Selección de Resúmenes de Menopausia

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Associations between body composition and bone loss in early postmenopausal women

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The early postmenopausal period is characterized by rapid bone loss, accompanied by a decline in lean mass and an increase in fat mass, highlighting the importance of understanding how these changes influence bone health. This study aimed to assess the cross-sectional and longitudinal associations between body composition and bone characteristics in early postmenopausal women using linear mixed models for repeated measures. A total of 223 Swedish women, aged 50-60 and within 1-4 yr postmenopause, were followed for 2 yr as part of the ELBOW II clinical trial. Body composition-body weight, appendicular lean mass (ALM), and fat mass-was assessed by DXA. Bone outcomes included areal BMD at the TH, FN, LS (DXA), as well as tibia bone microarchitecture and volumetric BMD (vBMD), measured by HR-pQCT. Higher baseline body weight, BMI, fat mass, and ALM were significantly associated with greater cortical area, cortical vBMD, and total vBMD. Baseline body weight, BMI, and fat mass, but not ALM, were positively associated with TH BMD. Longitudinally, increases in ALM were significantly associated with favorable changes in TH BMD, LS BMD, total vBMD, trabecular bone volume fraction, and cortical area. Changes in body weight and BMI were associated with multiple bone outcomes, while fat mass change was linked only with cortical area. In exploratory group comparisons, women with low baseline fat mass (28.14%) and greater ALM loss (Δ% ALM: -2.87 kg) experienced 2.4-fold and 5.2-fold greater reductions in TH BMD and tibia total vBMD, respectively, compared to those with high fat mass and maintained ALM. These findings underscore the importance of maintaining or increasing lean mass and preserving overall body weight to mitigate bone loss and reduce skeletal fragility in early postmenopausal women.

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When a Woman's Heart Fails to Contain: Takotsubo Syndrome as a Gendered Collapse of Emotional Regulation

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Background: Takotsubo Syndrome (TTS), or stress-induced cardiomyopathy, is an acute and typically reversible cardiac condition that mimics acute coronary syndrome without obstructive coronary artery disease. Predominantly affecting postmenopausal women, TTS has been increasingly recognized as a psychobiological disorder involving neuroendocrine dysregulation, autonomic imbalance, psychosocial stress, and gendered patterns of emotional regulation. This review aimed to synthesize multidisciplinary evidence to propose an integrative, gender-informed model of TTS. Methods: A narrative literature review was conducted using PubMed/MEDLINE, Scopus, and Web of Science (2000-2025) to identify clinical, neurobiological, psychosocial, and psychoanalytic studies addressing sex/gender differences, psychiatric comorbidities, and emotional regulation in TTS. Results: Evidence indicates that catecholamine surge, hypothalamic-pituitary-adrenal axis dysregulation, estrogen deficiency, and autonomic imbalance provide a biological substrate for stress-induced myocardial stunning. Psychosocial factors, such as caregiving burden, chronic stress, and alexithymia, further decrease resilience. Gendered coping scripts and unconscious symbolic processes may amplify vulnerability and influence clinical presentation. The integrative model combines biological, psychological, and social mechanisms, highlighting the predominance of emotional triggers in women and worse in-hospital outcomes in men. Conclusions: TTS should be approached as both a cardiac and affective disorder. Gender-sensitive, multidisciplinary management, including psychiatric screening, psychocardiology interventions, and psychoanalytically informed care, may improve prevention, diagnosis, and patient outcomes.

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Beyond Hot Flashes: The Role of Estrogen Receptors in Menopausal Mental Health and Cognitive Decline

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Menopause is a natural phase in a woman's life marked by the cessation of menstruation, typically accompanied by hormonal fluctuations that have significant impacts on physical and mental health. While much attention has been given to the physical symptoms of menopause, such as hot flashes and osteoporosis, the neurocognitive consequences of hormonal fluctuations during the menopausal transition and the subsequent sustained estrogen loss after menopause have received less focus. Estrogen receptors (ERs), specifically ERα and ERβ, play a critical role in maintaining brain health, influencing mood, memory, and cognition. This review explores the connection between estrogen receptor signaling and mental health during menopause, focusing on mood disorders such as depression and anxiety, as well as cognitive decline and dementia. We discuss the molecular mechanisms by which ERs modulate brain function, including their effects on neuroplasticity, neurotransmitter systems, and gene expression. The review also examines current clinical approaches to managing menopausal cognitive and mental health issues, including hormone replacement therapy and selective ER modulators, while emphasizing the need for further research into alternative therapies and individualized treatments. The importance of estrogen receptors in the menopausal brain and their potential as therapeutic targets is critically evaluated, aiming to shed light on this often-overlooked aspect of menopause and aging.

