Selección de Resúmenes de Menopausia

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Age- and Sex-Specific Bone Structure Patterns Portend Bone Fragility in Radii and Tibiae in Relation to Osteodensitometry: A High-Resolution Peripheral Quantitative Computed Tomography Study in 385 Individuals.

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BACKGROUND: Age- and sex-specific 3D bone structure patterns in human radii and tibiae were investigated with respect to individuals' osteodensitometric status to unravel associations with site-specific fracture occurrences and underlying loading patterns. METHODS: A sample of 385 patients (121 men and 264 women, age range: 23-91 years) were investigated. The patients were classified according to dual X-ray absorptiometry T-scores in three groups: control (n = 60), osteopenia (n = 160), and osteoporosis (n = 165). Bone architecture and geometry were assessed by high-resolution peripheral quantitative computed tomography of the cortical and trabecular compartments in distal radii and tibiae. RESULTS: We found site-dependent age- and sex-related trends regarding bone architecture and geometry. Females displayed more pronounced age-related changes than males. Specifically, female radii showed both cortical and trabecular structural deterioration with aging, whereas the tibiae demonstrated exclusively cortical deterioration. The mean cortical perimeter revealed a significant age-related increase for both sexes even after adjusting for body height and weight, which suggests that periosteal expansion can be observed in both the tibia and also in the radius. Osteopenia and osteoporosis cases did not reveal higher cortical perimeters in comparison to controls. CONCLUSIONS: The tomographic assessment of bone structure further clarifies the architectural basis for increased bone fragility at distal radii and tibiae with advanced age leading to fracture predilection in females. Our findings may represent a morphological link to epidemiological data on age-dependent fracture incidences. Our data support the presence of periosteal apposition at both skeletal sites despite different loading magnitudes, and challenges the view on periosteal expansion just as a compensatory mechanism to counterbalance bone loss.

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Progesterone or progestogen-releasing intrauterine systems for heavy menstrual bleeding.

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BACKGROUND: Heavy menstrual bleeding (HMB) is an important cause of ill health in women and it accounts for 12% of all gynaecology referrals in the UK. OBJECTIVES: To determine the effectiveness, acceptability and safety of progesterone or progestogen-releasing intrauterine devices in achieving a reduction in heavy menstrual bleeding. SEARCH METHODS: All randomised controlled trials of progesterone or progestogen-releasing intrauterine devices for the treatment of heavy menstrual bleeding were obtained by electronic searches. SELECTION CRITERIA: Randomised controlled trials in women of reproductive age treated with progesterone or progestogen-releasing intrauterine devices versus no treatment, placebo, or other medical or surgical therapy for heavy menstrual bleeding were eligible for inclusion. DATA COLLECTION AND ANALYSIS: The primary outcomes were reduction in menstrual blood loss and satisfaction; in addition, rate of adverse effects, changes in quality of life, failure of treatment and withdrawal from treatment were also assessed. MAIN RESULTS: We included 21 RCTs (2082 women). Seven studies compared the levonorgestrel-releasing intrauterine (LRI) with oral medical therapy: either norethisterone acetate (NET) administered over most of the menstrual cycle, medroxyprogesterone acetate (MPA) (administered for 10 days), the oral contraceptive pill, mefenamic acid or usual medical treatment where participants could choose the oral treatment that was most suitable. The LRI was more effective at reducing HMB as measured by the alkaline haematin method (MD 66.91 mL, 95% CI 42.61 to 91.20; two studies, 170 women; I(2) = 81%, low quality evidence) or by Pictorial Bleeding Assessment Chart (PBAC) scores (MD 55.05, 95% CI 27.83 to 82.28; three studies, 335 women; I(2) = 79%, low quality evidence), improving quality of life and a greater number of women continued with their treatment at two years when compared with oral treatment. Although substantial heterogeneity was identified for the bleeding outcomes, the direction of effect consistently favoured the LNG. There was insufficient evidence to reach conclusions on satisfaction. Minor adverse effects (such as pelvic pain, breast tenderness and ovarian cysts) were more common with the LRI. Ten studies compared the LRI with endometrial destruction techniques: three with transcervical resection, one with rollerball ablation and six with thermal balloon ablation. Evidence was inconsistent and very low quality with

