

Selección de Resúmenes de Menopausia

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Impact of Workplace Support Among Workers With Presenteeism Associated With Menopausal Symptoms in Japan: A Cross-Sectional Study

Manaki Nagai 1, Makoto Okawara 1, Naoaki Ohkubo 1, Keiki Hirashima, Tomohiro Ishimaru, Seiichiro Tateish, et al. Menopausal symptoms have a significant impact on women's physical and mental health. Although many female workers suffer from menopausal symptoms, their actual situation and its impact on their employment are largely unknown. The objective of this study was to evaluate the association between menopausal symptoms and presenteeism, and the effect of support from the workplace. A job-based survey study of 881 female workers in their 40s to 60s working for a single company was conducted in Japan in October, 2023. We used a questionnaire that included items on demographic characteristics, the Menopause Rating Scale (MRS) to evaluate menopausal symptoms, and the Work Functioning Impairment Scale (WFun) to measure presenteeism. Poisson regression analysis with robust variance was performed. Compared to female workers without menopausal symptoms, the prevalence of work functioning impairment increased with increasing severity of menopausal symptoms, namely mild [Prevalence Ratio (PR): 1.28; 95% confidence interval (CI): 0.48-3.40, $P=0.608$], moderate [PR: 5.12; 95%CI: 2.28-11.5, $P < 0.001$], and severe [PR: 13.8; 95%CI: 6.15-31.0, $P < 0.001$]. MRS scores and prevalence of work functioning impairment showed a significant trend ($P < 0.001$). Female workers who did not receive support from the workplace were more likely to experience work functioning impairment [PR: 3.16; 95%CI: 2.05-4.89, $P < 0.001$]. There is an association between menopause symptoms and presenteeism in Japanese women. Support from the workplace for menopausal symptoms may improve presenteeism.

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Obesity, chronic breast inflammation and carcinogenesis: Molecular pathways and clinical implications (Review)

Fangying Li 1, Zhenhua Gao 2

Obesity is a global epidemic strongly associated with increased breast cancer (BC) risk and mortality, particularly in postmenopausal women. Obesity-induced chronic breast inflammation drives carcinogenesis via dysregulated adipokine signaling (leptin and adiponectin), insulin resistance, hyperinsulinemia and pro-inflammatory cytokines (TNF- α and IL-6). These factors activate oncogenic pathways (NF- κ B and PI3K/AKT/mTOR pathways), which promote DNA damage, cell proliferation and immunosuppression. Clinically, obesity is associated with advanced tumor presentation, reduced treatment efficacy and poorer survival compared with those of normal-weight patients with BC. Despite progress, the molecular interactions between obesity-related inflammation and BC remain incompletely understood, and diagnostic/prognostic tools for obese patients require refinement. The present review synthesizes current evidence on obesity-BC mechanisms and their clinical translation to inform prevention and precision oncology strategies.

J Clin Med. 2025 Nov 14;14(22):8067. doi: 10.3390/jcm14228067. FREE en PubMed

Endometriosis During Peri-Menopause and Post-Menopause: A Review of the Literature

Mayumi Raheem 1, George Condous 1, Mercedes Espada Vaquero 1

Endometriosis is traditionally regarded as a condition predominantly affecting women of reproductive age, often associated with infertility and cyclical pelvic pain. As a result, a significant body of research and clinical attention has been directed toward the younger patient population. However, there is growing recognition that endometriosis can persist or even arise anew in peri-menopausal and post-menopausal women, yet the impact of the disease in this group remains underappreciated. Many women may have lived with undiagnosed or misdiagnosed endometriosis for decades, often being reassured that period pain and pelvic discomfort were normal aspects of menstruation, and therefore not

subjected to appropriate investigation or intervention. This review aims to highlight the clinical significance of endometriosis in peri-menopausal and post-menopausal women. We will examine the common symptoms encountered in this population, discuss current strategies and challenges in diagnosis, and review evidence-based approaches to management. Special consideration will be given to the complex interface between endometriosis and HRT, as well as the potential risk of malignant transformation. Finally, drawing from existing guidelines and expert opinion, we propose recommendations for the diagnosis, treatment, and long-term follow-up of these patients, with the goal of improving outcomes and quality of life for this often overlooked cohort of women.

