

Selección de Resúmenes de Menopausia

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Global, regional, and National burden of falls among midlife women from 1990 to 2021 and projections to 2050: A systematic analysis for the global burden of disease study 2021

Lang Wang # 1, Yushuai Mi # 1, Xianglin Zhu # 1, Ziping Liu # 1, Junjian Liu # 2, Cheng Zhao 1, Shijun Zhao 1, et al. Background: Declining estrogen in perimenopausal women reduces bone mineral density and increases bone fragility, elevating fall and fracture risk. This presents major challenges for patients and society, yet prior studies lack systematic analysis of this population. This study is the first to utilize mortality and disability-adjusted life years (DALYs) related to falls among perimenopausal women from the Global Burden of Disease (GBD) 2021 database, and to conduct a comprehensive and systematic analysis of the evolving burden of falls in perimenopausal women from 1990 to 2021, as well as to project trends through 2050. This study offers key guidance for optimizing healthcare resource allocation, enhancing patient management, and developing targeted prevention and intervention strategies. Methods: This study used GBD 2021 data to systematically analyze fall-related mortality, DALYs, age-standardized rates (ASRs), and estimated annual percentage change (EAPC) among perimenopausal women, examining their associations with the Socio-demographic Index (SDI) at global, regional, and national levels. Joinpoint regression, decomposition, health inequality, and frontier analyses quantified trends, identified factors, and assessed disparities. This study also explored fall risk factors and utilized the Bayesian Age-Period-Cohort (BAPC) model to project global trends in fall burden among perimenopausal women from 2022 to 2050. Results: Between 1990 and 2021, global mortality attributable to falls among perimenopausal women surged by 116.99% (from 1.67 to 3.63 per 100,000), while DALYs increased by 38.31% (from 116.50 to 188.85 per 100,000). In contrast, age-standardized mortality rate (ASMR) and age-standardized DALY rate (ASDR) declined by 7.00% (EAPC = - 0.30) and 14.62% (EAPC = - 0.56), respectively. Decomposition analysis identified population growth as the predominant contributor to the escalation in mortality (162.91%), while epidemiological changes were the main reason for the reduction (- 63.63%). Marked heterogeneity was observed across SDI strata: low-middle SDI regions exhibited the steepest rise in mortality (138.00%), whereas high-SDI regions achieved the most pronounced reduction in ASMR (- 21.18%). Notably, high-income North America experienced an 106.62% increase in ASMR. The 50-54-year age cohort consistently represented the highest global burden, with low bone mineral density emerging as the principal risk factor. Projections to 2050 suggest ongoing declines in ASMR and ASDR, yet the absolute burden is expected to remain elevated due to persistent demographic expansion. Conclusions: Between 1990 and 2021, the global burden of falls among perimenopausal women has exhibited a persistent upward trend, and projections indicate that this burden will likely remain at a high level in the future. This alarming situation underscores the urgent need for targeted interventions. Identifying key risk factors for falls in perimenopausal women is essential for guiding the allocation of public health resources and formulating precise intervention strategies. It is imperative to implement nationwide, cost-effective measures, such as osteoporosis and fall risk screening, the promotion of exercise programs that enhance muscle strength and balance, and, where appropriate, consideration of pharmacological interventions (such as estrogen) to reduce fall risk. This intervention will significantly reduce the risk of falls and associated burdens among perimenopausal women.

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Workplace Impact of Menopause Symptoms Among Canadian Women Physicians

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Background/objectives: Menopause is a significant, universal hormonal transition, with symptoms impacting ~80% of women. Research shows that menopause can be professionally disruptive, contributing to decreased productivity, absenteeism, and early exit from the workplace. The objective of this study was to describe the landscape of menopause among Canadian women physicians and explore its potential impact on work performance, job satisfaction, and absenteeism. Methods: In this exploratory cross-sectional study, Canadian physicians self-identifying as women and

peri-menopausal or menopausal were invited to participate in an online survey between May-September 2023. Demographic and practice characteristics data were collected. A modified Menopause Rating Scale (MRS) was used to quantify symptom burden. Qualitative data describing the menopausal experience were collected as well. Primary outcome was self-reported work performance. Secondary outcomes included perceived impact of menopause on promotional opportunities, absenteeism, and job satisfaction. Multivariable regression was used to examine associations between MRS scores and outcomes of interest. Results: Among 217 respondents, 47.7% reported a severe menopausal symptom burden; 40% felt menopause negatively impacted work performance, and 16.1% expressed job dissatisfaction. However, fewer than 10 respondents (4.6%) ever took time off for menopausal symptoms. Increasing MRS scores were significantly associated with negative perceived work performance ($p < 0.001$), fewer promotional opportunities ($p < 0.001$), and lower job satisfaction ($p = 0.006$) when controlling for confounders. Qualitative responses were provided by 43 participants, 6 of whom reported positive aspects of the menopausal transition, whereas 20 elaborated on the challenges. Conclusions: Canadian women physicians can experience severe menopausal symptoms, often without support. This needs assessment highlights an important occupational health issue and suggests that opportunities remain for medical institutions and employers to formally recognize and study this life stage of women physicians to improve well-being for this valuable workforce.

