Selección de Resúmenes de Menopausia

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Interacting and joint effects of type of menopause and age at menopause on the likelihood of frailty and the mediating role of age at menopause in older women: A population-based analysis from NHANES 1999-2018

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Objectives: This study investigates the associations between surgical menopause, age at menopause, and frailty in older women. Furthermore, we examine whether age at menopause mediates the potential association between surgical menopause and frailty, and the extent of interaction or joint effects of surgical menopause and age at menopause on frailty. Methods: The analysis included 7462 women aged ≥60 from the National Health and Nutrition Examination Survey 1999-2018. Frailty was measured using a 49-item frailty index and was diagnosed if the score on that index exceeded 0.21. Menopausal data were collected using a standardized reproductive health questionnaire. Survey-weighted logistic regression models were used to assess the association between surgical menopause, menopausal age, and frailty. We also conducted mediation analyses and interaction analyses on both the multiplicative and additive scales. Results: Of the 7462 women, 2687 (32.4 %) had frailty. Women with a history of surgical menopause had an odds ratio (OR) of 1.44 (95 % CI: 1.25-1.66) for frailty compared to those with natural menopause. Age at menopause mediated 26.4 % of the total association between surgical menopause and frailty. No significant multiplicative or additive interactions were observed in the effects of type of menopause and age at menopause on frailty (Additive: Relative excess risk due to interaction = -0.01, 95 % CI: -0.32-0.31; Multiplicative, OR = 0.94, 95 % CI: 0.75-1.19). Joint ORs for individuals with both surgical and early menopause, compared with those with natural menopause and without early menopause, were 1.59 (95 % CI: 1.40-1.81) for frailty. Conclusions: In postmenopausal women, surgical menopause was significantly associated with a higher likelihood of frailty than natural menopause. Age at menopause mediated more than 26 % of this association.

Sexual function after menopause: the role of vaginal estrogens

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Sexual health and well-being are challenged by the biopsychosocial changes associated with menopause. Local estrogen therapy (LET) represents the mainstay of managing genitourinary syndrome of menopause (GSM). However, most studies have investigated the role of LET on signs and symptoms of vulvovaginal atrophy (VVA) without fully capturing the sexual cluster of symptoms that makes women vulnerable to sexual dysfunction. The present review summarizes studies that have reported the impact of LET on sexual function and its domains (desire, arousal, lubrication, orgasm, pain, and satisfaction). Different formulations (tablet, soft gel inserts, vaginal ring, cream and gel) of estradiol and conjugated equine estrogens at low or ultra-low doses have been investigated. Most evidence supports a positive effect of LET on dyspareunia, while there is less information on the overall sexual experience in healthy postmenopausal women and in those with breast cancer. Importantly, LET has been considered as a class of drugs, with few studies addressing effects of different products on specific symptoms of the GSM constellation to provide evidence for a tailored treatment choice. It appears that GSM management at menopause is a priority to maintain sexual longevity. LET is part of the multifaceted approach to address women's needs and expectations. An evidence-based standard of care is warranted for the use of LET in the management of sexual dysfunction associated with menopause.

Impact of aerobic exercise on cardiovascular and mental health in postmenopausal women: a systematic review and meta-analysis

