Selección de Resúmenes de Menopausia

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Vitamin D, Calcium, or Combined Supplementation for the Primary Prevention of Fractures in Community-Dwelling Adults: US Preventive Services Task Force Recommendation Statement.

US Preventive Services Task Force, Grossman DC, Curry SJ, Owens DK, Barry MJ, Caughey AB, et al.

Importance: Because of the aging population, osteoporotic fractures are an increasingly important cause of morbidity and mortality in the United States. Approximately 2 million osteoporotic fractures occurred in the United States in 2005, and annual incidence is projected to increase to more than 3 million fractures by 2025. Within 1 year of experiencing a hip fracture, many patients are unable to walk independently, more than half require assistance with activities of daily living, and 20% to 30% of patients will die. Objective: To update the 2013 US Preventive Services Task Force (USPSTF) recommendation on vitamin D supplementation, with or without calcium, to prevent fractures. Evidence Review: The USPSTF reviewed the evidence on vitamin D, calcium, and combined supplementation for the primary prevention of fractures in community-dwelling adults (defined as not living in a nursing home or other institutional care setting). The review excluded studies conducted in populations with a known disorder related to bone metabolism (eg, osteoporosis or vitamin D deficiency), taking medications known to be associated with osteoporosis (eg, long-term steroids), or with a previous fracture. Findings: The USPSTF found inadequate evidence to estimate the benefits of vitamin D, calcium, or combined supplementation to prevent fractures in community-dwelling men and premenopausal women. The USPSTF found adequate evidence that daily supplementation with 400 IU or less of vitamin D and 1000 mg or less of calcium has no benefit for the primary prevention of fractures in community-dwelling, postmenopausal women. The USPSTF found inadequate evidence to estimate the benefits of doses greater than 400 IU of vitamin D or greater than 1000 mg of calcium to prevent fractures in community-dwelling postmenopausal women. The USPSTF found adequate evidence that supplementation with vitamin D and calcium increases the incidence of kidney stones. Conclusions and Recommendation: The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of vitamin D and calcium supplementation, alone or combined, for the primary prevention of fractures in community-dwelling, asymptomatic men and premenopausal women. (I statement) The USPSTF concludes that the current evidence is insufficient to assess the balance of the benefits and harms of daily supplementation with doses greater than 400 IU of vitamin D and greater than 1000 mg of calcium for the primary prevention of fractures in community-dwelling, postmenopausal women. (I statement) The USPSTF recommends against daily supplementation with 400 IU or less of vitamin D and 1000 mg or less of calcium for the primary prevention of fractures in community-dwelling, postmenopausal women. (D recommendation) These recommendations do not apply to persons with a history of osteoporotic fractures, increased risk for falls, or a diagnosis of osteoporosis or vitamin D deficiency.

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Effects of Daily Intake of Calcium and Vitamin D-Enriched Milk in Healthy Postmenopausal Women: A Randomized, Controlled, Double-Blind Nutritional Study.

Reyes-Garcia R, Mendoza N, Palacios S, Salas N, Quesada-Charneco M, Garcia-Martin A, Fonolla J, et al.

OBJECTIVE: To determine the effect of the daily intake of calcium and vitamin D-enriched milk (with or without fructooligosaccharides [FOS]) on vitamin D, bone metabolism, and cardiovascular risk factors. MATERIALS AND METHODS: Two-year randomized controlled study, including 500 healthy postmenopausal women, assigned to 500 mL/day of skimmed milk to one of three groups: Low-dose (L): (120 mg/100 mL calcium, vitamin D3 30 UI/100 mL), group A: calcium and vitamin D (180 mg/100 mL and 120 UI/100 mL), and group B: calcium and vitamin D (180 mg/100 mL and 120 UI/100 mL) and FOS (5 g/L). We evaluated serum 25(OH)D, bone mineral density (BMD) by Dual Energy X-ray Absorptiometry, and biochemical data of glucose and lipid metabolism. RESULTS: After 24 months, vitamin D concentrations did not change in the control group, but increased in group A and group B, $p < 0.001$. We observed an increase in femoral neck BMD and an improvement in fasting plasma glucose, HbA1c, total cholesterol, low-density lipoprotein cholesterol, and apolipoprotein B 100. CONCLUSIONS: Daily intake of milk enriched with calcium

and vitamin D in postmenopausal healthy women induces a significant improvement in vitamin D status, a significant increase in BMD at femoral neck, and also favorable effects on glucose and lipid profile.

