Selección de Resúmenes de Menopausia

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Causes of death among women with breast cancer: A follow-up study of 50,481 women with breast cancer in Finland

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This study aims to assess mortality from causes other than breast cancer among women with breast cancer with focus on indications of joint aetiology. Data on female breast cancer patients were obtained from the Finnish Cancer Registry and their underlying causes of death in 54 categories from the Statistics Finland. Standardized mortality ratios (SMR) and their 95% confidence intervals (CIs) were calculated for 50,481 patients diagnosed between 1971 and 2000 and followed until December 2012, stratified by histology, age at and time since diagnosis. The expected numbers of deaths were based on respective mortality rates among the Finnish general population. Hazard ratio (HR) was estimated from Poisson regression model to compare risks of cause of death by histology. 41% of 30,841 deaths were due to causes other than breast cancer. Significant excess mortality was observed for stomach cancer (SMR 1.43, 95% CI 1.26-1.62), circulatory system diseases (SMR 1.17, 95% CI 1.14-1.20) and suicide (SMR 1.51, 95% CI 1.28-1.78). In an age-adjusted analysis, significantly higher relative risk of stomach cancer mortality was observed for lobular versus ductal subtype (HR 2.00, 95% CI 1.32-3.02). Significantly increased SMRs were observed for cancers of respiratory organs among premenopausal women, and for other respiratory system diseases, dementia and Alzheimer's disease among postmenopausal women. We conclude that female breast cancer patients are at increased risk of death from causes other than the breast cancer diagnosis including circulatory and respiratory system diseases and, cancer of stomach, ovary and respiratory systems. The excess mortality due to different causes vary by menopausal status and histology. There might be shared aetiological factors between the diagnosis of breast cancer and the causes of death among these patients. This article is protected by copyright. All rights reserved.

The Effect of Physical Activity and Depressive Mood on Menopausal Symptoms in Postmenopausal Women

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Aims: The symptoms of menopause in postmenopausal women adversely affect the quality of life. Menopausal symptoms are more severe with comorbid disorders such as depression; it may be lighter in physically active people. The present study aimed to evaluate the relationship between menopausal symptoms and physical activity and depressive mood. Material and method: 190 women under 65 years of age who were at least one year passed since their last menstrual period participated in the study. Sociodemographic data form, Menopause Symptom Rating Scale, International Physical Activity Questionnaire - Short Form and Beck's Depression Inventory were applied to the participants. Results: It was seen that 51.6% (98 subjects) of the women who participated in the study had severe menopausal symptoms. 52.6% (100 subjects) of the participants were physically inactive, and their menopausal symptoms increased as the physical activity scale score decreased (p=0.001). Menopausal symptoms increased as the Beck's Depression Inventory score increased (p<0.001). It was observed that depression inventory scores decreased as the level of physical activity increased (p<0.001). Conclusion: Adoption of regular physical activity habits by postmenopausal women and providing treatment to those with depression will contribute to alleviating the severity of menopausal symptoms.

Hormone replacement therapy in BRCA mutation carriers and risk of ovarian, endometrial, and breast cancer: a systematic review

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Purpose: BRCA mutation carriers have an increased risk of developing breast or ovarian cancer. Risk-reducing bilateral salpingo-oophorectomy (RRBSO) is associated with a decrease in risk for tubal and ovarian cancer.

Hormone replacement therapy (HRT) may increase breast, ovarian, and endometrial cancer risk in the general population. This review analyses the published data on HRT and risk of cancer in BRCA mutation carriers with and without RRBSO. Methods: We included all relevant articles published in English from 1995 to October 2020. Sources were identified through a search on PubMed and Cochrane Library. Results: We included one case-control and one retrospective cohort study on ovarian and one case-control study on endometrial cancer risk and HRT in BRCA mutation carriers. Regarding breast cancer risk, one case-control study on BRCA mutation carriers with and without RRBSO and one case-control study, one Markov chain decision model, two prospective cohort studies, and one metaanalysis on carriers after RRBSO were included. For ovarian cancer, results were ambiguous. For breast cancer, most studies did not find an adverse effect associated with HRT. However, some of the studies found a risk modification associated with different formulations and duration of use. Conclusion: Although data are limited, HRT does not seem to have a relevant effect on cancer risk in BRCA mutation carriers. RRBSO should not be postponed to avoid subsequent HRT in this population. Adequate HRT after RRBSO should be offered to avoid chronic diseases resulting from low estrogen levels. However, further data on the safety of different formulations are needed.

