Selección de Resúmenes de Menopausia

Semana del 1 al 7 de Abril de 2015

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Dietary patterns and breast cancer risk: a study in 2 cohorts.

Catsburg C, Kim RS, Kirsh VA, Soskolne CL, Kreiger N, Rohan TE.

BACKGROUND: Evidence for a role of dietary risk factors in the cause of breast cancer has been inconsistent. The evaluation of overall dietary patterns instead of foods in isolation may better reflect the nature of true dietary exposure in a population. OBJECTIVE: We used 2 cohort studies to identify and confirm associations between dietary patterns and breast cancer risk. DESIGN: Dietary patterns were derived by using a principal components factor analysis in 1097 breast cancer cases and an age-stratified subcohort of 3320 women sampled from 39,532 female participants in the Canadian Study of Diet, Lifestyle and Health (CSDLH). We conducted a confirmatory factor analysis in 49,410 subjects in the National Breast Screening Study (NBSS) in whom 3659 cases of incident breast cancer developed. Cox regression models were used to estimate HRs for the association between derived dietary factors and risk of breast cancer in both cohorts. RESULTS: The following 3 dietary factors were identified from the CSDLH: healthy, ethnic, and meat and potatoes. In the CSDLH, the healthy dietary pattern was associated with reduced risk of breast cancer (HR for high compared with low quintiles: 0.73; 95% CI: 0.58, 0.91; P-trend = 0.001), and the meat and potatoes dietary pattern was associated with increased risk in postmenopausal women only (HR for high compared with low quintiles: 1.26; 95% CI: 0.92, 1.73; P-trend = 0.043). In the NBSS, the association between the meat and potatoes pattern and postmenopausalbreast cancer risk was confirmed (HR: 1.31; 95% CI: 0.98, 1.76; P-trend = 0.043), but there was no association between the healthy pattern and risk of breast cancer. CONCLUSION: Adherence to a plant-based diet that limits red meat intake may be associated with reduced risk of breast cancer, particularly inpostmenopausal women.

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Fitness and bone density in women: the role of age, weight, calcium, vitamin d, and menopause.

Hansen BM, Tucker LA.

AIM: The purpose of the present study was to evaluate the relationship between manifold measures of fitness and bone mineral density (BMD) of the hip and spine in 233 middle--aged women. An additional objective was to determine the effect of several potential confounding variables, including age, body weight, calcium consumption, vitamin D intake, and menopause status on the relationships between fitness and BMD. METHODS: A cross--sectional design was used. Fitness was indexed using multiple variables: bench press, sit--ups, best jump, VO 2 max, and Total Fitness. Total Fitness was indexed using the mean Z--score of the other fitness tests. Hip and spine BMD were assessed using dual energy X--ray absorptiometry. RESULTS: The associations between hip BMD and bench press (F=5.3, P=0.0219), sit--ups (F=7.5, P=0.0065), best jump (F=11.6, P=0.0008), VO 2 max (F=9.3, P=0.00251), and Total Fitness (F=16.1, P=<0.0001) were statistically significant. Relationships between spine BMD and four of the dimensions of fitness were significant: bench press (F=9.4, P=0.0025), sit--up (F=11.7, P=0.0007), best jump (F=6.9, P=0.0093), and the composite fitness score (F=13.4, P=0.0003). VO 2 max was not predictive of spine BMD (F=2.0, P=0.1610). Age had the strongest confounding effect on the hip BMD associations, whereas menopause status had the strongest influence on the spine BMD relationships. CONCLUSION: In conclusion, findings suggest that objectively measured fitness is a strong predictor of differences in BMD of the hip and spine in middle--aged women, before and after adjusting for differences in several potential confounding variables.

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The risks and benefits of calcium supplementation.

Shin CS, Kim KM.

The association between calcium supplementation and adverse cardiovascular events has recently become a topic of debate due to the publication of two epidemiological studies and one meta-analysis of randomized controlled clinical trials. The reports indicate that there is a significant increase in adverse cardiovascular events following supplementation with calcium; however, a number of experts have raised several issues with these reports such as inconsistencies in attempts to reproduce the findings in other populations and questions concerning the validity of the data due to low compliance, biases in case ascertainment, and/or a lack of adjustment. Additionally, the Auckland Calcium Study, the Women's Health Initiative, and many other studies included in the meta-analysis obtained data from calcium-replete subjects and it is not clear whether the same risk profile would be observed in populations with low calcium intakes. Dietary calcium intake varies widely throughout the world and it is especially low in East Asia, although the risk of cardiovascular events is less prominent in this region. Therefore, clarification is necessary regarding the occurrence of adverse cardiovascular events following calcium supplementation and whether this relationship can be generalized to populations with low calcium intakes. Additionally, the skeletal benefits from calcium supplementation are greater in subjects with low calcium intakes and, therefore, the risk-benefit ratio of calcium supplementation is likely to differ based on the dietary calcium intake and risks of osteoporosis and cardiovascular diseases of various populations. Further studies investigating the risk-benefit profiles of calcium supplementation in various populations are required to develop population-specific guidelines for individuals of different genders, ages, ethnicities, and risk profiles around the world.

