Selección de Resúmenes de Menopausia

Semana del 14 al 20 de junio de 2017

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Does the Severity of Overactive Bladder Symptoms Correlate With Risk for Female Sexual Dysfunction?

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BACKGROUND: Several studies have associated overactive bladder (OAB) with female sexual dysfunction (FSD); however, there are no reports using a quantitative approach to measure OAB severity and to relate OAB to the risk of FSD. AIM: To evaluate women with OAB and to correlate the severity of their urinary symptoms with their sexual function. METHODS: This cross-sectional study included 267 women older than 18 years with untreated OAB. All subjects completed the International Consultation on Incontinence Questionnaire Overactive Bladder (ICIQ-OAB) and the Female Sexual Function Index (FSFI). OUTCOMES: Linear regression was used to analyze the association between variables and the numeric FSFI score, and categorical FSFI scores were analyzed using logistic regression. Spearman rank correlation coefficient was used to assess the correlation between ICIQ-OAB results and the different FSFI domains. The significance level was 5%. RESULTS: Subjects' mean age was 50.2 ± 11.9 years. Most women were married, had at least three children, and were postmenopausal (54.3%). Mean FSFI total score was 19.2 ± 9.8. For menopausal status, 65.6% of premenopausal women had a risk for FSD vs 86.2% of postmenopausal women. Mean ICIQ-OAB score was 10 ± 3.17. Postmenopausal women had the following risk factors statistically associated with sexual dysfunction: age, ICIQ score, and marital status. For these women, greater OAB severity, especially those with urgency and/or urge incontinence, was associated with worse scores in the arousal, lubrication, orgasm, and sexual pain domains. However, there was no statistically significant association for premenopausal women. CLINICAL IMPLICATIONS: Health professionals have to pay attention to OAB in women because of the greater risk for FSD in these patients. STRENGTHS AND LIMITATIONS: The strength was using a quantitative approach to measure OAB severity in a larger population. Limitations include a convenience sample with no power calculation; exclusion of women who did not have sexual intercourse in the past month; unmeasured distress caused by sexual disorders; and the impossibility of establishing causality between OAB and sexual dysfunction. CONCLUSION: Women with OAB frequently have a risk for sexual dysfunction. In the postmenopausal group, women with scores indicating severe OAB had worse sexual function, mainly in the arousal, lubrication, orgasm, pain, and total domains.

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The Effect of Transdermal Estrogen Patch Use on Cardiovascular Outcomes: A Systematic Review.

Bezwada P, Shaikh A, Misra D.

BACKGROUND: Vasomotor symptoms are the most commonly reported menopausal symptoms. Hormone therapy has been widely used to relieve postmenopausal symptoms. With studies suggesting an increased risk of cardiovascular events and breast cancer with oral hormone therapy use, there has been reluctance to use it. The transdermal estrogen patch provides relief from menopausal symptoms. However, there are limited data on mortality and cardiovascular outcomes, while on the transdermal estrogen patch. METHODS: An extensive search in Cochrane and PubMed databases was conducted up to February 2016. The selection criteria included healthy, peri-, and postmenopausal women between the ages of 50 and 79 and should have received transdermal estrogen therapy. The relationship between estrogen patch use and cardiovascular outcomes was analyzed. Six articles met the criteria and were included. RESULTS: We found some evidence suggestive of protective cardiovascular effects with transdermal estrogen therapy with a decrease in the risk of stroke and no increase in the risk of coronary heart disease, death, or myocardial infarction. DISCUSSION: This is one of the first systematic reviews addressing the association of transdermal estrogen patch use on cardiovascular outcomes. We found some evidence suggestive of a possible protective cardiovascular effect with transdermal estrogen therapy. Further randomized controlled studies are needed with a longer duration of follow-up, to study the cardiovascular effects of transdermal estrogen patches.

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Androgen supplementation improves some but not all aspects of immune senescence in aged male macaques.

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Aging leads to a progressive decline in immune function commonly referred to as immune senescence, which results in increased incidence and severity of infection. In addition, older males experience a significant disruption in their levels of circulating androgens, notably testosterone and dehydroepiandrosterone (DHEA), which has been linked to sarcopenia, osteoporosis, cardiovascular disease, and diabetes. Since sex steroid levels modulate immune function, it is possible that the age-related decline in androgen levels can also affect immune senescence. Therefore, in this study, we evaluated the pleiotropic effects of physiological androgen supplementation in aged male rhesus macaques (n = 7/group) on immune cell subset frequency and response to vaccination. As expected, frequency of naïve CD4 and CD8 T cells declined in aged non-treated macaques, while that of memory T cells increased. In contrast, frequency of naïve and memory T cells remained stable in androgen-supplemented males. In addition, levels of inflammatory cytokines increased less steeply in supplemented aged males compared to the aged controls. Despite these changes, androgen-supplemented animals only showed modest improvement in antibody responses following vaccination compared to age non-treated controls. These data indicate that short-term physiological androgen supplementation can improve some but not all aspects of immune senescence.