respect to reduction in bleeding outcomes and satisfaction was comparable between treatments (low and moderate quality evidence). Improvements in quality of life were experienced with both types of treatment. Minor adverse events were more common with the LRI overall, but it appeared more cost effective compared to thermal ablation within a two-year time frame in one study.Three studies compared the LRI with hysterectomy. The LRI was not as successful at reducing HMB as hysterectomy (high quality evidence). The women in these studies reported improved quality of life, regardless of treatment. In spite of the high rate of surgical treatment in those having LRI within 10 years, the LRI was more cost effective than hysterectomy. AUTHORS' CONCLUSIONS: LRI is more effective than oral medication as a treatment for HMB. It is associated with a greater reduction in HMB, improved quality of life and appears to be more acceptable long term but is associated with more minor adverse effects than oral therapy.When compared to endometrial ablation, it is not clear whether the LRI offers any benefits with regard to reduced HMB and satisfaction rates and quality of life measures were similar. Some minor adverse effects were more common with the LRI but it appeared to be more cost effective than endometrial ablation techniques.The LRI was less effective than hysterectomy in reducing HMB. Both treatments improved quality of life but the LRI appeared more cost effective than hysterectomy for up to 10 years after treatment.

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Possible Association between Erectile Dysfunction and Osteoporosis in Men.

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Abstract. Sexual dysfunction in general and erectile dysfunction (ED) in particular significantly affect men's quality of life. Some patients who have ED, also develop osteoporosis. So, in this study we investigated the relationship between erectile dysfunction and osteoporosis in men. 95 men with erectile dysfunction and 82 men with normal sexual function were included in the study. The men's sexual functions were evaluated by International Index of Erectile Function-5 items (IIEF-5). All men received a Dual Energy X-ray Absorptiometry (DEXA; Hologic) scan to measure bone mineral density (BMD) for osteoporosis. Chi-square test was used for statistical analysis. Mean age was 53.5 (38-69) in ED group and 50.1 (31-69) in control group. In ED group the men have lower T score levels than those of the control group. In conclusion, the men who have erectile dysfunction were at more risk for osteoporosis. The results of the present study demonstrate that the men with erectile dysfunction have low bone mineral density and they are at higher risk for osteoporosis. Because of easy and noninvasive evaluation of osteoporosis, patients with ED should be checked for bone mineral density and osteoporotic male subjects should be evaluated for ED.

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Does Surgical Menopause Affect Sexual Performance Differently from Natural Menopause?

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INTRODUCTION: Hysterectomy is the most common major gynecologic operation, together with bilateral salpingo-oophorectomy in the majority of women over the age of 45.AIM:To investigate whether surgical menopause affects female sexual performance differently from natural menopause. METHODS: The study included 121 women who had undergone surgical menopause and 122 women who had undergone natural menopause. All the women had similar economic, sociocultural, and personal demographic profiles, had been postmenopausal for at least 1 year, and were between the ages of 45 and 65. The women were asked to complete a six-question survey of sexual performance parameters (sexual desire, coital frequency, arousal, orgasm frequency, dyspareunia, and vaginal lubrication). These sexual performance parameters were compared between the surgical and natural menopause groups. RESULTS: With the exception of vaginal lubrication, sexual performance parameters were not statistically different between the two groups ($P > 0.05$). Vaginal lubrication in the surgically menopausal group was lower than in the naturally menopausal group ($P < 0.05$). Serum dehydroepiandrosterone sulphate, prolactin, and thyrotropin levels were not statistically different between the groups ($P > 0.05$), whereas serum estradiol and total testosterone levels in the surgically menopausal group were lower than those of the naturally menopausal group ($P < 0.05$). CONCLUSION: The results of this study showed that surgical menopause did not affect female sexual performance differently from natural menopause, with the exception of vaginal lubrication.

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Do calcium supplements increase serum and urine calcium levels in post-

menopausal women?