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Severity and duration of menopausal symptoms after risk-reducing salpingo-oophorectomy.

Stuursma A, van Driel CMG, Wessels NJ, de Bock GH, Mourits MJE.

OBJECTIVES: To reduce the risk of ovarian cancer, women with BRCA1/2 mutations are advised to undergo risk-reducing salpingo-oophorectomy (RRSO) at a premenopausal age. Premenopausal RRSO results in acute menopause and is associated with various menopausal symptoms. This study investigates the severity and duration of subjective menopausal symptoms after premenopausal RRSO and associated factors. METHODS: We included 199 women who had undergone RRSO before age 52 in this cross-sectional study. The Menopause Rating Scale (MRS) was used to measure the level of psychological, somato-vegetative and urogenital symptoms (no/little, mild, moderate, or severe). Uni- and multivariate logistic regressions were performed to estimate odds ratios (ORs) and 95% confidence intervals (95% CIs) for having moderate or severe symptoms as compared to having no or mild symptoms. Duration of symptoms was investigated by calculating the time since RRSO. RESULTS: Sixty-nine percent (137/199) of the included women reported moderate or severe symptoms on the MRS, a mean of 7.9 years after RRSO. Fifty-seven percent (94/137) of these women reported severe urogenital symptoms, and about one-quarter reported severe psychological and/or somato-vegetative symptoms. Only psychological symptoms tended to improve over time (>=10 years). A personal history of breast cancer was independently associated with having moderate or severe menopausal symptoms (OR = 3.4; 95%CI = 1.6-7.1). CONCLUSIONS: The majority of women report moderate or severe menopausal symptoms, even 10 years after surgical menopause, and breast cancer survivors especially. To improve quality of life, follow-up care after RRSO should focus on these symptoms and be accessible for many years after RRSO.

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Decision-making for the treatment of climacteric symptoms using the Menopause Rating Scale.

Blümel JE, Arteaga E, Parra J, Monsalve C, Reyes V, Vallejo MS, Chea R.

OBJECTIVE: The Menopause Rating Scale (MRS) is one of the most frequently used instruments to evaluate menopausal symptoms; however, no cut-off score is given that would indicate the need for treatment. Our goal was to determine such a cut-off score on the MRS, using as a standard a woman's own perception of her need for treatment in relation to the severity of her symptoms. MATERIAL AND METHODS: The sample comprised 427 healthy women aged 40-59 years who were not taking hormonal treatment. Based on the concept of quality of life, we considered that the patient required treatment if she herself believed that she required it, on the basis of the severity of at least one of her menopausal symptoms. To obtain an optimal MRS cut-off score associated with the need for treatment, an ROC curve analysis was performed. RESULTS: The symptoms rated "very severe" on the MRS (i.e. that most require treatment) were physical and mental exhaustion (95.8% of women) and muscle and joint discomfort (95.1%). In total, 378 women (88.5%) considered that their symptoms required treatment. The ROC curve analysis determined that the optimal cut-off score on the MRS to indicate the need for treatment would be 14 (area under the curve 0.86, $p < 0.0001$). This score achieved 76.5% sensitivity and 83.6% specificity. With this cut-off score, 97.1% of the women who considered that they required treatment for at least one of their symptoms would be treated. There was concordance of more than 90% between this cut-off score and a score of 4 (i.e. a rating of "very severe") for any of the symptoms on the scale. CONCLUSIONS: An MRS score ≥14 indicates the need for treatment for climacteric symptoms. In clinical practice, a score of 4 for any of the MRS items could be taken to indicate the need for treatment.