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Global, regional, and national burden of cardiovascular diseases among postmenopausal women, 1990-2040: a systematic analysis for the global burden of disease study 2021

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Background: Cardiovascular diseases (CVDs) remain the leading cause of morbidity and mortality worldwide. In postmenopausal women, physiological changes and hormonal transitions accelerate cardiovascular risk, yet global, sex-specific evidence for this group remains limited. Understanding their burden is essential to address biological vulnerabilities and structural inequities. Aim of review: This review provides the first comprehensive global, regional, and national assessment of CVD burden among women aged ≥ 55 years from 1990 to 2021 and projects trends to 2040. It synthesizes epidemiological patterns, socio-demographic disparities, and major modifiable risk factors, with the goal of informing gender-sensitive and equity-oriented cardiovascular prevention and policy strategies. Key scientific concepts of review: Data were obtained from the Global Burden of Disease (GBD) Study 2021, encompassing 204 countries and territories. Incidence, prevalence, mortality, and disability-adjusted life years (DALYs) were analyzed using age-standardized rates (ASRs). Temporal trends were quantified with estimated annual percentage changes (EAPCs), and decomposition analysis identified demographic (population growth, aging) and epidemiological contributions. Inequalities were evaluated using slope and concentration indices across socio-demographic index (SDI) levels. Bayesian age-period-cohort models were applied to forecast CVD burden through 2040. Key findings indicate that although ASIR and ASMR declined globally, absolute CVD cases and deaths nearly doubled due to demographic expansion. Disparities widened: high-SDI regions achieved the steepest reductions, while low-SDI regions showed slower progress or worsening trends. Ischemic heart disease and stroke remained the dominant contributors, endocarditis was the fastest-rising subtype, and high systolic blood pressure consistently emerged as the leading modifiable risk factor. Collectively, these findings highlight a growing and uneven burden of CVD in postmenopausal women. Strengthened hypertension control, integrated prevention strategies, and investment in primary healthcare-particularly in low-SDI settings-are urgently needed. This review provides a woman-centered evidence base to support equitable cardiovascular health policy and resource allocation.

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Psychiatric Manifestations in a Postmenopausal Woman Caused by Prolonged Testosterone Pellet Therapy

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Background: Supplemental testosterone therapy is widely used in postmenopausal patients to treat issues such as low libido, fatigue, bone density concerns, and muscle strength. However, long-term effects of testosterone use are not well

understood. Case: A 58-year-old postmenopausal woman was admitted after experiencing severe psychiatric symptoms, including anxiety, paranoid delusions, agitation, and impulsive thoughts. After extensive psychiatric treatment, it was determined that her symptoms were linked to long-term testosterone pellet therapy prescribed by a holistic practitioner. Conclusion: Prolonged testosterone therapy may precipitate psychiatric symptoms in postmenopausal patients, emphasizing the need for greater vigilance in the prescribing and monitoring of hormone therapies.

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Women's and Health Care Professionals' Experiences of Discontinuing Hormone Replacement Therapy (HRT): A Systematic Review

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Background: Hormone Replacement Therapy (HRT) is used to manage menopausal symptoms, particularly vasomotor symptoms (VMS). HRT prescribing rates are rising, but most women will eventually discontinue. Objectives: To explore the experiences of women stopping HRT, why women restart HRT, and the HCPs advising them. Search strategy: Embase, MEDLINE, CINAHL, Web of Science and PsycINFO were searched from 2000 to February 2024. Selection criteria: Quantitative, qualitative and mixed methods studies assessing experiences of HRT discontinuation. Data collection and analysis: Quality was appraised using the Mixed Methods Appraisal Toolkit (MMAT). Data were narratively synthesised with weighted averages reported where possible. Main results: Electronic database searches identified 9444 reports, with 74 reports from 69 studies, including 32 213 women and 2943 HCPs. Average age of the cohort analysed was 64.7 years. Discontinuation rate was 51.3%, with average HRT duration of 5.4 years. The majority of women abruptly stopped HRT (62.4%). Common reasons for discontinuation were HCP recommendation (31.2% of participants), fear about risks (26.0%) and preference for a natural approach (25.6%). Common symptoms upon discontinuation were unspecified menopausal symptoms (84.4%), sleep disturbances (51.9%) and VMS (45.4%). Four RCTs compared tapered and abrupt discontinuation; two found abrupt discontinuers had greater symptoms initially, but symptoms were comparable to those experienced by taperers after completion of the tapered withdrawal. Two RCTs found no difference. Average rate of restarting was 20.7%, with VMS commonly cited as a reason. HCPs cited health risks as a reason for discontinuation, and 91.6% recommended tapered discontinuation. Conclusions: This review provides insight into global HRT discontinuation experiences and highlights the need for future research to assess the best approach to discontinuation. (**HCP** = profesionales de la salud).

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A preliminary analysis of the relationship between follicle-stimulating hormone and metabolic parameters in postmenopausal women

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After menopause, women have a higher risk of developing metabolic disorders. The discovery of follicle-stimulating hormone (FSH) receptors in extra-ovarian tissues such as the adipose tissue suggests that FSH might influence metabolic processes in postmenopausal women. However, its role remains unclear. To examine the association between serum FSH levels and glucose and lipid metabolism in postmenopausal women. A retrospective analysis was conducted on 82 postmenopausal women (mean age 65.2 ± 8.1 years). Serum levels of FSH, 17β-estradiol (E2), glucose, insulin, HbA1c, total cholesterol, LDL, HDL, and triglycerides were measured. Insulin resistance was calculated using the HOMA-IR index. FSH levels did not significantly differ between women with and without dyslipidemia. However, FSH levels were significantly lower in women with type 2 diabetes (44.3 ± 13.8 IU/mL) compared to those with insulin resistance (60.6 ± 29.4 IU/mL) or normal glucose metabolism (69.4 ± 27.2 IU/mL; $p = 0.045$). Women in the lowest FSH quartile had higher glucose, insulin, and HOMA-IR values. A significant inverse correlation between FSH and insulin ($r = -0.30$, $p = 0.03$) was found, stronger in women more than six years postmenopausal. Serum FSH levels inversely correlate with glucose metabolism disorders in postmenopausal women. These findings suggest a possible role of FSH in glucose metabolism, deserving further study starting from the menopausal transition.