Selección de Resúmenes de Menopausia

Semana del 4 al 10 de junio, 2025

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One size does not fit all: how type of menopause and hormone therapy matters for brain health

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Background: Menopause is an inflection point in the ageing trajectory. Independent of chronological age, menopause is associated with the biological ageing of several body systems. In this review, we highlight the importance of considering the influence of menopause - its types, symptoms and interventions - on brain health. Supplementing the loss of ovarian hormones with menopausal hormone therapy (MHT) may be key for supporting the healthy brain ageing of females. MHT has been associated with reduced risk of several neurodegenerative diseases; however, its benefits are not always observed on brain health. Aims: This narrative review highlights often overlooked MHT factors that influence its effects to produce positive or negative effects on brain health, cognition and neurodegenerative disease risk. These factors include the many varieties of MHT, including formulation, administration route and dosing schedule, as well as individual characteristics, particularly the presence of vasomotor symptoms and apolipoprotein ε4 (APOE4) genotype. Method: PubMed and Scopus were used to identify articles with relevant search terms. Results: Menopause factors, including age, abruptness and symptoms, influence brain ageing. MHT influences brain health, with transdermal MHT showing more positive effects on brain ageing, but its effectiveness may depend on individual factors such as genotype, reproductive and lifestyle factors. Conclusions: To develop effective and individualised MHT treatments, further research is needed. Preclinical models must consider the type of human menopause and MHT. To achieve the greatest dementia prevention in females, more menopause education and care is needed that extends beyond 60 years of age, or 10 years postmenopause.

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Not your mother's hormone therapy: Highly selective estrogen receptor beta agonists as next-generation therapies for menopausal symptom relief

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Although the menopausal transition causes a panoply of unpleasant and disruptive symptoms, many women are reluctant to use estrogen-based treatments due to risks of cancer, cardiovascular disease, and stroke. As we learn more about how estrogens regulate the cellular and circuit mechanisms underlying menopausal symptoms such as hot flashes and brain fog, drug development that specifically targets these mechanisms could provide the therapeutic benefits of estrogens without adverse health effects. This review discusses the rationale for targeting estrogen receptor beta (ERß) with highly selective synthetic agonists to alleviate two common menopausal symptoms: memory dysfunction and hot flashes. We begin by reviewing the history of estrogen-based menopausal hormone therapy, including conjugated equine estrogens and related products. We then describe the neurobiological mechanisms underlying estrogenic regulation of memory and hot flashes, with a particular focus on the role of ERß. Finally, we discuss past and current clinical trials of ERß agonists and highlight pre-clinical data showing that a highly potent and selective synthetic ERß agonist can enhance object recognition and spatial memory, and reduce a drug-induced hot flash, in mouse models of ovarian hormone loss and Alzheimer's disease. Collectively, this work supports the targeted development of highly selective ERß agonists to relieve memory and vasomotor symptoms of menopause.

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Associations of body mass index and waist circumference with incidence of overall and of 27 site-specific cancers: a population-based retrospective cohort study

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Background: Overweight and obesity are known risk factors for cancer. The aim of this study was to investigate associations of body mass index (BMI) and waist circumference (WC) with incidence of 27 site-specific cancers stratified by sex and menopausal status accounting for non-linearity. Methods: We performed a population-based retrospective cohort study using the Korean National Health Insurance Service (KNHIS 2009-2020) database. We included 3,986,155 participants (aged ≥ 20 years), and the mean follow-up duration was 9.0 ± 1.6 years. The primary outcome was the incidence of cancer. Results: There were positive associations between BMI or WC and incidences of cancers including overall cancer, digestive tract cancer (except for esophageal cancer), hepato-bilio-pancreatic cancer, hematological cancer, sex-specific cancers, brain/central nervous system (postmenopausal women), thyroid, renal, and bladder cancers. We observed inverse associations for several cancers, including lung and laryngeal cancers. Conclusions: Our findings of differential associations of BMI and WC with incidence of various cancers contribute to the understanding of the relationship between obesity and cancer risk in Asian populations. These results may provide evidence to support the implementation of active surveillance and targeted management strategies for obesity.

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FIGO statement: Cosmetic genital surgery

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Cosmetic genital surgery refers to various procedures that involve surgical alteration of the vulvovaginal anatomy for aesthetic reasons in women without structural or functional abnormalities. The growing demand for such procedures stems from exposure to media and online content that reinforced the notion that certain genital appearances do not conform to an idealized aesthetic standard. There is, however, a lack of strong evidence and limited published research to support the claim that cosmetic genital surgery is safe and effective. FIGO asserts that it is ethically inappropriate for obstetrician-gynecologists to recommend, perform, or refer patients for these procedures. Women should receive counseling and be informed that these procedures are not medically indicated and come with potential risks. Of special concern is the use of laser-based devices for treating the genitourinary syndromes of menopause or for cosmetic purposes. There is insufficient research data to support the safety and effectiveness of these devices. By addressing ethical concerns and ensuring that accurate information is provided, healthcare professionals can support women in making well-informed choices about cosmetic genital surgery.

