

Selección de Resúmenes de Menopausia

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María Soledad Vallejo. Clínica Quilín. Universidad de Chile

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Mexican traditional medicines for women's reproductive health

Paulina Cabada-Aguirre 1 2, Alice M López López 1 2, Keila C Ostos Mendoza 2, Karen D Garay Buenrostro. Et al. Like China, Mexico has a traditional system of medicine dating back almost 5000 years that incorporates the healing practices of pre-Columbian civilizations, including the Maya and Aztec. Mexican Traditional Medicine (MTM) women depend on MTM practices and herbal medicines for their primary healthcare needs as limited access and high costs of Western medicine is a significant problem. The aims of this work were to determine the medicinal plants more commonly used in MTM for women's reproductive health issues and assess the clinical data supporting their use. Data from multiple sources was compiled and information on plants commonly used by women in Mexico MTM for the treatment of fertility and menstruation issues, pregnancy, and menopause was analyzed. Analysis of the data show that 185 species of plants representing > 60 families were used for a wide range of reproductive health issues. Some of these plants have been used in MTM for fertility regulation in women of which 35 species were used as emmenagogues and abortifacients. Approximate 40 species were used for the symptoms of premenstrual syndrome, heavy menstrual bleeding, and dysmenorrhea. In terms of pregnancy, 35 species were used for postpartum care and to facilitate breastfeeding, 16 species were used as oxytocic agents to induce labor and speed birth, and six plant species were used to prevent miscarriage. Fourteen plant species were reported to treat infertility or promote fertility, and seven species were used to treat uterine prolapse. Three plants species were reported to treat menopause and two plants were used for osteoporosis. Analysis of the clinical data for commonly used medicinal plants showed some clinical support for the use of these plants in MTM. In Mexico, women use medicinal plants for almost every aspect of reproductive health. While some plants have clinical data, most medicinal plants used in MTM have no safety or efficacy data available and could serve as the basis of future investigations.

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Visceral Adipose Tissue is Negatively Associated With Bone Mineral Density in NHANES 2011-2018

Rajesh K Jain 1, Tamara Vokes 1

Context: The relationship of visceral adipose tissue (VAT) and subcutaneous adipose tissue (SAT) with bone mineral density (BMD) is not well established. Objective: To examine the associations of VAT and SAT with total body BMD in a large, nationally representative population with a wide range of adiposity. Methods: We analyzed 10 641 subjects aged 20 to 59 years in National Health and Nutrition Examination Survey 2011-2018 who had undergone total body BMD and had VAT and SAT measured by dual-energy X-ray absorptiometry. Linear regression models were fitted while controlling for age, sex, race or ethnicity, smoking status, height, and lean mass index. Results: In a fully adjusted model, each higher quartile of VAT was associated with an average of 0.22 lower T-score (95% CI, -0.26 to -0.17, $P < 0.001$), whereas SAT had a weak association with BMD but only in men (-0.10; 95% CI, -0.17 to -0.04, $P = 0.002$). However, the association of SAT to BMD in men was no longer significant after controlling for bioavailable sex hormones. In subgroup analysis, we also found differences in the relationship of VAT to BMD in Black and Asian subjects, but these differences were eliminated after accounting for racial and ethnic differences in VAT norms. Conclusions: VAT has a negative association with BMD. Further research is needed to better understand the mechanism of action and, more generally, to develop strategies for optimizing bone health in obese subjects.

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Cardiovascular Impact of Calcium and Vitamin D Supplements: A Narrative Review

Fatima Zarzour 1, Ahmad Didi 1, Mohammed Almohaya 2, David Kendler 1

Calcium and vitamin D play an important role in mineral homeostasis and the maintenance of skeletal health. Calcium and vitamin D supplements have been widely used for fracture prevention in elderly populations. Many trials have

studied the effectiveness and cardiovascular safety of calcium and vitamin D supplementation, with disparate results. In this review, we summarize the most important trials and systematic reviews. There is significant heterogeneity in clinical trial design, differences in the nature of trial outcomes (self-reported vs. verified), prior calcium intake, and trial size. Inconsistent results have been reported concerning the effects of calcium and vitamin D supplementation on cardiovascular outcomes. Most current guidelines recommend calcium intake of up to 1,200 mg daily, preferably from the diet, without concern for cardiovascular risk. Recommendations regarding vitamin D supplementation vary widely. There is compelling evidence from well-conducted randomized trials that modest vitamin D supplementation is safe but does not confer cardiovascular benefit or cardiovascular harm.