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Antioxidant status in peri- and postmenopausal women.

Kolesnikova L, Semenova N, Madaeva I, Suturina L, Solodova E, Grebenkina L, Darenskaya M.

Menopause is a risk factor for oxidative stress. The aim of our study is to assess antioxidant system parameters (α-tocopherol, retinol, reduced glutathione, total antioxidant activity) in peri- and postmenopausal women. The antioxidant defense activity by estimation of total antioxidant activity, α-tocopherol, retinol, oxidized and reduced glutathione levels was studied in women of reproductive age (n=37), in perimenopausal (n=41) and postmenopausal women (n=41). In our study we used spectrofluorofotometer methods. Statistical analysis was performed by non-parametric tests with $p<0.05$ as the level of significance. The results of our study showed the decrease of α-tocopherol and retinol concentrations and the increase of oxidized glutathione level in blood serum both in perimenopausal and postmenopausal women, the total antioxidant activity of blood serum was decreased in postmenopausal women only. The results of our study demonstrate that decrease of antioxidant defense system resources depends on the menopausal phase.

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The risk of osteoporosis in patients with liver cirrhosis: a meta-analysis of literature studies.

Lupoli R, Di Minno A, Spadarella G, Ambrosino P, Panico A, Tarantino L, Lupoli G, Lupoli G, Di Minno MN.

OBJECTIVE: Data about the association between cirrhosis and osteoporosis are contrasting. Thus, we have performed a meta-analysis of literature studies on this topic. DESIGN: MEDLINE, Cochrane library, EMBASE, Scopus and Web of Science databases have been searched to retrieve all articles of interest. Studies on patients with liver cirrhosis screened for the presence of osteoporosis were included. Data on prevalence of osteoporosis, bone mineral density (BMD) and bone turnover laboratory parameters were compared among cirrhotic patients and control subjects without cirrhosis. RESULTS: Six case-control studies (372 cirrhotic patients and 1,579 controls) were included. The prevalence of osteoporosis was higher in cirrhotic patients than in controls (34.7% vs 12.8%, OR: 2.52, 95%CI: 1.11, 5.69; P=0.03, I2 =81%; P=0.005). Accordingly, a reduced lumbar spine BMD (MD: -0.13, 95%CI: -0.24, -0.02; P=0.02, I2 =93%; P<0.00001) and z-score (MD: -1.06, 95%CI: -1.79, -0.34; P=0.004, I2 =95%; P<0.00001) were found in cirrhotic patients as compared with controls. In contrast, no significant differences were reported in femoral neck BMD and z-score. Interestingly, bone turnover laboratory parameters widely confirmed these results showing higher levels of ALP and D-Pyr, accompanied by reduced levels of IGF-1, PTH and 25-OH-D in cirrhotic patients as compared with controls. CONCLUSIONS: Despite the high heterogeneity among studies, data showed an increased prevalence of osteoporosis in patients with cirrhosis. This information suggests the need of an accurate screening of bone mineral density in patients with liver cirrhosis in order to plan an adequate osteoporosis management.

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A Commentary on a recent update of the ovarian cancer risk attributable to menopausal hormone therapy.

Gompel A, Burger H.

The incidence of ovarian cancer is tenfold lower than that of breast cancer. The goal of the recently published meta-analysis by Beral and colleagues, using 'individual participant datasets from 52 epidemiological studies', was to provide an updated assessment of the effect of menopausal hormone therapy (MHT) on ovarian cancer risk. The relative risk generated from the cited prospective studies was significantly increased but the relative risk from the retrospective studies was not. This is quite unusual since retrospective studies usually display higher levels of relative risk. No further increase was observed with increasing duration. Moreover, a number of the studies could not be adjusted for important ovarian cancer risk factors. From the meta-analysis, it can be calculated that the absolute excess risk of 5 years of MHT for a 50-year-old UK woman is 1 in 10 000 per year, indicating a very low risk. We conclude that this meta-analysis mostly reflects the previously published data from the Million Women Study, from which the majority of this new publication is derived.