BMC Womens Health. 2025 Nov 26. doi: 10.1186/s12905-025-04111-5. Online ahead of print.

Anthropometric indices and mortality in postmenopausal women: NHANES 1999-2018 evidence

Kexin Wang 1, Yanhua Li 2, Yu Chen 3

Background: Limited research has focused on how anthropometric measures relate to mortality risk, specifically among postmenopausal women. Our study aimed to explore the association between anthropometric indices and risks of all-cause and cardiovascular mortality in American postmenopausal women. **Methods:** Data from the NHANES cycles 1999-2018 were extracted. Firstly, weighted multivariable Cox proportional hazards models and restricted cubic splines (RCS) were used to detect the association between six body indicators, including body mass index (BMI), waist circumference (WC), waist-to-height ratio (WHtR), a body shape index (ABSI), body roundness index (BRI), and weight-adjusted waist index (WWI), and all-cause and CVD mortality risk in postmenopausal women. Furthermore, the predictive power of different anthropometric indices for mortality was assessed by time-dependent receiver operator characteristic (ROC) curves. Subgroup and sensitivity analyses were further employed to evaluate the consistency and robustness of the findings. **Results:** During an average follow-up of 10.04 years, 2522 deaths were reported from any cause, and 783 participants died of CVD in total. A fully adjusted multivariate Cox regression model indicated a significant positive association between WWI and ABSI and all-cause and CVD mortality in postmenopausal Americans. The RCS revealed a significant nonlinear relationship between BRI and WC and all-cause mortality, whereas the relationships between WWI and ABSI and CVD/all-cause mortality were positively linear. For all-cause mortality prediction, WWI outperformed other anthropometric parameters, with an AUC of 0.616 (95% CI 0.594-0.637) for 5 year, 0.624 (95% CI 0.608-0.640) for 10-year, and 0.641 (95% CI 0.624-0.658) for 15-year. Consistently, WWI showed the highest AUC of 0.642 (95% CI 0.605-0.679), 0.656 (95% CI 0.631-0.681) and 0.675 (95% CI 0.651-0.699) when predicting 5-year, 10-year and 15-year CVD mortality, respectively. Subgroup and sensitivity analyses confirmed the stability and robustness of our findings. **Conclusion:** Higher ABSI and WWI values were linearly associated with increased all-cause and CVD mortality in postmenopausal women in the U.S. WWI and ABSI anthropometric indicators may be useful tools to detect CVD and all-cause mortality risks and to support early intervention strategies for individuals after menopause in clinical practice.

Neurochem Res. 2025 Nov 26;51(1):3. doi: 10.1007/s11064-025-04613-6.

Progress and Perspectives on the Estrogen-Microbiota-Brain Axis in Alzheimer's Disease

Miao Wang 1, Yu Zeng 2, Yingju Jin 1, Jing Wu 3, Juan Li 4

Alzheimer's disease (AD) is a progressive neurodegenerative disorder shaped by genetic, metabolic, environmental, and sex-specific factors. Emerging evidence highlights the estrogen-gut microbiota-brain (EGMB) axis as a critical framework linking endocrine regulation, microbial activity, and cognitive outcomes. Estrogen exerts neuroprotective effects by modulating synaptic plasticity, oxidative stress, amyloid and tau pathology, and neuroinflammation, while its decline during menopause increases AD vulnerability. Parallel to this, gut dysbiosis and altered microbial metabolites, particularly short-chain fatty acids (SCFAs) and secondary bile acids (sBAs), contribute to barrier dysfunction, chronic inflammation, and synaptic impairment. Importantly, estrogen remodels microbial composition and metabolite profiles, whereas microbial β -glucuronidase (β -GUS) activity sustains estrogen bioavailability, establishing a reciprocal regulatory loop. Preclinical studies demonstrate that depletion of gut microbiota diminishes estrogen's protective effects, underscoring the central role of microbial metabolites as signaling bridges. Therapeutically, these insights support the integration of hormone replacement therapy with microbiota-targeted interventions such as probiotics, prebiotics, and fecal microbiota transplantation. Such combined strategies may synergistically enhance neuroprotection, though their efficacy depends on timing, dosage, and individual variability. Future precision approaches integrating multi-omics

profiling and sex-specific stratification hold promise for identifying predictive biomarkers and optimizing treatment windows. In summary, the EGMB axis offers a mechanistic foundation for understanding sex differences in AD and a translational framework for developing individualized, multidimensional strategies for early diagnosis, prevention, and therapy.