The effect of resistance training programs on lean body mass in postmenopausal and elderly women: a meta-analysis of observational studies

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Aging and menopause are associated with morphological and functional changes which may lead to loss of muscle mass and therefore quality of life. Resistance training (RT) is an effective training mode to increase muscle mass. We reviewed the existing literature to identify studies implementing RT protocols and evaluating muscle hypertrophy exclusively in healthy, postmenopausal and elderly women. Participants' age range was comprised between 50 and 80 years. The primary outcome observed was muscle hypertrophy. Fat mass was also evaluated, if available. PubMed and Web of Science were the screened database, and original articles written in English and published from 2000 up to 2020 were included. 26 articles were considered eligible and included. Quality assessment revealed a "moderate quality" of the included studies, however the majority of studies was able to reach level 4 of evidence and on overall grade of recommendation C. In total, data from 745 female participants subjected to different forms of resistance training were considered. Heterogeneity across studies was present regarding study design, intervention length (mean 16 weeks), training frequency (3 d/w), no. of exercises (n = 7.4) and participants' age (65.8 ± 4.9 years). Small-to-moderate significant increases (k = 43; SMD = 0.44; 95% CI 0.28; 0.60; p < 0.0001) of lean body mass were observed in post-menopausal and elderly women, regardless of age, intervention period, weekly training frequency and no. of exercises. No effects were noted for fat mass (k = 17; SMD = 0.27; 95% CI - 0.02; 0.55; p = 0.07). Studies need to concentrate on providing information regarding training parameters to more effectively counteract the effects of aging and menopause on skeletal muscle mass.

Association of oophorectomy and fat and lean body mass: evidence from a population-based sample of U.S. women

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Background: Bilateral oophorectomy during a non-malignant hysterectomy is frequently performed for ovarian cancer prevention in premenopausal women. Oophorectomy before menopause leads to an abrupt decline in ovarian hormones that could adversely impact body composition. We examined the relationship between oophorectomy and whole-body composition. Methods: Our study population included cancer-free women 35-70 years old from the 1999-2006 National Health and Nutrition Examination Survey, a representative sample of the U.S.Population: A total of 4,209 women with dual-energy x-ray absorptiometry scans were identified, including 445 with hysterectomy, 552 with hysterectomy and oophorectomy, and 3,212 with no surgery. Linear regression was used to estimate the difference in total and regional (trunk, arms, legs) fat and lean body mass by surgery status. Results: In multivariable models, hysterectomy with and without oophorectomy was associated with higher total fat mass (mean percent difference (β); βoophorectomy: 1.61%, 95% CI: 1.00, 2.28%; βhysterectomy: 0.88%, 95% CI: 0.12, 1.58) and lower total lean mass (βoophorectomy: -1.48%, 95% CI: -2.67, -1.15; βhysterectomy: -0.87%, 95% CI: -1.50, -0.24) compared to no surgery. Results were stronger in women with a normal BMI and those <45 years at surgery. All

body regions were significantly affected for women with oophorectomy, while only the trunk was affected for women with hysterectomy alone. Conclusions: Hysterectomy with oophorectomy, particularly in young women, may be associated with systemic changes in fat and lean body mass irrespective of BMI. Impact: Our results support prospective evaluation of body composition in women undergoing hysterectomy with oophorectomy at a young age.

Associations of sleep and female sexual function: good sleep quality matters

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Objective: To evaluate associations between sleep and female sexual function. Methods: A cross-sectional analysis from the Data Registry on Experiences of Aging, Menopause and Sexuality (DREAMS) was performed using questionnaires in women presenting for menopause or sexual health consult at Mayo Clinic from December, 2016 to September, 2019. Female Sexual Function Index (FSFI), Female Sexual Distress Scale-Revised (FSDS-R), and the Pittsburgh Sleep Quality Index (PSQI) assessed sexual function and sleep parameters, respectively. Associations between sleep quality (PSQI score $\geq$ 5 poor sleep quality), sleep durations (< 5 h, 5-6 h, 6-7 h, > 7 h) and female sexual dysfunction (FSFI $\leq$ 26.55 and FSDS-R $\geq$ 11) were evaluated utilizing a multivariable logistic model adjusting for multiple factors. A secondary analysis evaluated sleep quality by sexual activity and also included sexually inactive women. Results: A total of 3,433 women were included (mean age 53). Sexually active women (N = 2,487; 72.4%) were included in the primary analysis; 75% had poor sleep quality, and 54% met criteria for female sexual dysfunction. On multivariable analysis, women with poor sleep quality were 1.48 times more likely to report female sexual dysfunction (95% CI 1.21-1.80, P < 0.001). Of women who reported sleeping < 5 hours nightly, 63.3% had female sexual dysfunction, and their Female Sexual Function Index total and domain scores were significantly lower than women sleeping > 7 hours nightly (P = 0.004); however, this was not statistically significant in multivariable analysis. Sexually active women were more likely to report good sleep quality compared with sexually inactive women (25.3% vs 20.5%, P = 0.003). Conclusions: Poor sleep quality, but not sleep duration, was associated with greater odds of female sexual dysfunction. Good sleep quality was linked to sexual activity. In addition to its myriad effects on health, poor sleep quality is associated with female sexual dysfunction.

