Selección de Resúmenes de Menopausia

Semana del 7 al 13 de febrero, 2024
María Soledad Vallejo. Hospital Clínico. Universidad de Chile

Obesity and menopause

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Obesity is not a choice or a result of lack of willpower, but a multifactorial, chronic, progressive, and relapsing disease. During menopause, hormonal and body composition changes lead to greater visceral adiposity, that aggravates women's health at a cardiometabolic, mechanic and mental level. Adiposity has been identified as an important modifier of reproductive hormones. During female midlife, obesity has been associated with menstrual cycle alterations (anovulatory cycles ending with abnormal bleedings), menopausal symptoms including hot flashes, poor quality of sleep, aches and joint pain, genitourinary symptoms, and reduced quality of life. However, the relationships between weight, the menopausal process, aging, and hormone levels remain poorly understood. Women with obesity have an increased risk of thromboembolic disease when using menopause hormone therapy (MHT), and it is probably the main medical condition to prescribe or not MHT. However, this risk depends on the route and type of MHT. The use of estrogen-only or combined transdermal MHT does not increase the risk of a thrombotic event in women with obesity.

VagiBIOM Lactobacillus suppository improves vaginal health index in perimenopausal women with bacterial vaginosis: a randomized control trial

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Bacterial vaginosis (BV) can cause vaginal dysbiosis that may influence general vaginal health and pregnancy complications. Balancing vaginal microbiome using Lactobacillus spp. may be a new way to prevent and treat mild BV. We conducted a randomized, double-blind, placebo-controlled pilot study aimed at evaluating the effect of the product VagiBIOM, a multi-Lactobacillus vaginal suppository, on peri- and premenopausal women with BV in restoring vaginal pH and overall vaginal health by resetting the vaginal microbiome composition. Sixty-six peri- and premenopausal women with BV symptoms were randomized with a 2:1 ratio to be treated with VagiBIOM or placebo suppositories. Vaginal pH, VAS itching score, total Nugent score, and vaginal health index (VHI) were measured. Vaginal microbiome changes before and after the treatment were analyzed by 16S rRNA sequencing and bioinformatics analysis. After 4 weeks of intervention with VagiBIOM or a placebo, the mean score for vaginal pH, VAS itching, and total Nugent score was significantly decreased from the baseline. Compared to the baseline scores, the VHI scores improved significantly following 28-day intervention (p < 0.001). Our results revealed two Lactobacillus species, L. hamsteri, and L. helveticus, as indicator species occurring differentially in the VagiBIOM-treated group. Furthermore, the regression and species network analyses revealed significant bacterial associations after VagiBIOM treatment. Lactobacillus hamsteri was positively associated with the Nugent score and negatively associated with vaginal pH. L. iners and L. salivarius were positively and inversely associated with VHI. As is typical, Bacteroides fragilis was positively associated with vaginal pH and negatively associated with the Nugent score. Interestingly, the Lactobacillus spp. diversity improved after VagiBIOM treatment. The VagiBIOM suppository treatment for peri- and premenopausal women with BV significantly relieved vaginal itching by decreasing vaginal pH and Nugent scores and improving the overall VHI after 4 weeks' intervention. This effect was primarily the result of VagiBIOM improving vaginal Lactobacillus diversity.

From the Mind to the Spine: The Intersecting World of Alzheimer's and Osteoporosis

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Purpose of review: This comprehensive review delves into the intricate interplay between Alzheimer's disease (AD) and osteoporosis, two prevalent conditions with significant implications for individuals' quality of life. The purpose is

to explore their bidirectional association, underpinned by common pathological processes such as aging, genetic factors, inflammation, and estrogen deficiency. Recent findings: Recent advances have shown promise in treating both Alzheimer's disease (AD) and osteoporosis by targeting disease-specific proteins and bone metabolism regulators. Monoclonal antibodies against beta-amyloid and tau for AD, as well as RANKL and sclerostin for osteoporosis, have displayed therapeutic potential. Additionally, ongoing research has identified neuroinflammatory genes shared between AD and osteoporosis, offering insight into the interconnected inflammatory mechanisms. This knowledge opens avenues for innovative dual-purpose therapies that could address both conditions, potentially revolutionizing treatment approaches for AD and osteoporosis simultaneously. This review underscores the potential for groundbreaking advancements in early diagnosis and treatment by unraveling the intricate connection between AD and bone health. It advocates for a holistic, patient-centered approach to medical care that considers both cognitive and bone health, ultimately aiming to enhance the overall well-being of individuals affected by these conditions. This review article is part of a series of multiple manuscripts designed to determine the utility of using artificial intelligence for writing scientific reviews.

The synergistic effect of diabetes mellitus and osteoporosis on the all-cause mortality: a cohort study of an American population

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Background: The increasing incidence of diabetes mellitus (DM) and osteoporosis have different effects on prognosis. The two often co-occur, so we aimed to investigate whether DM and osteoporosis have an effect on all-cause death and whether DM and osteoporosis have a synergistic effect.Me thods: This study analyzed 18,658 subjects from five cycles of the National Health and Nutrition Examination Survey (NHANES). The primary endpoint was all-cause death. The subjects were divided into four groups based on the presence or absence of DM and osteoporosis. Survival curves and Cox regression analysis based on NHANES recommended weights were used to assess the risk of all-cause death between the diseased and non-diseased groups and to calculate additive interactions to assess whether there was a synergistic effect between diabetes and osteoporosis.Results: The group with DM and osteoporosis had the lowest survival rate. After full adjustment for confounders, patients with DM alone had a 30% higher risk of all-cause death compared with those without DM and osteoporosis (HR: 1.30, 95%CI: 1.09-1.55). Patients with osteoporosis alone had a 67% higher risk of all-cause death (HR: 1.67, 95%CI:1.16-2.43) and patients with combined DM and osteoporosis had a 127% higher risk of all-cause death (HR:2.27, 95%CI: 1.57-3.27). There was an additive interaction between DM and osteoporosis [RERI (95%CI): 1.03(0.55-1.50)] and excess mortality risk of 38% [AP (95% CI) 0.38(0.30-0.46)]. Conclusions: There might be a synergistic effect of DM and osteoporosis on all-cause mortality, and patients with both conditions have a higher risk of death.