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Importance: The climacteric period, particularly the postmenopausal phase, presents significant risks to women's cardiovascular and mental health due to hormonal changes. Effective interventions are needed to address these challenges and improve clinical outcomes. Objective: To evaluate the effects of aerobic exercise on cardiovascular parameters (systolic blood pressure, diastolic blood pressure, lipid profile, and triglycerides) and psychological outcomes (depression and anxiety) in postmenopausal women. Evidence review: In this systematic review with meta-analysis, four databases (PubMed, Embase, SportDiscus, and PsycINFO) were searched from inception to December 18, 2024. Randomized controlled trials (RCTs) assessing aerobic exercise interventions in postmenopausal women were included. Study selection, data extraction, and risk-of-bias assessments (using RoB 2) were performed by two independent reviewers, with discrepancies resolved by a third. Certainty of evidence was evaluated using GRADE. Findings: The review included 61 RCTs with 4,100 women (2,356 exercise and 1,744 control). Aerobic exercise reduced systolic blood pressure by 4.5 mm Hg (95% CI: -6.5 to -2.4) and diastolic blood pressure by 2.4 mm Hg (95% CI: -3.8 to -1.1). high-density lipoprotein cholesterol increased by 2.4 mg/dL (95% CI: 1.0 to 3.8), while low-density lipoprotein cholesterol and triglycerides decreased by 3.6 mg/dL (95% CI: -6.1 to -1.1) and 7.7 mg/dL (95% CI: -11.9 to -3.5), respectively. No significant effect was found for total cholesterol. Aerobic exercise reduced anxiety scores by 0.2 SDs (95% CI: -0.3 to -0.03), but the effects on depression were not statistically significant. Conclusion and relevance: Aerobic exercise significantly improves cardiovascular health by reducing blood pressure, low-density lipoprotein cholesterol, and triglycerides, while increasing high-density lipoprotein cholesterol in postmenopausal women. Its positive effects on anxiety highlight its role in addressing mental health. These findings support aerobic exercise as a recommended intervention to mitigate health risks in this population and emphasize the need for further research on long-term, hard outcomes.

Menopausal hormone therapy shows superior efficacy to complementary and alternative medicine in treating symptomatic hand osteoarthritis in Japanese women during perimenopause

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Background: Symptomatic hand osteoarthritis frequently affects perimenopausal women and is believed to be associated with estrogen deficiency. However, effective medical therapies for symptomatic relief remain limited. Objective: To compare the effectiveness of menopausal hormone therapy and complementary and alternative medicine in treating symptomatic hand osteoarthritis in perimenopausal women. Design: Retrospective observational study. Data sources and methods: We retrospectively reviewed the medical records of 73 perimenopausal Japanese women treated for symptomatic hand osteoarthritis at Kagoshima University Hospital between 2019 and 2022. Fifty-four patients received menopausal hormone therapy, and 19 received complementary and alternative medicine (Kampo formula and/or S-equol supplementation). No patients received additional orthopedic treatments for hand osteoarthritis, such as analgesics, splinting, rehabilitation, or injections. The outcomes included the disability of the arm, shoulder, and hand score and visual analog scale score for hand pain, which were assessed at baseline and 3 months. Two-factor repeated-measures analysis of variance was used to assess condition-by-time interactions, and effect sizes were calculated. For outcomes with significant interactions, post hoc Mann-Whitney U tests were used to compare between-group changes. Results: Significant condition-by-time interactions were found for the disability of the arm, shoulder, and hand score (F = 12.85, p = 0.0007, partial η2 = 0.17) and visual analog scale score (F = 7.39, p = 0.008, partial η2 = 0.02), indicating that treatment effects differed between groups over time. Post hoc analyses revealed that the menopausal hormone therapy group showed significantly greater improvements than the complementary and alternative medicine group in both the disability of the arm, shoulder, and hand (10.85 versus -1.75 points, p = 0.003) and visual analog scale scores (27.9 versus 9.17 mm, p = 0.02). The mean improvement in disability of the arm, shoulder, and hand scores in the menopausal hormone therapy group exceeded the minimal clinically important differences, supporting both statistical and clinical significance. Conclusions: Compared with complementary and alternative medicine, menopausal hormone therapy showed superior efficacy in improving hand pain and dysfunction associated with symptomatic hand osteoarthritis in perimenopausal Japanese women.

