Selección de Resúmenes de Menopausia

Semana del 23 al 29 de julio 2025

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Treatment, perceptions and burden of vasomotor symptoms among midlife women in Japan

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Objective: This study aimed to investigate the association between the severity of vasomotor symptoms (VMS) and the burden of the condition in the real-world setting within Japan. Methods: The cross-sectional survey study was administered as a web-based questionnaire involving perimenopausal and postmenopausal women. Respondents were female at birth, 40-64 years old and had ≥1 episode of VMS in the prior 12 months. The primary objective was to understand the treatment landscape related to mild to severe VMS. Secondary objectives were to understand attitudes to VMS, opinions on available treatments and impact of VMS on quality of life (QoL). Results: The target population included 2188 respondents. Only 219 (10.0%) respondents visited a medical facility for VMS, and 123 (5.6%) women consulted a doctor when visiting for other treatment. Being able to cope with symptoms was the most common reason for not attending a medical institution. More than half who received treatment were prescribed traditional Chinese medicine (181/325 [55.7%] respondents) and one-third received hormone therapy (108 [33.2%] respondents). Severe VMS were associated with lower QoL, worse sleep quality and reduced work productivity. Conclusions: Women in Japan with VMS do not typically visit medical institutions or receive appropriate medical intervention even when they are aware of VMS and feel some burden.

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Effects of cumulative lifetime estrogen exposure on the clinical characteristics and courses in postmenopausal women with rheumatoid arthritis

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Objectives: To assess the effect of cumulative lifetime estrogen exposure (CLEE) on the course of rheumatoid arthritis (RA). Methods: A total of 2878 postmenopausal women with RA from the Korean Observational Study Network for Arthritis Cohort were investigated at baseline and followed for 5 years. CLEEs were calculated by combining the reproductive span and duration of postmenopausal hormone replacement therapy. Patients with RA were classified into higher and lower CLEE groups using a median of 34 years. Results: Patients with RA and a lower CLEE (n = 1602) showed significantly higher disease activity and more radiographic erosion than those with a higher CLEE (n = 1179) at baseline. The lower CLEE group demonstrated worse patient-reported outcomes (PROs) for pain, fatigue, sleep disturbance, functional disability, health-related quality of life, and global assessment of RA than the higher CLEE group at baseline (all $P < 0.01$). The lower CLEE group showed increased Simplified Disease Activity Index (SDAI) and Health Assessment Questionnaire-Disability Index scores and decreased EQ-5D-utility values over 5 years after adjusting for confounders. Among patients with RA and an SDAI>11 at baseline, the lower CLEE group was significantly less likely to achieve remission after adjusting for confounders (HR, 0.597 [95% CI 0.421-0.848], p = 0.004). Conclusions: Patients with RA and lower CLEE had higher disease activity, more erosive disease, and worse PROs than those with a higher CLEE. Lower CLEE adversely affects longitudinal changes in disease activity and PROs and is associated with a lower likelihood of achieving clinical remission in RA.

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Testosterone for the Treatment of Hypoactive Sexual Desire Disorder in Perimenopausal and Postmenopausal Women

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Although there is no androgen deficiency diagnosis for women, research demonstrates that testosterone treatment can be modestly beneficial in treating appropriately selected postmenopausal women with distressing low desire, also

known as hypoactive sexual desire disorder (HSDD). Current data do not support the role of testosterone treatment in supporting bone health or brain health or improving energy or cognition in women, and only limited research supports its benefit for HSDD treatment in women of late reproductive age. No current U.S. Federal Drug Administration-approved formulation of testosterone is available for women in the United States because of a lack of long-term safety data. However, two clinical guidelines now provide expert guidance on testosterone treatment and monitoring in women for HSDD. This narrative review presents the data and summarizes the guidelines in a clinically relevant format to make the information accessible to clinicians treating cisgender women with HSDD seeking testosterone treatment.

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Treatment patterns of menopausal hormone therapy in South Korea: a nationwide cohort study

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Objective: Menopausal hormone therapy (MHT) is the most effective treatment for menopausal symptoms. While guidelines recommend an individualized risk-benefit assessment of MHT, real-world studies on use of MHT are limited. Method: Nationwide claims data in South Korea (2015-2020) were used to assess the prevalence of hospital visits for menopausal symptoms and use of MHT among women aged 40-59 years. MHT was classified into three classes including estrogen therapy (ET), estrogen plus progestogen therapy (EPT) and tibolone, with routes of administration categorized as systemic (oral, transdermal) and local (transvaginal). A longitudinal study was conducted to evaluate treatment patterns of MHT. Results: Approximately 9% of women visited hospitals for menopausal symptoms, with fewer than half prescribed MHT. Of 1,774,674 women with menopausal symptoms, 1,036,294 were prescribed MHT: 89,237 patients were started on systemic ET, 300,999 on systemic EPT, 306,538 on tibolone and 378,764 on local ET. Use of tibolone and local ET increased over time, while systemic ET and EPT decreased. Systemic MHT was discontinued after an average of 13.2 months, while local MHT was discontinued after 2.4 months. Conclusion: Despite guidelines recommending MHT for treating menopausal symptoms, many women remain untreated and continued MHT for an average of only 1 year.

