Selección de Resúmenes de Menopausia

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Knee osteoarthritis and menopausal hormone therapy in postmenopausal women: a nationwide cross-sectional study.

Jung JH, Bang CH, Song GG, Kim C, Kim JH, Choi SJ.

OBJECTIVE: The incidence of osteoarthritis (OA) increases after menopause, and may be related to hormonal changes in women. Estrogen deficiency is known to affect the development of OA, and menopausal hormone therapy (MHT) is suggested to be related to the development of OA. However, the relationship between knee OA and MHT remains controversial. The association between knee OA prevalence and MHT was investigated using large-scale national data. METHODS: Data were collected from 4,766 postmenopausal women from the Korea National Health and Nutrition Examination Survey (2009-2012). MHT was defined as regular hormone medication for ≥1 year, and demographic and lifestyle variables were compared between the MHT and non-MHT groups. Knee OA was defined according to symptoms and radiographic findings. RESULTS: In the multiple logistic regression models, the OA odds ratio was 0.70 for the MHT group (95% confidence interval 0.50-0.99), compared with the non-MHT group. CONCLUSIONS: The prevalence of knee OA was lower in participants with MHT than in those without MHT.

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Improvement in sleep outcomes with a 17β-estradiol-progesterone oral capsule (TX-001HR) for postmenopausal women.

Kagan R, Constantine G, Kaunitz AM, Bernick B, Mirkin S.

OBJECTIVE: The aim of the study was to evaluate the effects of TX-001HR, a single-capsule 17β-estradiol-progesterone on sleep parameters in postmenopausal women with vasomotor symptoms (VMS) using the Medical Outcomes Study (MOS)-Sleep scale questionnaire in the REPLENISH trial. METHODS: In the REPLENISH trial (NCT01942668), women were randomized to one of four doses of TX-001HR or placebo, and the 12-item MOS-Sleep questionnaire (secondary endpoint) was self-administered at baseline, week 12, and months 6 and 12. Changes from baseline in the MOS-Sleep total score and 7 subscale scores were analyzed for treatment groups versus placebo at all time points. Somnolence was also collected as an adverse event. RESULTS: Women (mean age 55 y) were randomized to TX-001HR (estradiol/ progesterone [E2/P4] [mg/mg]) doses: 1/100 (n=415), 0.5/100 (n=424), 0.5/50 (n=421), 0.25/50 (n=424), or placebo (n=151). TX-001HR significantly improved MOS-Sleep total score, Sleep Problems Index II subscale, and sleep disturbance subscale versus placebo at all time points, except with 0.25 mg E2/50 mg P4 at week 12. Differences in LS mean changes between TX-001HR and placebo for MOS-Sleep total scores ranged from -6.5 to -7.6 at 12 months (all; $P \leq 0.001$). All doses of TX-001HR significantly improved the Sleep Problems Index I subscale at all time points. The sleep somnolence subscale significantly improved from baseline with 0.5 mg E2/100 mg P4 and 0.5 mg E2/50 mg P4 at month 12. The incidence of somnolence as a treatment-emergent adverse event ranged from 0.2% to 1.2% versus 0% with placebo. CONCLUSION: TX-001HR significantly improved MOS-Sleep parameters from baseline to week 12, which was sustained for up to 12 months, and was associated with a very low incidence of somnolence.This is an open access article.

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Exogenous female sex steroids may reduce lung ageing after menopause: A 20-year follow-up study of a general population sample (ECRHS).

Triebner K, Accordini S, Calciano L, Johannessen A, Benediktsdóttir B, Bifulco E, Demoly P, Dharmage SC, et al.