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Oestrogen Inhibits Arterial Calcification by Promoting Autophagy.

Peng YQ, Xiong D, Lin X, Cui RR, Xu F, Zhong JY, Zhu T, Wu F, Mao MZ, Liao XB, Yuan LQ.

Arterial calcification is a major complication of cardiovascular disease. Oestrogen replacement therapy in postmenopausal women is associated with lower levels of coronary artery calcification, but its mechanism of action remains unclear. Here, we show that oestrogen inhibits the osteoblastic differentiation of vascular smooth muscle cells (VSMCs) in vitro and arterial calcification in vivo by promoting autophagy. Through electron microscopy, GFP-LC3 redistribution, and immunofluorescence analyses as well as measurement of the expression of the autophagosome marker light-chain I/II (LC3I/II) and autophagy protein 5 (Atg5), we show that autophagy is increased in VSMCs by oestrogen in vitro and in vivo. The inhibitory effect of oestrogen on arterial calcification was counteracted by 3-methyladenine (3MA) or knockdown of Atg5 and was increased by rapamycin. Furthermore, the inhibitory effect of oestrogen on arterial calcification and the degree of autophagy induced by oestrogen were blocked by a nonselective oestrogen receptor (ER) antagonist (ICI 182780), a selective oestrogen receptor alpha (ERα) antagonist (MPP), and ERα-specific siRNA. Our data indicate that oestrogen inhibits the osteoblastic differentiation of VSMCs by promoting autophagy through the ERα signalling pathway in vitro and arterial calcification in vivo by increasing autophagy. Our findings provide new insights into the mechanism by which oestrogen contributes to vascular calcification in vitro and in vivo.

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Anti-Müllerian hormone, follicle stimulating hormone, antral follicle count, and risk of menopause within 5 years.

Kim C, Slaughter JC, Wang ET, Appiah D, Schreiner P, Leader B, Calderon-Margalit R, Sternfeld B, et al.

OBJECTIVE: To evaluate the ability of concentration of anti-Müllerian hormone (AMH), antral follicle count (AFC), and concentration of follicle stimulating hormone (FSH) to predict the onset of menopause. STUDY DESIGN: The Coronary Artery Risk Development in Young Adults Study (CARDIA) Women's Study was an ancillary study to CARDIA, a population-based study of adults aged 18-30 years followed for 3 decades. For this report, participants were women (n=426) who had attended the CARDIA year 15-16 (2000-2001) examination, had at least one ovary, were not pregnant, and underwent serum AMH and FSH measurement and transvaginal ultrasonography in 2002-2003. MAIN OUTCOME MEASURES: The probability of menopause in 5 years based upon AMH, FSH, and AFC. RESULTS: The mean age of the women at the time of AMH, FSH, and AFC assessment was 43 years. The cumulative incidence of menopause at 25 years (or follow-up) was 27% (n=426), and the incidence within 5 years was 13% (n=55). Among women aged 45-49 years, undetectable AMH concentrations were associated with a greater than 60% probability of menopause within 5 years, whereas approximately 1/3 of women with no or just one antral follicle experienced menopause within 5 years. Both low and high concentrations of FSH were associated with greater odds

of menopause than intermediate concentrations. Models with multiple markers did not improve the prediction of menopause over that afforded by models with single markers. CONCLUSION: The ability to predict onset of menopause was improved with any of the three menopausal markers in addition to age. AMH concentrations were more closely associated with menopause than AFC or FSH.

Aust Fam Physician. 2017 Jun;46(6):368-370.

Obesity and weight management at menopause.

Proietto J.

BACKGROUND: Many women report gaining weight as they transition through menopause. For most, the weight gain is modest and can be reduced with a conscious effort to limit energy intake and increase energy expenditure. However, many women who are already overweight and obese will gain more weight as they approach menopause. OBJECTIVE: The aims of this paper are to explain the reasons for menopausal weight gain and to detail a method for achieving and sustaining a substantial weight loss. DISCUSSION: Weight gain during menopause is predominantly due to a reduction in spontaneous activity. For women who are lean, advice about controlling energy intake and increasing physical activity may be all that is required to prevent weight gain. For women who are overweight and obese rapid weight loss is best achieved with the help of a very low energy diet. This must be followed by lifelong behaviour modification with or without the help of hunger-suppressing pharmacotherapy.