The analysis of osteosarcopenia as a risk factor for fractures, mortality, and falls

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Osteosarcopenia is defined as the concomitant occurrence of sarcopenia and osteoporosis/osteopenia. This study aimed to clarify whether osteosarcopenia implies a greater risk of fractures, mortality, and falls and to draw attention to osteosarcopenia. Introduction: Osteosarcopenia, which is characterized by the co-existence of osteoporosis/osteopenia and sarcopenia, is one of the most challenging geriatric syndromes. However, the association between osteosarcopenia and the risk of falls, fractures, disability, and mortality is controversial. Methods: We searched PubMed, Embase, and the Cochrane Central Register of Controlled Trials, from their inception to March 18, 2021, for cohort studies on the relationship between osteosarcopenia and fractures, falls, and mortality. Two reviewers independently extracted data and assessed study quality. A pooled analysis was performed to calculate odds ratios (ORs) and 95% confidence intervals (CIs) using fixed or random-effects models. Results: Eight cohort studies including 19,836 participants showed that osteosarcopenia significantly increased the risk of fracture (OR 2.46, 95% CI 1.83-3.30, Pheterogeneity = 0.006, I2 = 63.0%), three cohort studies involving 2601 participants indicated that osteosarcopenia significantly increased the risk of mortality (OR 1.66, 95% CI 1.23-2.26, Pheterogeneity = 0.214, I2 = 35.2%), and three cohort studies involving 3144 participants indicated that osteosarcopenia significantly increased the risk of falls (OR 1.62, 95% CI 1.28-2.04, Pheterogeneity = 0.219, I2 = 34.1%). No publication bias existed among the studies regarding the association between osteosarcopenia and fractures. The findings were robust according to the subgroup and sensitivity analyses. Conclusions: This pooled analysis demonstrated that osteosarcopenia significantly increased the risk of fractures, falls, and mortality, thus highlighting its relevance in daily life. Therefore, we suggest that elderly persons should be aware of the risks associated with osteosarcopenia.

Breast Cancer Incidence Reduction in Women Treated with Subcutaneous Testosterone: Testosterone Therapy and Breast Cancer Incidence Study

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Objective: Testosterone (T) therapy has been shown to be breast protective in both pre- and post-menopausal patients. Additionally, estradiol (E) does not cause breast cancer (BC) in the majority of the world's literatures. This study aimed to investigate the incidence of invasive BC (IBC) in pre- and postmenopausal women treated with T therapy and T in combination with E (T/E). Materials and methods: Since January 2010, a total of 2,377 pre- and post-menopausal women were treated with T or T/E implants. IBC rates were reported based on newly diagnosed IBC cases in the total study. Total cases divided by the total sample size and years in study was expressed as an incidence per 100,000 person-years (P-Ys). The BC incidence was compared with age-specific Surveillance Epidemiology and End Results (SEER) incidence rates. Results: As of October 2020, 14 cases diagnosed with IBC have been found in 9,746 P-Y of follow up for an incidence of 144 cases per 100,000 P-Y, substantially less than the age-specific SEER incidence rates (223/100,000), placebo arm of Women's Health Initiative Study (330/100,000), and never users of hormone therapy from the Million Women Study (312/100,000). Conclusion: T and/or T/E pellet implants significantly reduced the incidence of BC in pre- and post-menopausal women. The addition of E did not increase the incidence over using T alone. This is the second multi-year long-term study demonstrating the benefits of T therapy in reducing the incidence of IBC.