OBJECTIVES: Menopause involves hypoestrogenism, which is associated with numerous detrimental effects, including on respiratory health. Hormone replacement therapy (HRT) is often used to improve symptoms of menopause. The effects of HRT on lung function decline, hence lung ageing, have not yet been investigated despite

the recognized effects of HRT on other health outcomes. STUDY DESIGN: The population-based multi-centre European Community Respiratory Health Survey provided complete data for 275 oral HRT users at two time points, who were matched with 383 nonusers and analysed with a two-level linear mixed effects regression model. MAIN OUTCOME MEASURES: We studied whether HRT use was associated with the annual decline in forced vital capacity (FVC) and forced expiratory volume in one second (FEV1). RESULTS: Lung function of women using oral HRT for more than five years declined less rapidly than that of nonusers. The adjusted difference in FVC decline was 5.6 mL/y (95%CI: 1.8 to 9.3, p = 0.01) for women who had taken HRT for six to ten years and 8.9 mL/y (3.5 to 14.2, p = 0.003) for those who had taken it for more than ten years. The adjusted difference in FEV1 decline was 4.4 mL/y (0.9 to 8.0, p = 0.02) with treatment from six to ten years and 5.3 mL/y (0.4 to 10.2, p = 0.048) with treatment for over ten years. CONCLUSIONS: In this longitudinal population-based study, the decline in lung function was less rapid in women who used HRT, following a dose-response pattern, and consistent when adjusting for potential confounding factors. This may signify that female sex hormones are of importance for lung ageing.

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Improvement of menopausal symptoms and the impact on work ability: A retrospective cohort pilot study.

Geukes M, Anema JR, van Aalst MP, de Menezes RX, Oosterhof H.

OBJECTIVE: In this study we aimed to pilot test the hypothesis that in women who are severely bothered by their menopausal complaints, improvement of menopausal symptoms is associated with an improvement in self-perceived work ability. STUDY DESIGN: This retrospective cohort study assessed the work ability of first-time attendees (n = 31) of a menopause clinic at baseline (T0) and 3-9 months follow-up (T1). All patients received care as usual according to local protocol, no interventions were applied by the researchers. Self-reported questionnaire data assessing work ability (Work Ability Index; WAI) and menopausal symptoms (Greene Climacteric Scale; GCS) were used. MAIN OUTCOME MEASURES: Multiple linear regression was used in an exploratory analysis to examine the relationship between change in WAI score (ΔWAI) and change in menopausal symptoms (ΔGCS), after adjustment for potential confounders. Additional exploratory univariate linear regression analyses were performed to assess the associations of change in WAI score with change in the different GCS domains and with type of treatment. RESULTS: Twenty-seven out of 31 women reported improvement in work ability at follow-up (T1) (M = 30.73, SD = 6.42 respectively, M = 34.86, SD = 5.98). All women reported to be less bothered by their menopausal symptoms at T1 (M = 26.57, SD = 8.69 respectively, M = 14.73, SD = 6.36). Multivariate linear regression demonstrated a significant association between the WAI and GCS change scores after correction for confounders (beta ΔGCS = 0.283, p = 0.014). After additional adjustment for WAI at baseline, this association was no longer significant (beta ΔGCS = 0.172, p = 0.164). Change in GCS depression domain (ΔGCS depression) was significantly associated with ΔWAI, although after correction for WAI at baseline the effect of ΔGCS depression was no longer significant (beta = 0.855, p = 0.113). The WAI and GCS change scores were highly correlated, as a result their coefficients were not statistically significant separately. CONCLUSIONS: Treatment aimed at alleviating menopausal symptoms in symptomatic women could lead to improvement of menopausal symptoms along with improvement in work ability. Improvement of depressive symptoms seem particularly important for this outcome.

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Effect of Bisphosphonates on Fracture Outcomes Among Frail Older Adults.

Zullo AR, Zhang T, Lee Y, McConeghy KW, Daiello LA, Kiel DP, Mor V, Berry SD.

BACKGROUND: Bisphosphonates are seldom used in frail, older adults, in part due to lack of direct evidence of efficacy in this population and increasing concerns about safety. OBJECTIVE: We estimated the effects of bisphosphonates on hip fractures, nonvertebral fractures, and severe esophagitis among frail, older adults. DESIGN: Population-based retrospective cohort using 2008 to 2013 linked national Minimum Data Set assessments; Online Survey Certification and Reporting System records; and Medicare claims. SETTING: US nursing homes (NHs). PARTICIPANTS: Long-stay NH residents 65 years and older without recent osteoporosis medication use (N = 24,571). Bisphosphonate initiators were 1:1 propensity score matched to calcitonin initiators (active comparator). MEASUREMENTS: Hospitalized hip fracture, nonvertebral fracture, and esophagitis outcomes were measured using part A claims. Hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated, controlling for over 100 baseline characteristics. RESULTS: The matched cohort included 5209 new bisphosphonate users and an equal number of calcitonin users (mean age [SD] = 85 [8] years; 87% female; 52% moderate-severe cognitive impairment). Over a