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OBJECTIVES: The frequent prescription of calcium supplements with vitamin D by health practitioners is a topic of concern globally. The present study was designed to find out whether the calcium supplements with vitamin D really affect serum and urinary calcium levels in post-menopausal women. DESIGN, SETTINGS AND PARTICIPANTS: The age-matched comparative study was performed among postmenopausal women who were already on and those who were not on calcium supplements with vitamin D for a period of time in relation to the estimation of the serum calcium and the urine calcium levels. Sixty healthy postmenopausal women were enrolled, with thirty among them forming the study group (SG) - who were on calcium supplements with vitamin D for a period of a month, three months, and up to twelve months - were studied and compared the results obtained with the age-matched control group (CG) of thirty post-menopausal women who were not on calcium supplements. MEASUREMENTS: The serum and the urinary calcium levels were estimated by using appropriate biochemical methods and the data were analysed using relevant statistical methods. RESULTS: The serum calcium levels did not vary significantly in SG in spite of consuming calcium supplements over a period of time, whereas the urinary calcium levels increased progressively (p value < 0.005) in those who have taken calcium supplements for a year compared to those who have taken for a month. CONCLUSION: Thus, the calcium supplements were of little significance on the serum calcium levels, but have a significant effect on the urinary calcium levels in post-menopausal women.

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Menopausal hormone therapy and breast cancer mortality: clinical implications.

Chlebowski RT, Anderson GL.

The Women's Health Initiative (WHI) has conducted two randomized, placebo-controlled clinical trials to evaluate the influence of menopausal hormone therapy on chronic disease risk. Estrogen plus progestin was evaluated in 16,608 postmenopausal women without prior hysterectomy during 5.6 years' intervention. In that setting, combined hormone therapy use significantly increased breast cancer incidence and interfered with breast cancer detection. The breast cancers were not limited to estrogen receptor positive, favorable prognosis cancers and were identified at more advanced stage. As a result, deaths from breast cancer were significantly increased by estrogen plus progestin use. While the absolute breast cancer risk for relatively short term (2-4 years) use of combined hormone therapy is small, on a population basis a therapy which nearly doubles deaths from breast cancer requires cautious use. Estrogen alone was evaluated in 10,739 postmenopausal women with prior hysterectomy during 7.1 years' intervention. There was an overall reduction of breast cancer incidence seen with estrogen alone use and a suggestion that the effect on risk was more pronounced in women initiating hormone therapy further from menopause. Nonetheless, women with prior hysterectomy can be assured that short duration estrogen alone use for climacteric symptom management is relatively safe. Neither estrogen plus progestin nor estrogen alone should be used for chronic disease risk reduction. The safety of duration of use on chronic disease risk longer than in the WHI clinical trials is not defined.

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The risk of fatal stroke in Finnish postmenopausal hormone therapy users before and after the Women's Health Initiative: A cohort study.

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OBJECTIVE: The Women's Health Initiative (WHI) study clarified the indications and contraindications for postmenopausal hormone therapy (HT). We studied the impact of the WHI results on the risk of fatal stroke in HT users in Finland. STUDY DESIGN: Retrospective analysis setting: Nationwide registers on postmenopausal HT use and causes of death between 1995 and 2009. POPULATION: Women ≥40 years (n=290,272) using systemic estradiol-based postmenopausal HT. METHODS: Follow-up started from the first HT purchase during the pre-WHI era (1995-2001) and post-WHI era (2002-2009). MAIN OUTCOME MEASURES: Stroke deaths in HT users were compared with that in the age-matched background population and expressed as standardized mortality ratio (SMR) with 95% confidence intervals. RESULTS: Overall, 311 HT users died due to stroke. The exposure to HT ≤1 year was associated with a similarly reduced 22% (0.67-0.91) risk of stroke death in the pre-WHI era and in the post-WHI era 27% (0.55-0.94). The risk reductions for HT exposure of 1-8 years in the pre-WHI era (47%, 0.42-0.65) did not differ from that in the post-WHI era (32%, 0.48-0.94). The discontinuation of HT was accompanied by a significant 33% (1.02-1.72) increase in stroke death risk in the pre-WHI era and a non-significant 32% (0.84-1.99) increase in the post-WHI era within the first post-treatment year, but no longer after 1-8 years. CONCLUSIONS: The change in prescribing policy after the WHI study did not affect the risk of fatal stroke in Finnish HT users.