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What Happens After Menopause (WHAM)? A Progress Report of a Prospective Controlled Study of Women After Pre-Menopausal Risk-Reducing Bilateral Salpingo-Oophorectomy

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Surgical menopause, the removal of both ovaries prior to natural menopause, may impact short-and long-term physical and emotional health. An increasingly common cause of surgical menopause is risk-reducing salpingo-oophorectomy (RRSO) in those at high inherited risk of ovarian cancer. The WHAM (What Happens After Menopause?) study is the largest prospective controlled study of RRSO. It measured the effect of RRSO compared to controls on physical and mental health over 2 years, and the potential modifying effects of menopausal hormone therapy (MHT). WHAM consists of 104 premenopausal women with BRCA1/2 pathogenic variants undergoing RRSO and 102 age-matched comparators who retained their ovaries. Outcomes including sexual function, vasomotor symptoms, cognition, mood, cardiometabolic health and bone health were measured between baseline and 24 months. MHT uptake after RRSO and the impact of MHT on these outcomes were assessed. Findings of WHAM have been published in more than ten manuscripts. Key findings include that RRSO adversely affects sexual function, sleep, and mood compared to comparison women. After RRSO, vasomotor symptoms (VMS) are generally mild, peak at 3 months, and do not worsen by 24 months. MHT reduces but does not resolve VMS. Loss of bone density was observed at 24 months and was partially mitigated by MHT. Cardiometabolic health and cognition were largely maintained at 24 months. This manuscript summarises the published findings of WHAM. These unique data will enhance evidence-based care in surgical menopause and will support shared decision-making around RRSO, ensuring rapid translation of new evidence into clinical practice.

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Prevalence of and trends in obesity and insulin resistance among US perimenopausal women, 2003-2023

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Objective: Obesity and insulin resistance are major public health concerns, especially among perimenopausal women. Accurate estimates of their prevalence and analysis of trends are essential for informing policy decisions, guiding future research, and ultimately improving health outcomes in both perimenopausal and postmenopausal women. Methods: This study included 1,325 perimenopausal women aged 42-59 years from NHANES surveys conducted between 2003 and 2023. Eligibility was based on self-reports of at least one menstrual period in the previous 12 months. This study assessed the prevalence of and trends in general obesity, abdominal obesity, severe obesity, and insulin resistance among perimenopausal women in the United States. Results: From 2003 to 2023, the prevalence rates of general obesity, abdominal obesity, severe obesity, and insulin resistance increased significantly, with rates increasing from 34.9% to 41.4%, 62.5% to 67.0%, 5.2% to 11.5%, and 22.5% to 30.2%, respectively. Logistic regression and Joinpoint analysis confirmed these upward trends. Statistical significance was consistent across the trends in mean BMI, waist circumference, and fasting blood insulin. Furthermore, significant disparities were observed in these trends across sociodemographic subgroups. Conclusions: From 2003 to 2023, there was a significant increase in the prevalence of obesity and insulin resistance among US perimenopausal women, with notable disparities across racial and ethnic groups. Further research is essential to assess the impact of public health interventions on these trends and develop targeted strategies to address the increasing prevalence of these conditions.

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Evaluation of reproductive profiles, epigenetic aging, and mortality in post-menopausal women

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Evolutionary theories of aging indicate trade-offs between reproduction and longevity. Epigenetic clocks, such as PhenoAge, GrimAge, and DunedinPoAm, were designed to reflect biological age and be used as surrogates for mortality and healthspan. The current study investigated the connection between reproductive profiles, epigenetic aging and mortality among post-menopausal women (50-85 years) with data from the National Health and Nutrition Examination Survey across the United States (N = 770). Using latent profile analysis, we identified four distinct reproductive profiles: high gravidity but average parity (Class 1); high gravidity and parity (Class 2); premature menopause (Class 3); an average profile (Class 4). Women of Class 3 had an accelerated pace of aging as indicated by DunedinPoAm, but not an older epigenetic age as measured by PhenoAge or GrimAge. The association was significant among women who had ever used female hormones (β = 0.521; 95%CI 0.014-1.027). Women of Class 1 or 2 did not exhibit accelerated epigenetic aging. Women of Class 3 had higher mortality (HR = 1.40, 95%CI 1.08-1.81), and 36.3% of the effect was mediated through accelerated DunedinPoAm. Findings suggest that women with reproductive profiles characterized by premature menopause may have altered epigenetic aging trajectories. Pace of aging may be more sensitive to the impact of reproductive profile variations than the status of biological age as indicated by PhenoAge or GrimAge. Clinically monitoring the pace of biological aging among women with premature menopause and an appropriate application of hormone replacement therapy may minimize the negative consequence of accelerated biological aging and reduce premature mortality.