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Artificial Intelligence in Postmenopausal Health: From Risk Prediction to Holistic Care

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Background/Objectives: Menopause, marked by permanent cessation of menstruation, is a universal transition associated with vasomotor, genitourinary, psychological, and metabolic changes. These conditions significantly affect health-related quality of life (HRQoL) and increase the risk of chronic diseases. Despite their impact, timely diagnosis and individualized management are often limited by delayed care, fragmented health systems, and cultural barriers. **Methods:** This review summarizes current applications of artificial intelligence (AI) in postmenopausal health, focusing on risk prediction, early detection, and personalized treatment. Evidence was compiled from studies using biomarkers, imaging, wearable sensors, electronic health records, natural language processing, and digital health platforms. **Results:** AI enhances disease prediction and diagnosis, including improved accuracy in breast cancer and osteoporosis screening through imaging analysis, and cardiovascular risk stratification via machine learning models. Wearable devices and natural language processing enable real-time monitoring of underreported symptoms such as hot flashes and mood disorders. Digital technologies further support individualized interventions, including lifestyle modification and optimized medication regimens. By improving access to telemedicine and reducing bias, AI also has the potential to narrow healthcare disparities. **Conclusions:** AI can transform postmenopausal care from reactive to proactive, offering personalized strategies that improve outcomes and quality of life. However, challenges remain, including algorithmic bias, data privacy, and clinical implementation. Ethical frameworks and interdisciplinary collaboration among clinicians, data scientists, and policymakers are essential for safe and equitable adoption.

Drugs. 2025 Nov 12. doi: 10.1007/s40265-025-02244-3. Online ahead of print.

Elinzanetant: First Approval

Arnold Lee 1

Elinzanetant (Lynkuet™) is a non-hormonal, small-molecule neurokinin 1 (NK1) and 3 (NK3) antagonist being developed by Bayer for the treatment of vasomotor symptoms (VMS), which received its first approval in the UK in July 2025. As a neurokinin-targeted therapy, elinzanetant modulates the activity of hyperactive kisspeptin/neurokinin B/dynorphin neurones to reduce the frequency and severity of VMS, which was demonstrated during the OASIS clinical trials. This article summarizes the milestones in the development of elinzanetant leading to this first approval for the treatment of moderate to severe VMS associated with menopause.

Front Med (Lausanne). 2025 Oct 27;12:1682925. doi: 10.3389/fmed.2025.1682925. eCollection 2025.

Effects of menopausal hormone therapy on gut microbiota in postmenopausal women and the relationship with bone metabolism

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Objectives: Menopausal Hormone Replacement Therapy (MHT) is widely used by peri- and post-menopausal women to alleviate menopause-related symptoms and preventing bone loss, but the underlying mechanisms remain inadequately elucidated. Accumulating evidence suggested that gut microbiota was involved in the regulation of bone metabolic processes. The aim of this study was to characterize the alterations in gut microbiota profiles by MHT treatment in postmenopausal women and explore the relationship between gut microbiota and bone metabolism. **Methods:** Fecal samples collected from a total of 31 postmenopausal women with or without MHT were subjected to 16S ribosomal RNA (rRNA) gene sequencing and short-chain fatty acid (SCFAs) analysis in this study. The serum levels of bone metabolic markers were determined via chemiluminescent immunoassays. Spearman correlation coefficient was utilized to assess the correlation between genera and bone metabolism indexes. **Results:** Postmenopausal women undergoing MHT exhibited lower serum procollagen type I N propeptide (PINP) and C-terminal telopeptide of type I collagen (CTX-1). Significant differences in alpha diversity and beta diversity were observed in the microbial compositions between two groups ($P < 0.05$). Of the total 295 microbial taxa identified, 16 taxa displayed significant differential abundance, with *Coprococcus*, *Eubacterium_ruminantium_group*, *Lachnospiraceae_UCG-010* being more enriched in MHT+, correlating with lower bone metabolic markers and higher estrogen level. Conversely, *Escherichia-Shigella* taxa was more abundant in MHT- group, positively correlating with high bone metabolic markers and lower estrogen level. SCFAs appeared to have a limited role in bone metabolism but were found to be associated with several genera, including *Coprococcus*, *Adlercreutzia*, *Colidextribacter*. **Conclusions:** The findings of the study demonstrated that MHT has the potential to prevent osteoporosis through the alteration of the gut microbial composition in postmenopausal women and identified promising microbial taxonomic that may contribute to the protective effects of MHT on bone mass conservation. Comparing with most previous studies that focused on the gut microbiota profiles between individuals with different bone mass, our study emphasized the protective role of gut microbiota in MHT process while bone mineral content (BMC) has no significant difference.