Treatments in women experiencing natural menopause: a cohort study from the USA, the UK and Germany

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Objectives: This study aimed to describe treatment patterns among naturally menopausal women from the USA, the UK and Germany. Methods: Using health claims (the USA) and electronic health records (the UK and Germany), women aged 40-65 years with a first record of natural menopause (index date) from 2009 to 2022 were identified. Women with a history of bilateral oophorectomy, total hysterectomy, endocrine therapy for breast cancer or hormone/non-hormone therapy for menopausal symptoms were excluded. Treatments evaluated following the index date were hormone therapy, benzodiazepines, antidepressants, anticonvulsants and the antihypertensive clonidine. Results: In total, 1,260,742 (the USA), 214,374 (the UK) and 124,542 (Germany) women were included, and treatments were recorded in 38.8%, 33.4% and 28.8%, respectively. Among these, the majority received one treatment class, mostly hormone therapy (44.2% for the USA, 41.1% for the UK, 92.6% for Germany), benzodiazepines (25.3% for the USA, 6.8% for the UK, 2.2% for Germany) and antidepressants (18.6% for the USA, 33.5% for the UK, 4.1% for Germany). Discontinuation rates at 6 months from starting initial treatment were 75.0-88.0% for hormone therapy, 65.0-85.0% for antidepressants and ≥98% for benzodiazepines. Treatment switches occurred in 25.4% (the USA), 21.8% (the UK) and 1.7% (Germany). Conclusions: Continuation rates with current treatments for women experiencing natural menopausal symptoms are low, indicating an unmet need for effective and acceptable therapies.

Association of menopausal status and menopausal hormone therapy with cardiovascular risk factors prevalence in a large French urban population

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Aims: This study aimed to assess the association of menopausal status and menopausal hormone therapy (MHT) with cardiovascular risk factors (CVRF) prevalence. Method: We analyzed data from women aged 40 to 70yo, without previous cardiovascular disease, enrolled in the prospective CARVAR 92 cohort study conducted in the Hauts-de-Seine department, France, between 2010 and 2023. CVRF were assessed through blood analysis and medical check-up results. Menopausal status and hormone therapy use were self-reported. Results: Of the 16,879 subjects included in CARVAR 92, 7395 women were analyzed including 2607 non-menopausal and 4788 menopausal women. After adjusting for age, menopausal women were at higher risk of obesity (OR, 1.44 [95% CI, 1.21, 1.70]; p<0.001), waist obesity (OR, 1.33 [95% CI, 1.17, 1.53]; p<0.001), hypertension (OR, 1.17 [95% CI, 1.01, 1.36]; p=0.049), diabetes mellitus (OR, 1.84 [95% CI, 1.31, 2.61]; p<0.001), and dyslipidemia (OR, 1.74 [95% CI, 1.49, 2.03]; p<0.001) compared to non-menopausal women. However, menopausal women using MHT did not show significant differences in the prevalence of CVRF compared to non-menopausal women. These findings remained robust across various models. Conclusion: Menopausal women exhibited an increase in all modifiable CVRF compared to non-menopausal women. MHT use may have a beneficial effect on the prevalence of these risk factors. These findings highlight the importance of considering menopausal status and MHT use when assessing and managing cardiovascular risk in women.

The Association Between Age of Menopause and Hysterectomy Status and Alzheimer's Disease Risk in a Cohort of Older White and Black Women

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Background and Objectives: To determine whether age at menopause and premenopausal hysterectomy status are associated with incident Alzheimer's disease (AD) dementia in a group of older community-dwelling women. Materials and Methods: Participants from the Rush Memory and Aging Project, the Religious Orders Study, and the Minority Aging Research Study were included (n = 2,862, baseline age 77.1 ± 7.7 years, follow-up 8.6 ± 5.6 years, 24% Black, and 75% White). Age at menopause and premenopausal hysterectomy status were based on self-report at study entry. AD dementia diagnosis was determined annually based on the National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer's Disease and Related Disorders Association criteria. The hazard of AD dementia was evaluated using Cox-proportional regression models, with age as the time axis, adjusted for race, early life socioeconomic status, and education. To explore possible differences in risk by race, models were repeated using White and Black women propensity score-matched on age at baseline, education, and number of follow-up visits.

