradiol levels), on the day of oocyte retrieval (high levels of estrogen), and on the day of embryo transfer (high levels of estrogen and progesterone). Total blood levels of oxidants (FORT), antioxidants (FORD), and their ratio FORT/FORD were measured using a colorimetric method based on the Fenton reaction. Seven women measured their early morning body temperature at the same time points. FORT significantly decreased from the low- to the high-estrogen phase ($p = 0.023$) and increased from the high-estrogen to the high-estrogen-progesterone phase ($p = 0.006$). FORD showed an opposite but non-significant trend. The FORT/FORD ratio decreased from the low- to the high-estrogen phase ($p = 0.0104$) and increased from the high-estrogen to the high-estrogen -progesterone phase ($p = 0.004$). Body temperature ($n = 7$) decreased in the high-estrogen phase ($p = 0.001$) and increased from the high-estrogen to the high-estrogen-progesterone phase ($p = 0.001$). In the seven women, FORT ($p = 0.009$) and FORT/FORD ($p = 0.0056$) were linearly

related to body temperature values. Our data show opposite effects of estrogen and progesterone on oxidative status. These effects seem to be related to the effect exerted on body temperature regulation.

Cancers (Basel). 2023 Nov 28;15(23):5624. doi: 10.3390/cancers15235624.

Hormonal Contraception and the Risk of Breast Cancer in Women of Reproductive Age: A Meta-Analysis

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This study aims to summarize evidence from observational studies about the lifetime use of HC and the risk of BC in women of reproductive age. The PubMed, Cochrane, and EMBASE databases were searched for observational studies published from 2015 to February 2022. Meta-analyses were performed using adjusted odds ratios and relative risks with a random-effects model using the I2 statistic to quantify the heterogeneity among studies. Of the 724 studies identified, 650 were screened for title/abstract selection, 60 were selected for full-text revision, and 22 were included in the meta-analysis. Of these, 19 were case-control studies and 3 were cohort studies. The results of the meta-analysis indicate a significantly higher risk of developing BC in ever users of HC (pooled OR = 1.33; 95% CI = 1.19 to 1.49). This effect is larger in the subgroups of case-control studies (pooled OR = 1.44, 95% CI = 1.21 to 1.70) and in the subgroup of studies that strictly define menopausal status (pooled OR = 1.48; 95% CI, 1.10 to 2.00). Although our meta-analysis of observational studies (cohort and case-control) suggests a significantly increased overall risk of BC in users or ever-users of modern hormonal contraceptives, the high heterogeneity among studies (>70%) related to differences in study design, measurement of variables, confounders, among other factors, as well as publication biases should be considered when interpreting our results.

J Physiol. 2023 Dec 8. doi: 10.1113/JP285126. Online ahead of print.

Autonomic nervous system dysfunction throughout menopausal transition: A potential mechanism underpinning cardiovascular and cognitive alterations during female ageing

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Cardiovascular diseases (CVD) and neurodegenerative disorders, such as Alzheimer's disease (AD), are highly prevalent conditions in middle-aged women that severely impair quality of life. Recent evidence suggests the existence of an intimate cross-talk between the heart and the brain, resulting from a complex network of neurohumoral circuits. From a pathophysiological perspective, the higher prevalence of AD in women may be explained, at least in part, by sex-related differences in the incidence/prevalence of CVD. Notably, the autonomic nervous system, the main heart-brain axis physiological orchestrator, has been suggested to play a role in the incidence of adverse cardiovascular events in middle-aged women because of decreases in oestrogen-related signalling during transition into menopause. Despite its overt relevance for public health, this hypothesis has not been thoroughly tested. Accordingly, in this review, we aim to provide up to date evidence supporting how changes in circulating oestrogen levels during transition to menopause may trigger autonomic dysfunction, thus promoting cardiovascular and cognitive decline in women. A main focus on the effects of oestrogen-mediated signalling at CNS structures related to autonomic regulation is provided, particularly on the role of oestrogens in sympathoexcitation. Improving the understanding of the contribution of the autonomic nervous system on the development, maintenance and/or progression of both cardiovascular and cognitive dysfunction during the transition to menopause should help improve the clinical management of elderly women, with the outcome being an improved life quality during the natural ageing process.

J Womens Health (Larchmt). 2023 Dec 8. doi: 10.1089/jwh.2023.0003. Online ahead of print.

The Association of Early Menopause with Increased Risk of Acute Myocardial Infarction: The INTERHEART China Study

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Background and Aim: Little is known about whether early menopause in Chinese ethnicity is associated with acute myocardial infarction (AMI). We aimed to determine whether self-reported early menopause (either surgical or natural menopause at an age <50 year) was associated with first AMI in Chinese women. Methods: The study population was from the INTERHEART China Study, part of the INTERHEART global study. INTERHEART global study was a

standardized case-control study that was designed to evaluate the risk factors for first AMI among 52 countries. Data for demographic factors, education, income, and cardiovascular risk factors were obtained by structured questionnaires. A standard set of questions that inquired about menstrual history was included in the interview. Results: Of the 1,771 Chinese women, 1,563 (88.3%) reported either natural or surgical menopause. In univariate logistic regression model, women with early menopause had higher risk of AMI (odds ratio [OR]: 1.51; 95% confidence interval [CI]: 1.23-1.87). After controlling for age, birth control measures, type of menopause, and other traditional risk factors (including waist/hip ratio, lifestyle factors, history of hypertension and diabetes, psychosocial factors, and apolipoprotein B [ApoB]/A1 [ApoA1]), the risk for AMI remained (OR: 1.36; 95% CI: 1.03-1.79). The population attributable risk for AMI in women with early menopause at <50 years was 10.1% (95% CI: 4.0-20.0) compared with women who had menopause at ≥50 years. Conclusion: Early menopause is associated with increased risk of AMI in Chinese women, independent of other traditional coronary heart disease risk factors.