mean follow-up of 2.5 (SD = 1.7) years, 568 residents (5.5%) had a hip fracture, 874 (8.4%) had a nonvertebral fracture, and 199 (1.9%) had a hospitalized esophagitis event. Users of bisphosphonates were less likely than calcitonin users to experience hip fracture (HR = 0.83; 95% CI = 0.71-0.98), with an average gain in time without fracture of 28.4 days (95% CI = 6.0-50.8 days). Bisphosphonate and calcitonin users had similar rates of nonvertebral fracture (HR = 0.91; 95% CI = 0.80-1.03) and esophagitis events (HR = 1.11; 95% CI = 0.84-1.47). The effects of bisphosphonates on fractures and esophagitis were generally homogeneous across subgroups, including those defined by age, sex, history of prior fracture, and baseline fracture risk. CONCLUSIONS: Use of bisphosphonates is associated with a meaningful reduction in hip fracture among frail, older adults, but little difference in nonvertebral fracture or severe esophagitis.

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Thigh and abdominal adipose tissue depot associations with testosterone levels in postmenopausal females.

Ofori EK1, Alonso SC, Correas-Gomez L, Carnero EA, Zwygart K, Hugues H, Bardy D, Hans D, Dwyer A, et al.

OBJECTIVE: Research findings on the relationship between serum androgens and adipose tissue in older females are inconsistent. We aimed to clarify the relationship using state-of-the art techniques to evaluate associations between body fat distribution and plasma testosterone (T) levels in older postmenopausal women. DESIGN: Observational, cross-sectional study of healthy, community dwelling postmenopausal women. PATIENTS AND MEASUREMENTS: Postmenopausal women, (60-80 years old) were included in this study. Overall body composition was evaluated by dual-energy x-ray absorptiometry. Abdominal and thigh fat depots were measured by magnetic resonance imaging. Circulating T concentrations by liquid chromatography-tandem mass spectrometry. RESULTS: Thirty-five women (66.6 ± 0.8 years) participated in this study. T levels were positively associated with clinical proxy measure of adiposity including weight (ρ=0.39), BMI (ρ=0.43) and waist circumference (ρ=0.39) (all $p<0.05$). Fat mass and percent body fat were correlated with T levels (ρ=0.42 and 0.38 respectively, both $p<0.05$). T correlated with overall and superficial abdominal fat (ρ=0.34 and 0.37 respectively, both $p<0.05$) but not with visceral adipose tissue. T increased with greater thigh fat (ρ=0.49, $p<0.05$) in both superficial and deep depots (ρ=0.50 and 0.35 respectively, both $p<0.05$). CONCLUSION: Our results suggest that postmenopausal women with higher circulating T levels have both higher regional and overall body adiposity. These findings underscore the sexual dimorphism in the relationship between serum androgen levels and adiposity.

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Menopause research in Latin America.

Tserotas K, Blümel JE.

For 15 years, the Collaborative Group for Research of the Climacteric in Latin America (REDLINC) has been conducting research on several topics including age of menopause, metabolic syndrome, quality of life and climacteric symptoms, sexual dysfunction, poor quality of sleep and insomnia, and use of menopausal hormone therapy (MHT) in the general population and among gynecologists. Examples of data to have emerged for this region include the age of menopause (49 years), a high prevalence of metabolic syndrome (42.9%), and a new waist circumference cut-off value for the Latin American population (88 cm). Sexual dysfunction, poor quality of life, and sleep disorders have a prevalence of over 50%, with obesity and sedentary lifestyles affected importantly. MHT use is still low (12.5%), lack of prescription the most important reason for not using it, and gynecologists use MHT for themselves but do not recommend it often to their patients. The prevalence of alternative therapy use, recommended by physicians, is high.