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The role of masturbation in relieving symptoms associated with menopause

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Objectives: The present research sought to explore the potential role of masturbation in the relief of symptoms associated with menopause. **Methods:** A demographically representative US sample of 1,178 women ages 40-65 completed an online survey about their current symptom management strategies (including masturbation) and their efficacy. Data were analyzed quantitatively using t tests and χ^2 , and qualitatively with thematic analysis. **Results:** Nearly one in five perimenopausal and postmenopausal women had noticed that self-pleasure provided symptom relief. Relative to other symptom management strategies, masturbation was rated among the highest in providing symptom relief, especially with respect to psychological symptoms (ie, mood changes) and sleep disturbances. Nearly half of perimenopausal and postmenopausal women indicated that they would be open to trying masturbation as a symptom relief approach if their doctor recommended it. **Conclusions:** Masturbation may play a valuable role in managing menopause symptoms, and it is important that physicians discuss the potential benefits of self-pleasure with their patients.

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Association between sleep-related disorders and hypertension in postmenopausal women from the United States

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Objective: A notable research gap persists regarding the association between sleep-related disorders and hypertension risk in postmenopausal women in the United States, which this study aimed to address. **Methods:** Data from 3,560 naturally postmenopausal women were analyzed using 6 cycles of the National Health and Nutrition Examination Survey from 2007 to 2018. Logistic regression models were employed to assess the relationships between sleep duration, trouble sleeping, and obstructive sleep apnea (OSA) symptoms with hypertension. Restricted cubic splines were used to identify nonlinear associations between sleep duration and hypertension. Finally, stratified analyses were taken to explore the associations between sleep-related disorders and hypertension across various subgroups based on health-related factors. **Results:** Trouble sleeping and OSA were associated with an increased odds of hypertension in postmenopausal women (trouble sleeping: odds ratio = 1.61, 95% CI, 1.28-2.02; OSA: odds ratio = 1.63, 95% CI, 1.13-2.37). In addition, a U-shaped relationship between sleep duration and hypertension was identified (P for overall = 0.0007, P for nonlinear = 0.0002), indicating that both insufficient and excessive sleep increased the odds of hypertension. Subgroup analysis revealed that body mass index moderated these associations (trouble sleeping: P for

interaction = 0.038; OSA: P for interaction = 0.044), with stronger effects observed in obese women. Conclusion: Sleep-related disorders are significantly associated with hypertension in postmenopausal women in the United States. Our findings emphasized the importance of sleep health and weight management in the management of hypertension in this population.

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Longitudinal transitions in sedentary behavior and physical activity in relation to all-cause and cause-specific mortality among postmenopausal women

Zhong-Yue Liu 1, Guo-Chong Chen 2 3, Michael J LaMonte 4, Victor Kamensky 5, Kelly R Evenson 6, et al.

To evaluate longitudinal transitions in sedentary behavior and physical activity for the associations with all-cause and cause-specific mortality (i.e., cardiovascular disease [CVD], cancer, respiratory, and Alzheimer's disease/dementia mortality) among postmenopausal women. This prospective cohort study included 58,168 multiethnic US postmenopausal women from the Women's Health Initiative Observational Study, who had self-reported data on various sedentary behaviors and recreational physical activity at baseline (Y0: 1993-1998; age range: 50-79 years) and after 6 years (Y6). According to sedentary time (≥ 8 h/day or not) or physical activity (≥ 8.5 MET-h/week or not) at Y0 and Y6 assessments, participants were grouped by transition in sedentary behavior (consistently non-sedentary, sedentary to non-sedentary, non-sedentary to sedentary, and consistently sedentary) or physical activity levels (consistently low, high to low, low to high, and consistently high). Over a median follow-up of 15.0 years (from Y6 to March 2019), 17,354 all-cause deaths occurred, ranging from 1336 respiratory to 5111 CVD deaths. Compared to the consistently non-sedentary group, the two groups with unfavorable transitions in sedentary behavior (i.e., from non-sedentary to sedentary or being consistently sedentary) both had a higher risk of all-cause mortality and mortality from CVD, cancer, and respiratory disease. Conversely, the two groups with favorable transitions in physical activity (i.e., transitioning to or maintaining high activity), as compared with the consistently-low activity group, both had a lower risk mortality from all causes and several specific causes. Significant interactions were observed between transitions in sedentary behavior and physical activity on the risk of all-cause and CVD mortality (P-interaction < 0.01). Specifically, unfavorable sedentary transitions were associated with an elevated risk only among women with unfavorable transitions in physical activity. Among US postmenopausal women, maintaining or transiting to a sedentary lifestyle over 6 years was associated with a higher risk of mortality, predominantly among those not achieving regular physical activity over the years.