Results: Menopause before age 45 years was associated with a 33% greater hazard of AD dementia compared with menopause after age 50 years (hazard ratio [HR] = 1.33, 95% confidence interval [CI]: 1.10-1.59). Hysterectomy was not associated with hazard of AD dementia (HR = 1.08, CI: 0.94-1.26). The association between age at menopause and hysterectomy status and AD dementia was not different for White and Black women. Conclusions: Some sex-specific menopausal characteristics, such as age at menopause, relate to the hazard of AD dementia. Given the disproportionate burden of AD in women, research is needed to explore potential mechanisms for this finding.

Age at menopause and multimorbidity in postmenopausal women

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Introduction: We examined the association between age at menopause and multimorbidity in postmenopausal women in the United States. Material and methods: The data were obtained from the National Health and Nutrition Examination Survey (2007-2010, 2013-2014, and 2017-2018), which included 3168 postmenopausal women over 40 years old. The exposure variable was age at menopause, while the outcome variable was multimorbidity, defined as having 2 or more health conditions. Health conditions included hypertension, diabetes, cardiovascular disease (CVD), cancer, arthritis, obesity, osteoporosis, thyroid disease, chronic bronchitis, emphysema, and liver conditions. Logistic regression models were employed to estimate unadjusted and adjusted odds ratios (OR) and 95% confidence intervals. We also used logistic regression models with restricted cubic splines to illustrate the association between continuous menopausal age and multimorbidity. Results: The adjusted OR for multimorbidity in women with age at menopause of < 40, 40-44, and 55+ years were 4.25 (3.07-5.89), 1.46 (1.08-1.99), and 0.61 (0.43-0.85), respectively, compared to age at menopause of 45-54 years. Premature menopause was associated with every health condition and multimorbidity except for liver conditions. Early menopause was related to hypertension and CVD. Continuous menopausal age, regardless of menopausal type, presented inverse and linear associations with multimorbidity. The study found no significant interaction effects between age at menopause and hormone therapy on the association between age at menopause and multimorbidity. Conclusions: Premature or early menopause was associated with increased risks of developing multiple health conditions. Implementing early surveillance and intervention strategies is imperative to mitigate the burden of multimorbidity among women undergoing premature or early menopause.

Central obesity increases the risk of breast cancer irrespective of menopausal status in women: Systematic review and meta-analysis

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Background: The incidence of breast cancer increased over the last few decades, however, it is less known about the relationship between central obesity and breast cancer incidence irrespective menopause. Given the increase in the incidence of breast cancer during the past decades, several studies have investigated the effects of variables body mass index on breast cancer, especially obesity. However, this meta-analysis aims to address the relationship between central obesity and risk of pre and postmenopausal breast cancer regardless of the age. Method: A full electronic search of the Cochrane Library, Scopus, Web of Science, Excerpta Medicine Database (Embase), PubMed, Google Scholar, MESH Medline, and Cancer Literature databases was conducted from 2016 to 2023. The study followed the PRISMA Statement for Systematic Reviews and Meta-analyses protocol. The relevant cohort and case-control studies were screened by two reviewers independently. The data were extracted using Microsoft Excel and analyzed using STATA version 17. Publication bias was detected using a funnel plot, with a p value <0.05 indicate potential publication bias. The I2 test was used to assess the heterogeneity of the studies. The overall estimates with a 95 % confidence interval were estimated using a random effect model analysis. Results: A total of eight studies with 135,876 women participants were included in this study. The heterogeneity of the studies I2 test was 87.1 %. The overall pooled results, women who presented with central obesity was 2.4 times more likely to develop breast cancer than those who had no history of central obesity (AOR=2.4, 95 % CI; 1.35-4.27). Conclusion: This study revealed that central obesity is a risk factor of breast cancer. Interventions should be implement to reduce progression of breast cancer through lifestyle change. This study emphasises the need for breast cancer screening and treatment in individuals with central obesity.