Guideline No. 447: Diagnosis and Management of Endometrial Polyps

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Objective: The primary objective of this clinical practice guideline is to provide gynaecologists with an algorithm and evidence to guide the diagnosis and management of endometrial polyps. population: All patients with symptomatic or asymptomatic endometrial polyps.O ptions: Options for management of endometrial polyps include expectant, medical, and surgical management. These will depend on symptoms, risks for malignancy, and patient choice. Outcomes: Outcomes include resolution of symptoms, histopathological diagnosis, and complete removal of the polyp. Benefits, harms, and costs: The implementation of this guideline aims to benefit patients with symptomatic or asymptomatic endometrial polyps and provide physicians with an evidence-based approach toward diagnosis and management (including expectant, medical, and surgical management) of polyps. Evidence: The following search terms were entered into PubMed/Medline and Cochrane: endometrial polyps, polyps, endometrial thickening, abnormal uterine bleeding, postmenopausal bleeding, endometrial hyperplasia, endometrial cancer, hormonal therapy, female infertility. All articles were included in the literature search up to 2021 and the following study types were included: randomized controlled trials, meta-analyses, systematic reviews, observational studies, and case reports. Additional publications were identified from the bibliographies of these articles. Only English-language articles were reviewed. Validation methods: The authors rated the quality of evidence and strength of recommendations using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. See online Appendix A (Tables A1 for definitions and A2 for interpretations of strong and weak recommendations). Intended audience:

Gynaecologists, family physicians, registered nurses, nurse practitioners, medical students, and residents and fellows. Tweetable abstract: Uterine polyps are common and can cause abnormal bleeding, infertility, or bleeding after menopause. If patients don't experience symptoms, treatment is often not necessary. Polyps can be treated with medication but often a surgery will be necessary.

Legume intake and cancer risk in a network of case-control studies

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Evidence on the relationship between legume consumption and risk of specific cancer sites is inconclusive. We used data from a series of case-controls studies, conducted in Italy and in the Swiss Canton of Vaud between 1991 and 2009 to quantify the association between legume consumption and several cancer sites including oral cavity, esophagus, larynx, stomach, colorectum, breast, endometrium, ovary, prostate and kidney. Multiple logistic regression models controlled for sex, age, education, smoking, alcohol, body mass index, physical activity, comorbidities, and consumption of fruit, vegetables, processed meat and total calorie intake were used to estimate the odds ratios (OR) for different cancer sites and their corresponding 95% confidence intervals(CI). For female hormone-related cancers, the models also included adjustments for age at menarche, menopausal status and parity. Although most of the estimates were below unity, suggesting a protective effect, only colorectal cancer showed a significant association. Compared to no consumption, the OR for consuming at least one portion of legumes was 0.79 (95% CI: 0.68-0.91), the OR for consuming two or more portions was 0.68 (95% CI: 0.57-0.82) and the estimate for an increment of one portion per week was 0.87 (95% CI: 0.81-0.93). The inverse association between legume consumption and colorectal cancer suggests a possible role of legumes in preventing cancer risk.

Fezolinetant impact on health-related quality of life for vasomotor symptoms due to the menopause: Pooled data from SKYLIGHT 1 and SKYLIGHT 2 randomised controlled trials

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Objective: To assess the effect of fezolinetant treatment on health-related quality of life using pooled data from SKYLIGHT 1 and 2 studies. Design: Prespecified pooled analysis.Setting: USA, Canada, Europe; 2019-2021. Population: 1022 women aged ≥40 to ≤65 years with moderate-to-s evere vasomotor symptoms (VMS; minimum average seven hot flushes/day), seeking treatment for VMS. Methods: Women were randomised to 12-week double-blind treatment with once-daily placebo or fezolinetant 30 or 45 mg. Completers entered a 40-week, active extension (those receiving fezolinetant continued that dose; those receiving placebo re-randomised to fezolinetant received 30 or 45 mg). Main outcome measures: Mean changes from baseline to weeks 4 and 12 on Menopause-Specific Quality of Life (MENQoL) total and domain scores, Work Productivity and Activity Impairment questionnaire specific to VMS (WPAI-VMS) domain scores, Patient Global Impression of Change in VMS (PGI-C VMS); percentages achieving PGI-C VMS of 'much better' (PGI-C VMS responders). Mean reduction was estimated using mixed model repeated measures analysis of covariance. Results: Fezolinetant 45 mg mean reduction over placebo in MENQoL total score was -0.57 (95% confidence interval [CI] -0.75 to -0.39) at week 4 and -0.47 (95% CI -0.66 to -0.28) at week 12. Reductions were similar for 30 mg. MENQoL domain scores were also reduced and WPAI-VMS scores improved. Twice as many women receiving fezolinetant reported VMS were 'much better' than placebo based on PGI-C VMS assessment. Conclusions: Fezolinetant treatment was associated with improvement in overall QoL, measured by MENQoL, and work productivity, measured by WPAI-VMS. A high proportion receiving fezolinetant felt VMS were 'much better' based on PGI-C VMS responder analysis.