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Hormone replacement therapy, mammographic density, and breast cancer risk: a cohort study.

Azam S, Lange T, Huynh S, Aro AR, von Euler-Chelpin M, Vejborg I, Tjønneland A, Lynge E, Andersen ZJ.

PURPOSE: Hormone replacement therapy (HRT) use increases breast cancer risk and mammographic density (MD). We examine whether MD mediates or modifies the association of HRT with the breast cancer. METHODS: For the 4,501 participants in the Danish diet, cancer and health cohort (1993-1997) who attended mammographic screening in

Copenhagen (1993-2001), MD (mixed/dense or fatty) was assessed at the first screening after cohort entry. HRT use was assessed by questionnaire and breast cancer diagnoses until 2012 obtained from the Danish cancer registry. The associations of HRT with MD and with breast cancer were analyzed separately using Cox's regression. Mediation analyses were used to estimate proportion [with 95% confidence intervals (CI)] of an association between HRT and breast cancer mediated by MD. RESULTS: 2,444 (54.3%) women had mixed/dense breasts, 229 (5.4%) developed breast cancer, and 35.9% were current HRT users at enrollment. Compared to never users, current HRT use was statistically significantly associated with having mixed/dense breasts (relative risk and 95% CI 1.24; 1.14-1.35), and higher risk of breast cancer (hazard ratio 1.87; 1.40-2.48). Association between current HRT use and breast cancer risk was partially mediated by MD (percent mediated = 10%; 95% CI 4-22%). The current HRT use-related breast cancer risk was higher in women with mixed/dense (1.94; 1.37-3.87) than fatty (1.37; 0.80-2.35) breasts (p value for interaction = 0.15). CONCLUSIONS: MD partially mediates some of the association between HRT and breast cancer risk. The association between HRT and breast cancer seems to be stronger in women with dense breasts.

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25-Hydroxyvitamin D Threshold for the Effects of Vitamin D Supplements on Bone Density Secondary Analysis of a Randomized Controlled Trial.

Macdonald HM, Reid IR, Gamble GD, Fraser WD, Tang JC, Wood AD1

Most trials of vitamin D supplementation have shown no benefits on bone density (BMD), though severe vitamin D deficiency causes osteomalacia which is associated with profound BMD deficits. Recently, the ViDA-BMD study from New Zealand demonstrated a threshold of baseline 25-hydroxyvitamin D (30 nmol/L) below which vitamin D supplementation did benefit BMD. We have now re-examined data from a similar trial in Aberdeen to determine whether a baseline 25-hydroxyvitamin D threshold of 30 nmol/L is also observed in that database. The Aberdeen study recruited 305 postmenopausal women in late winter and randomized them to receive placebo, vitamin D 400 IU/day or vitamin D 1000 IU/day over one year. As previously reported, BMD loss at the hip was reduced by vitamin D 1000 IU/day only, and there was no significant treatment effect of either dose at the lumbar spine. In the present analysis, when the trial participants were grouped according to whether their baseline 25-hydroxyvitamin D was ≤30 nmol/L or above this threshold, significant treatment effects were apparent at both the spine and hip in those with baseline 25-hydroxyvitamin D ≤30 nmol/L, but no significant effects were apparent in those with baseline 25-hydroxyvitamin D above this level. There was evidence of a similar threshold for effects on parathyroid hormone, but no groups showed changes in bone turnover markers during the study. It is concluded that vitamin D supplements only increase bone density in adults with nadir 25-hydroxyvitamin D ≤30 nmol/L. This moves us further towards a trial-based definition of vitamin D deficiency in adults with adequate calcium intakes, and suggests that supplement use should be targeted accordingly. Future trials of vitamin D supplementation should focus on individuals with 25-hydroxyvitamin D concentrations in this range. This article is protected by copyright. All rights reserved.