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Impact of early age at menopause on disease outcomes in postmenopausal women with rheumatoid arthritis: a large observational cohort study of Korean patients with rheumatoid arthritis

Eun Hye Park 1 2, Eun Ha Kang 3 4, Yun Jong Lee 3 4, You-Jung Ha 5 4

Objectives: To assess the differences in clinical outcomes between patients with rheumatoid arthritis (RA) with early menopause (EM) (<45 years) and usual menopause (UM) (≥45 years) and to identify the impact of EM on longitudinal changes in RA activity and patient-reported outcomes (PROs). **Methods:** We recruited 2878 postmenopausal women with RA from the Korean Observational Study Network for Arthritis. Patients were examined at baseline and for 5 consecutive years using the Simplified Disease Activity Index (SDAI), Health Assessment Questionnaire-Disability Index (HAQ-DI) and other PROs. Generalised estimating equation (GEE) analyses were performed among patients with a baseline SDAI of >11 to evaluate the impact of EM on longitudinal changes in RA activity and PROs. **Results:** The EM group (n=437) was younger than the UM group (n=2441), but the RA duration was similar between the two groups. The EM group was more educated and more likely to be seronegative at enrolment. Moreover, the EM group demonstrated higher disease activity and worse PROs for global assessment, fatigue, sleep disturbance and health-related quality of life (HRQoL) (all p<0.05) at baseline. The GEE model revealed that EM significantly influenced the rate of SDAI change ($\beta=1.265$, p=0.004) after adjusting for age, RA duration, biologics use and SDAI at baseline. The EM group was also significantly associated with increased HAQ-DI scores and decreased EQ-5D-utility values during the 5-year follow-up period. **Conclusion:** Patients with RA and EM demonstrate higher disease activity and poorer HRQoL. EM significantly affects the longitudinal changes in disease activity and PROs in patients with RA.

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Natural history and malignant potential of simple ovarian cysts in postmenopausal women: a systematic review and meta-analysis

Ya-Na Liu, Xin Tan, Wei Xiong, Xue Dong, Jie Liu, Zhi-Lin Wang, Heng-Xi Chen

Importance: Postmenopausal ovarian masses are not uncommon, and the incidence of ovarian cancer rises sharply after menopause. **Objective:** We conducted a systematic review and meta-analysis to investigate the natural history and malignant potential of postmenopausal simple ovarian cysts. **Evidence review:** PubMed, MEDLINE, EMBASE, CENTRAL (Cochrane Central Register of Controlled Trials), ClinicalTrials.gov, and ISRCTN (International Standard Randomized Controlled Trial Number Register) were searched from inception to January 31, 2022. Meta-analyses were conducted using R software. **Findings:** Twelve cohort studies with 1,672 participants and 1,513 ovarian cysts were included. The rates of simple cysts remaining unchanged (38.90%; 95% CI, 19.79%-59.85%; P < 0.01) or disappearing (34.17%; 95% CI, 19.13%-50.93%; P < 0.01) were the highest during conservative observation. The surgery rate for the simple cyst was 19.04% (95% CI, 8.19%-32.92%; P < 0.01). The malignancy rate (including borderline tumors) was very low, approximately 1/10,000 (95% CI, 0% to 0.23%; P = 0.79). **Conclusions:** Simple ovarian cysts in postmenopausal women were most likely to remain unchanged or disappear during follow-up. The malignancy rate was approximately 1 in 10,000. Personal preference is the most common reason for surgery.

Circulation. 2023 Feb 14;147(7):597-610. doi: 10.1161/CIRCULATIONAHA.122.061559. Epub 2023 Feb 13.

Rethinking Menopausal Hormone Therapy: For Whom, What, When, and How Long?

Leslie Cho 1, Andrew M Kaunitz 2, Stephanie S Faubion 3, Sharonne N Hayes 4, Emily S Lau, Nicole Pristera, et al. Menopausal hormone therapy (HT) was widely used in the past, but with the publication of seminal primary and secondary prevention trials that reported an excess cardiovascular risk with combined estrogen-progestin, HT use declined significantly. However, over the past 20 years, much has been learned about the relationship between the timing of HT use with respect to age and time since menopause, HT route of administration, and cardiovascular disease risk. Four leading medical societies recommend HT for the treatment of menopausal women with bothersome menopausal symptoms. In this context, this review, led by the American College of Cardiology Cardiovascular Disease in Women Committee, along with leading gynecologists, women's health internists, and endocrinologists, aims to provide guidance on HT use, including the selection of patients and HT formulation with a focus on caring for symptomatic women with cardiovascular disease risk.