

Selección de Resúmenes de Menopausia

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A comprehensive meta-analysis of risk factors associated with osteosarcopenic obesity: a closer look at gender, lifestyle and comorbidities

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This study reviewed the risk factors of Osteosarcopenic obesity (OSO), a condition linking weak bones, muscle loss, and obesity. Notable associations were found with female gender, physical inactivity, hypertension, and frailty. Recognizing these early can aid targeted prevention, emphasizing further research for improved understanding and strategies. Purpose: Osteosarcopenic obesity (OSO) represents a confluence of osteopenia/osteoporosis, sarcopenia, and obesity, contributing to increased morbidity and mortality risks. Despite escalating prevalence, its risk factors remain under-explored, necessitating this comprehensive systematic review and meta-analysis. Methods: A diligent search of PubMed, Scopus, and Cochrane databases was conducted for pertinent studies until June 2023. The random-effects model was employed to compute pooled odds ratios (ORs) and 95% confidence intervals (CIs), scrutinizing various risk factors like age, gender, lifestyle factors, and common comorbidities. Results: Our meta-analysis incorporated 21 studies comprising 178,546 participants. We identified significant associations between OSO and factors such as female gender (OR 1.756, 95% CI 1.081 to 2.858), physical inactivity (OR 1.562, 95% CI 1.127-2.165), and hypertension (OR 1.482, 95% CI 1.207-1.821). Conversely, smoking (OR 0.854, 95% CI 0.672-1.084), alcohol consumption (OR 0.703, 95% CI 0.372-1.328), and dyslipidemia (OR 1.345, 95% CI 0.982-1.841) showed no significant associations. Remarkable heterogeneity was observed across studies, indicating considerable variation in effect sizes. Notably, OSO was strongly associated with frailty (OR 6.091; 95% CI 3.576-10.375). Conclusions: Our study underscored the substantial role of female gender, physical inactivity, and hypertension in the development of OSO, whilst suggesting a strong link between OSO and frailty. These findings emphasize the importance of early risk factor identification and targeted interventions in these groups. Further research is warranted to decode the complex pathophysiological interplay and devise effective prevention and management strategies.

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Carbon dioxide laser therapy for the management of genitourinary syndrome of menopause: A meta-analysis of randomized controlled trials

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Genitourinary symptoms of menopause (GSM) affect ~50% of women after menopause. Recently, CO₂ laser therapy has been used for managing GSM but without high quality evidence. The present review assessed the effectiveness of CO₂ laser therapy in the management of GSM. PubMed, Embase, Web of Science, CENTRAL and Scopus databases were searched for randomized controlled trials (RCTs), published up to June 30, 2023, comparing CO₂ laser and sham laser treatments for GSM management. The outcomes of interest included Female Sexual Function Index (FSFI), Vaginal Health Index (VHI) and visual analog scale (VAS) for dyspareunia, dryness, burning, itching and dysuria. A total of seven RCTs were included in the review and meta-analysis, with 6/7 studies using three sessions of laser therapy, 4-8 weeks apart. Meta-analysis demonstrated no statistically significant difference in FSFI [mean difference (MD), -1.48; 95% CI, -5.85, 2.89; I²=45%] and VHI scores (MD, -0.18; 95% CI, -1.66, 1.31; I²=72%) between laser and control groups. Meta-analysis also demonstrated no statistically significant difference in VAS scores for dyspareunia (MD, -1.63; 95% CI, -4.06, 0.80; I²=91%), dryness (MD, -1.30; 95% CI, -3.14, 0.53; I²=75%), burning (MD, -0.76; 95% CI, -2.03, 0.51; I²=56%), itching (MD, -0.28; 95% CI, -0.95, 0.38; I²=0%) and dysuria (MD, 0.15; 95% CI, -0.37, 0.67; I²=23%) between the groups. The included RCTs had low risk of bias. In conclusion, meta-analyses of high-quality sham-controlled RCTs indicated that CO₂ may not have any beneficial effect on GSM. Limited data and high heterogeneity in meta-analyses in this area of research are important limitations that need to be addressed by future RCTs.

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Abnormal Uterine Bleeding Diagnoses and Care following COVID-19 Vaccination