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Musculoskeletal disorders following hysterectomy with ovarian conservation: a population-based cohort study

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Objectives: To determine the risk of developing de novo carpal tunnel syndrome (CTS), arthritis, or rheumatoid arthritis in women who underwent hysterectomy with bilateral ovarian conservation (H-OC) before reaching spontaneous menopause. **Methods:** We identified 1,573 women undergoing H-OC for a benign indication at age 18 to 44 years between 1980 and 2002 in Olmsted County, Minnesota. Each woman was age-matched (± 1 y) to a referent woman who had not undergone hysterectomy or oophorectomy before the matching date (index date). Diagnostic codes for CTS and arthritis were extracted from the Rochester Epidemiology Project medical records-linkage system through 2019. Hazard ratios (HRs) and 95% CIs were estimated using Cox proportional hazards models and the two cohorts were balanced for 19 chronic conditions and for several potential confounders present at index date. **Results:** Over a median 25.8-year follow-up, women undergoing H-OC had an increased risk of developing CTS (HR: 1.33; 95% CI: 1.13-1.56) compared with referent women. The risk was similar in strata by age at H-OC and was higher for women with endometriosis and menstrual disorders indications. Women undergoing H-OC also had an increased risk of developing arthritis (HR: 1.34; 95% CI: 1.23-1.47). The risk was similar in strata by age at H-OC and by indication. Rheumatoid arthritis considered separately was also associated with H-OC (HR: 1.55; 95% CI: 1.05-2.30). **Conclusions:** H-OC was associated with an increased risk of de novo CTS, arthritis (all types), and rheumatoid arthritis. Further studies are needed to confirm these associations and to explore potential biological mechanisms.

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Sarcopenia and Functional Decline in Postmenopausal Women: The Roles of Type 2 Diabetes and Physical Activity

Anthony Rodrigues de Vasconcelos 1 2, Fernando José de Sá Pereira Guimarães 1, Pedro Weldes da Silva Cruz, et al. **Background/objectives:** Postmenopausal women face an elevated risk of sarcopenia and functional decline, yet the distinct roles of type 2 diabetes mellitus (T2DM) and physical inactivity in these outcomes remain unclear. This study aimed to investigate the independent and combined associations of T2DM and physical activity on sarcopenia and functional performance in postmenopausal women. **Methods:** This was a cross-sectional study of 175 postmenopausal women stratified by T2DM status and physical activity level (active ≥ 150 min/week vs. insufficiently active). Body composition was assessed via dual-energy X-ray absorptiometry, muscle strength by handgrip dynamometry, and functional performance by gait speed. Sarcopenia was diagnosed using the Asian Working Group for Sarcopenia 2019 criteria. Binary logistic regression calculated odds ratios (ORs) for adverse outcomes. **Results:** Physical inactivity was the strongest predictor of functional decline, with insufficiently active women showing nearly four-fold increased odds of slow gait speed (< 1.0 m/s) compared to active counterparts (OR: 3.93; 95% CI: 1.24-12.45). While T2DM appeared protective against sarcopenia in unadjusted analysis, multivariate adjustment revealed obesity (OR: 4.97; 95% CI: 1.62-15.20) and T2DM (OR: 3.80; 95% CI: 1.59-9.08) as independent sarcopenia predictors. **Conclusions:** Distinct associational profiles emerged for sarcopenia and functional decline in postmenopausal women. While T2DM and obesity are independently associated with sarcopenia through metabolic mechanisms, physical inactivity emerged as the strongest predictor of functional impairment. These findings support targeted interventions: metabolic optimization for muscle mass preservation and structured physical activity, particularly resistance training, for maintaining functional independence in this high-risk population.