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Genitourinary syndrome of menopause and sexual function, partner knowledge, and the impact on coupled sexual relationships

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Objectives: To assess the prevalence of genitourinary syndrome of menopause (GSM) and its association with female sexual dysfunction, the partner's knowledge, and repercussions on the couple's sexual life. Methods: A cross-sectional study was conducted on 266 couples (532 individuals) aged 50-70 years. Women and their partners were selected utilizing the "snowball" technique, formed from the "ego" couples who answered the interview regarding general health, genitourinary symptoms, sexual function, and partner knowledge information via telephone by trained interviewers. Results: The prevalence rate of GSM was 74.44%. Low sexual function was significantly more frequent in women (46.15%) than in their partners (15.77%) (P<0.001). Vaginal dryness present in 44.15% and dyspareunia (58.67%) were associated with female sexual dysfunction (P<0.01), decreased satisfaction with sex, and avoidance of sex for fear of pain or lack of desire. Urinary incontinence, nocturia, and urgency were reported by 17.29%, 35.34%, and 24.81% of women, respectively. and were not associated with sexual dysfunction. Approximately 49% of partners knew about their partner's GSM symptoms. Vaginal discomfort led to the loss of men's desire, and women avoided intercourse because they were concerned about pain. Conclusions: The prevalence of GSM is high and related to low female sexual function. Half of the partners knew about problems with GSM, and the women's symptoms interfered with the couple's sexual desire and satisfaction, which could impact the affective and sexual aspects of the couple's relationship.

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Association of body composition with the symptoms of pelvic floor disorders in middle-aged women: a longitudinal study

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Objective: To investigate the association of body composition with symptoms of pelvic floor disorders ie, stress urinary incontinence, urgency urinary incontinence, fecal incontinence, and feeling of pelvic organ prolapse among middle-aged women. Methods: A longitudinal study with two measurement points 4 years apart was performed using a population sample of 376 Finnish women aged 47 to 55 years at the baseline. Total and regional body composition was assessed with dual x-ray absorptiometry (DXA) and multifrequency bioelectrical impedance analyzer (BIA). Body height, weight, and waist circumference were measured, and body mass index (BMI) was calculated. The symptoms of pelvic floor disorders were assessed using self-report questionnaire. Generalized estimating equations models were used to investigate associations. Models were adjusted with demographical, gynecologic, and physical activity variables. Results: The change in body composition was not associated with the change in the symptoms of pelvic floor disorders after 4-year follow-up. In cross-sectional analysis, the symptoms of stress urinary incontinence were found to be associated with total fat mass (OR 1.03, 95% CI: 1.01-1.06, P=0.017), trunk fat mass (OR 1.06, 95% CI: 1.02-1.11, P=0.009), android fat mass (OR 1.33, 95% CI: 1.05-1.70, P=0.020), visceral fat area (OR 1.01, 95% CI: 1.00-1.02, P=0.019), BMI (OR 1.07, 95% CI: 1.01-1.13, P=0.027), and waist circumference (OR 1.03, 95% CI: 1.01-1.05, P=0.008). No significant associations were found for other symptoms of pelvic floor disorders. Conclusions: A higher total or regional body fat mass, higher BMI, or larger waist circumference may increase the risk of stress urinary incontinence in middle-aged women.

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Early menopause, hysterectomy, and biological aging: Health and Retirement Study

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Objective: This study examines the association between the timing of menopause and hysterectomy and biological aging, focusing on epigenetic and physiological aging markers. Methods: Data were analyzed from women aged 56 and over in the nationally representative Health and Retirement Study (HRS). Regressions of biological aging measured by accelerated epigenetic aging and biological age based on physiological dysregulation on menopause/hysterectomy history were conducted to examine associations of normal-aged and early menopause with and without hysterectomy with biological aging. Results: Hysterectomy, whether following normal-aged or early menopause, or in younger ages, was significantly associated with markers of accelerated biological aging. Women with early menopause or hysterectomy showed accelerated epigenetic aging. Early menopause was associated with accelerated physiological dysregulation only when combined with hysterectomy, suggesting that surgical menopause may be related to accelerated systemic aging processes. Epigenetic clocks were associated with early cellular and molecular aging changes linked to natural early menopause, while physiological dysregulation was associated with the cumulative systemic impacts related to hysterectomy. Conclusions: This study highlights associations between reproductive history and biological aging. These findin gs underscore the importance of considering both natural and surgical factors in menopause in evaluating aging-related health risks and suggest avenues for targeted interventions to mitigate health risks in women with these reproductive histories.

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Comparison of topical estrogen and platelet-rich plasma injections in the treatment of postmenopausal vaginal atrophy

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Background: Platelet-rich plasma (PRP) is considered safe and is a low-cost, simple, natural, and minimally invasive method for vaginal rejuvenation. We aimed to compare the effects of hormonal treatment options and PRP use for postmenopausal vulvovaginal atrophy (VVA). Methods: From a total of 66 patients, topical estrogen treatment was administered to 36 patients, and PRP treatment was used on 30 patients who had previously received topical estrogen treatment without obtaining a response. To assess the impact of VVA and associated symptoms on the quality of life of patients, three different questionnaires, namely the Vaginal Health Index (VHI), Female Sexual Function Index (FSFI), and the Vulvovaginal Symptoms Questionnaire (VSQ), along with a Visual Analog Scale (VAS), were administered at 4-week intervals. Results: In the assessment at the 12th week, the FSFI and VSQ results obtained in

patients treated with PRP showed a significant difference compared with those treated with topical estrogen ($p = 0.004$ and $p < 0.001$, respectively). Conclusion: PRP injections are a safe and effective minimally invasive monotherapy for postmenopausal VVA and, consequently, vulvovaginal rejuvenation. PRP injections are regarded as a promising method for the treatment of VVA in postmenopausal patients with contraindications to hormone therapy and improving hydration of the vaginal mucosa.