Selección de Resúmenes de Menopausia

Semana del 4 al 10 de Marzo de 2015

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Are Members of Long-Lived Families Healthier Than Their Equally Long-Lived Peers? Evidence From the Long Life Family Study.

Ash AS, Kroll-Desrosiers AR, Hoaglin DC, Christensen K, Fang H, Perls TT.

BACKGROUND: The Long Life Family Study (LLFS) is a multicenter longitudinal study of exceptional survival among members of long-lived sibships (probands), their offspring, and spouses of either group. For these four "roles", we asked: Does membership in a long-lived family protect against disease? METHODS: We used 2008-2010 Beneficiary Annual Summary Files from the Centers for Medicare & Medicaid Services (CMS) to compare prevalences of 17 conditions among 781 LLFS participants in Medicare with those of 3,227 non-LLFS matches from the general Medicare population. Analyses accounted for nesting within LLFS families. RESULTS: Seven conditions were significantly less common among LLFS probands than their matches: Alzheimer's, hip fracture, diabetes, depression, prostate cancer, heart failure, and chronic kidney disease. Four diseases not strongly linked to mortality (arthritis, cataract, osteoporosis, glaucoma) were significantly more common for LLFS probands. Despite fewer people and less disease in those roles, LLFS offspring and LLFS spouses of either generation also had significantly lower risk for Alzheimer's, diabetes, and heart failure. CONCLUSIONS: Common, severe mortality-associated diseases are less prevalent among LLFS probands and their offspring than in the general population of aging Americans. Quality-of-life-limiting diseases such as arthritis and cataract are more prevalent, potentially through more diagnosing of milder forms in otherwise healthy and active individuals. LLFS spouses are also relatively healthy. As the younger cohorts age into Medicare and develop more conditions, it will be important to see whether these tentative findings strengthen.

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Reproductive factors, exogenous hormone use and risk of hepatocellular carcinoma among US women: results from the Liver Cancer Pooling Project.

McGlynn KA, Sahasrabuddhe VV, Campbell PT, Graubard BI, Chen J1, Schwartz LM, Petrick JL, Alavanja MC, Andreotti G, Boggs DA, Buring JE, Chan AT, Freedman ND, Gapstur SM, Hollenbeck AR, Hou L, King LY, Koshiol J, Linet M, Palmer JR, Poynter JN, Purdue M, Robien K, Schairer C, Sesso HD, Sigurdson A, Wactawski-Wende J, Zeleniuch-Jacquotte A.

Background:Hepatocellular carcinoma (HCC) occurs less commonly among women than men in almost all regions of the world. The disparity in risk is particularly notable prior to menopause suggesting that hormonal exposures during reproductive life may be protective. Exogenous oestrogenic exposures such as oral contraceptives (OCs), however, have been reported to increase risk, suggesting that estrogens may be hepatocarcinogenic. To examine the effects of reproductive factors and exogenous hormones on risk, we conducted a prospective analysis among a large group of US women.Methods:In the Liver Cancer Pooling Project, a consortium of US-based cohort studies, data from 799 500 women in 11 cohorts were pooled and harmonised. Cox proportional hazards regression models were used to generate hazard ratios (HRs) and 95% confidence intervals (CIs) for the associations of reproductive factors and exogenous hormones with HCC (n=248).Results:Bilateral oophorectomy was associated with a significantly increased risk of HCC (HR=2.67, 95% CI=1.22-5.85), which did not appear to be related to a shorter duration of exposure to endogenous hormones or to menopausal hormone therapy use. There was no association between OC use and HCC (HR=1.12, 95% CI=0.82-1.55). Nor were there associations with parity, age at first birth, age at natural menopause, or duration of fertility.Conclusions:The current study suggests that bilateral

oophorectomy increases the risk of HCC but the explanation for the association is unclear. There was no association between OC use and HCC risk. Examination of endogenous hormone levels in relation to HCC may help to clarify the findings of the current study.

J Clin Diagn Res. 2015 Jan;9(1):QC05-8. doi: 10.7860/JCDR/2015/11287.5418. Epub 2015 Jan 1.

Using Wood's Light as a Diagnostic Tool for Vaginal Atrophy.

Ulubay M, Ozturk M, Fidan U, Keskin U, Alanbay I, Karaca R.