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Background: There is evidence suggesting that COVID-19 vaccination may be associated with small, transitory effects on uterine bleeding, possibly including menstrual timing, flow, and duration, in some individuals. However, changes in health care seeking, diagnosis, and workup for abnormal uterine bleeding in the COVID-19 vaccine era are less clear. **Objectives:** To assess the impact of COVID-19 vaccination on incident abnormal uterine bleeding diagnosis and diagnostic evaluation in a large integrated health system. **Study design:** Using segmented regression, we assessed whether the availability of COVID-19 vaccines was associated with changes in monthly, population-based rates of incident abnormal uterine bleeding diagnoses compared to the pre-pandemic period in health system members ages 16-44 years who were not menopausal. We also compared clinical and demographic characteristics of patients diagnosed with incident abnormal uterine bleeding between December 2020 through October 13, 2021 by vaccination status (never vaccinated, vaccinated in the 60 days prior to diagnosis, vaccinated more than 60 days prior to diagnosis) and conducted detailed chart review of patients diagnosed with abnormal uterine bleeding within 1-60 days of COVID-19 vaccination in the same time period. **Results:** In monthly populations ranging from 79,000 to 85,000 female health system members, incidence of abnormal uterine bleeding diagnosis per 100,000 person-days ranged from 8.97 to 19.19. There was no significant change in the level or trend in the incidence of abnormal uterine bleeding diagnoses between the pre-pandemic (January 2019-January 2020) and post-COVID-19 vaccine (December 2020-December 2021) periods. A comparison of clinical characteristics of 2,717 abnormal uterine bleeding cases by vaccination status suggested that abnormal bleeding among recently vaccinated patients was similar or less severe than abnormal bleeding among patients who had never been vaccinated patients or those vaccinated more than 60 days prior. There were also significant differences in age and race of patients with incident abnormal uterine bleeding diagnoses by vaccination status: never vaccinated patients were the youngest and those vaccinated more than 60 days prior were the oldest; the proportion of patients who were Black/African American was highest among never vaccinated patients, and the proportion of Asian patients was higher among vaccinated patients. Chart review of 114 confirmed post-vaccination abnormal uterine bleeding cases diagnosed from December 2020 through October 13, 2021 found that the most common symptoms reported were changes in timing, duration, and volume of bleeding. Approximately one-third of cases received no diagnostic workup; 57% had no etiology for the bleeding documented in the electronic health record. In 12% of cases, the patient mentioned or asked about a possible link between their bleeding and their recent COVID-19 vaccine. **Conclusions:** The availability of COVID-19 vaccination was not associated with a change in incidence of medically attended abnormal uterine bleeding in our population of over 79,000 female patients of reproductive age. Additionally, among 2,717 patients with abnormal uterine bleeding diagnoses in the period following COVID-19 vaccine availability, receipt of the vaccine was not associated with greater bleeding severity.

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Bisphosphonate Use and Risk of Atypical Femoral Fractures: A Danish Case Cohort Study with Blinded Radiographic Review

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Context: Prolonged bisphosphonate (BP) treatment for osteoporosis prevents hip and other fractures but causes atypical femoral fractures (AFF). **Objective:** To establish the relationship between patterns of BP use and the risk of AFF and hip fractures. Other potential risk factors for AFF were also examined. **Design:** Population-based case-cohort study. **Setting:** The Danish National Healthcare system maintains longitudinal records of medication use, healthcare utilization, and x-ray images. **Participants:** Among all 1.9 million Danish adults ≥ 50 , those with subtrochanteric or femoral shaft fractures between 2010-2015 ($n = 4,973$) were identified and compared to a random sample ($n = 37,021$). **Predictors:** Bisphosphonate use was collected from 1995-2015. **Main outcome measures:** Fracture radiographs ($n = 4,769$) were reviewed by blinded study radiologists to identify AFFs ($n = 181$) using established criteria. Traditional hip fractures in the random sample ($n = 691$) were identified by ICD-10. **Results:** Compared to <1 year of BP use, 5-7 years of use was associated with a 7-fold increase in AFF [adjusted HR = 7.29 (CI: 3.07,17.30)]; the risk of AFF fell quickly after discontinuation. The 5-year number-needed-to-harm for one AFF was 1,424, while the 5-year number-needed-to-treat to prevent one hip fracture was 56. Glucocorticoid and proton pump inhibitor use were independently associated with increased AFF risk. Thirty-one percent of those with AFF had no BP exposure. **Conclusions:** The risk of AFF increases with duration of BP use but the beneficial effects of BP therapy in adults ≥ 50 dramatically exceed this increased risk. Nearly one-third of those with AFF have no BP exposure.

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Prolactinoma in postmenopausal women: a systematic review

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Importance: Prolactinomas occurring during the reproductive period exhibit a characteristic behavior. There are, however, gaps in the literature regarding the behavior of these tumors after menopause. **Objective:** This study aimed to review and characterize the influence of menopause on prolactinoma behavior. **Evidence review:** A systematic review of observational prospective or retrospective studies and clinical trials on prolactinomas was conducted in two situations: tumors diagnosed in the reproductive period (before menopause), with follow-up in the postmenopausal period, or prolactinomas diagnosed in the postmenopausal period, without language or date restrictions. Data extracted from the articles included patient and tumor characteristics (prolactinoma type, previous treatment, symptoms, and serum prolactin [PRL] levels). **Findings:** This study included five studies comprising 180 participants. Prolactinomas diagnosed in women of reproductive age are treated with dopaminergic agonists (DAs), with indications of treatment withdrawal after menopause, exhibited stable tumor behavior and PRL levels. Considering the diagnosis during the postmenopausal period, macroprolactinomas were more prevalent and showed tumor shrinkage when DAs were used. Cabergoline, the most commonly used drug, lowers PRL levels and reduces symptoms associated with adenoma. **Conclusions and relevance:** Microadenomas diagnosed before menopause can be followed up without treatment. Prolactinomas diagnosed after menopause are typically macroadenomas. Cabergoline remains the treatment of choice in the presence of clinical or compressive symptoms. We recommend at least one annual follow-up for such patients.