INTRODUCTION: Wood's light lamp is a device that emits ultraviolet (UV) light and is a useful diagnostic tool for dermatologic disorders. The change in the thickness of vaginal mucosa, in vaginal atrophy, causes a change in its colour under Wood's light. We wanted to assess the feasibility of Wood's light (WL) as a diagnostic tool for vaginal atrophy. MATERIALS AND METHODS: The study was conducted at the Department of Obstetrics and Gynaecology from 1 March 2013 to 1 September 2014. We evaluated 45 healthy postmenopausal women with atrophic vaginitis (study group) and 45 healthy, reproductive-aged women as a control group. All patients underwent WL and routine gynaecological examinations for this study. RESULTS: Ninety patients were selected for this study: 45 postmenopausal women suffering atrophic vaginitis symptoms like vaginal dryness, dyspareunia, vulvar pruritus, and signs like pale, smooth, dry, fragile vaginal epithelium, areas of petechiae, and rash, and 45 healthy reproductive-aged women without vaginal atrophy. Thirty-six of the postmenopausal women's vaginal mucosa appeared pale royal green under WL indicative of vaginal atrophy. Thirty-nine of reproductive-aged women's (n: 45) vaginal mucosa were not visualized as pale royal green fluorescent images under the WL.CONCLUSION: Using Wood's light to diagnose vaginal atrophy is a new use for the old device and may be a reliable, and cheap tool for diagnosing vaginal atrophy. Diagnostic accuracy and cost-effectiveness of Wood's light will be better optimized in further trials.

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Statins and breast cancer stage and mortality in the Women's Health Initiative.

Desai P, Lehman A, Chlebowski RT, Kwan ML, Arun M, Manson JE, Lavasani S, Wasswertheil-Smoller S, Sarto GE, LeBoff M, Cauley J, Cote M, Beebe-Dimmer J, Jay A, Simon MS.

PURPOSE: To evaluate the association between statins and breast cancer stage and mortality in the Women's Health Initiative. METHODS: The study population included 128,675 postmenopausal women aged 50-79 years, out of which there were 7,883 newly diagnosed cases of in situ (19 %), local (61 %)-, regional (19 %)- and distant (1 %)-stage breast cancer and 401 deaths due to breast cancer after an average of 11.5 (SD = 3.7) years of follow-up. Stage was coded using SEER criteria and was stratified into early (in situ and local)- versus late (regional and distant)-stage disease. Information on statins and other risk factors were collected by self- and interviewer-administered questionnaires. Cause of death was based on medical record review. Multivariable-adjusted hazards ratios (HR) and 95 % confidence intervals (CIs) evaluating the relationship between statin use (at baseline only and in a time-dependent manner) and diagnosis of late-stage breast cancer and breast cancer-specific mortality were computed from Cox proportional hazards analyses after adjusting for appropriate confounders. RESULTS:Statins were used by 10,474 women (8 %) at baseline. In the multivariable-adjusted time-dependent model, use of lipophilic statins was associated with a reduction in diagnosis of late-stage breast cancer (HR 0.80, 95 % CI 0.64-0.98, p = 0.035) which was also significant among women with estrogen receptor-positive disease (HR 0.72, 95 % CI 0.56-0.93, p = 0.012). Breast cancer mortality was marginally lower in statin users compared with nonusers (HR 0.59, 95 % CI 0.32-1.06, p = 0.075). CONCLUSIONS: Prior statin use is associated with lower breast cancer stage at diagnosis.

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Advances in pharmacotherapy for treating female sexual dysfunction.

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Introduction: 'Female sexual dysfunction' (FSD) is an umbrella term comprising a range of common disorders, including hypoactive sexual desire, reduced subjective and/or physical genital arousal (poor sensation, vasocongestion, lubrication), sexual pain and inability to achieve orgasm/satisfaction, which are multidimensional by nature and often coexisting. Psychological and contextual factors have a significant influence on organic components of sexual response and behavior and a tailored medical approach to sexual symptoms is inevitably limited. Areas covered: The paper reports the most recent advances in pharmacotherapy for women taking into account the biopsychosocial model. Hormone therapy, including estrogens, testosterone, tibolone and dehydroepiandrosterone, are discussed in term of efficacy and safety in postmenopausal women both for female sexual interest/arousal disorder (FSIAD) and genito-pelvic pain/penetration disorder. Ospemifene, a selective estrogen receptor modulator, approved to treat dyspareunia at menopause, is also discussed. Data on psychoactive agents for treatment of FSIAD in premenopausal women are discussed, including the potential use of on-demand combined hormonal (testosterone) and non-hormonal (buspirone or sildenafil) treatments to address possible neurophysiological profiles of women. Expert opinion: We are still waiting for an approved pharmacotherapy for FSD. This is not the result of gender inequality in sexual medicine, but it reflects the need of balancing benefits and risks in order to provide effective and safe treatments to women of any age.