Menopause. 2017 Jun 12. doi: 10.1097/GME.0000000000000924. [Epub ahead of print]

Evaluation of depressive symptoms in mid-aged women: report of a multicenter South American study.

Salazar-Pousada D1, Monterrosa-Castro A, Ojeda E, Sánchez SC, Morales-Luna IF, Pérez-López FR, et al.

OBJECTIVE: To evaluate depressive symptoms and related factors among mid-aged women using the 10-item Center for Epidemiologic Studies Depression Scale (CESD-10). METHODS: This was a cross-sectional multicenter study in which women aged 40 to 65 from various South American countries were surveyed with the CESD-10 and a general questionnaire containing personal and partner data. RESULTS: In all, 864 women were interviewed from Colombia (Afro-Colombian, n=215), Ecuador (Mestizo, n=202), Perú (Quechua at high altitude, n=231), and Paraguay (Mestizo, n=216). Mean age of the whole sample was 49.1±6.0 years. Although the rate of postmenopausal status was similar among studied sites, differences were observed in relation to age, parity, hormone therapy use, hot flush rate, sedentary lifestyle, chronic medical conditions, habits, and partner aspects. Median total CESD-10 score for all sites was 7.0, with a 36.0% (n=311) having scores equal to 10 or more (suggestive of depressed mood). Higher scores were observed for Afro-Colombian and Quechua women, and also for postmenopausal and perimenopausal ones. Multivariate linear regression analysis found that depressed mood (higher CESD-10 total scores) was significantly associated with ethnicity (Afro-Colombian), hot flush severity, hormone therapy use, sedentary lifestyle, postmenopause, perceived unhealthy status, and lower education. Higher monthly coital frequency and having a healthy partner without premature ejaculation was related to lower scores, hence less depressed mood. CONCLUSION: In this mid-aged female South American sample, depressive symptoms correlated to menopausal status and related aspects, ethnicity, and personal and partner issues. All these features require further research.

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The effect of different progestogens on sleep in postmenopausal women: a randomized trial.

Leeaunkulsathean E, Pantasri T, Chaovisitseree S, Morakot N.

BACKGROUND: While progesterone affects sleep, different types of it might affect sleep differently. METHODS: One hundred Thai women, who complained of insomnia, visited the Menopause Clinic at Maharaj Nakorn Chiang Mai Hospital, Chiang Mai, Thailand from February 2014 to March 2015, and were divided randomly into two groups. Both groups received daily hormonal treatment that included estradiol valerate (progynova) at 1 mg. The first group also received dydrogesterone (duphaston®) at 10 mg and the second group micronized progesterone (utrogestran®) at 100 mg. The clinical symptoms and Pittsburgh Sleep Quality Index (PSQI) were recorded for three consecutive months after treatment. RESULTS: Sleep quality improved in both groups (10.52 ± 4.27 to 4.91 ± 3.15 in the dydrogesterone group and 10.16 ± 3.60 to 6.27 ± 3.04 in the micronized progesterone group, p value 0.08). Women in the micronized

progesterone group had fewer overall side effects than those in the dydrogesterone group. CONCLUSION: Sleep quality of peri-postmenopausal women with insomnia improved dramatically after the first month of hormonal treatment. However, more participating patients are necessary to ascertain the differences in sleep quality from dydrogesterone and micronized progesterone treatment.

Breast Cancer. 2017 Jun 10. doi: 10.1007/s12282-017-0789-5. [Epub ahead of print]

Hormone replacement therapy and breast cancer survival: a systematic review and meta-analysis of observational studies.

Yu X, Zhou S, Wang J, Zhang Q, Hou J, Zhu L, He Y, Zhao J, Zhong S.

Previous studies on the association between hormone replacement therapy (HRT) and breast cancer survival have yielded mixed results. We aimed to perform a meta-analysis to assess the association with all available studies. Relevant studies were identified by searching PubMed and EMBASE to April 2017. We calculated the summary hazard ratios (HRs) and 95% confidence intervals (CIs) using random-effects models. The dose-response relationship was assessed by random-effects meta-analysis and dose-response meta-regression models. Forty cohort studies and two case-control studies involving 1,756,833 participants were included. The results showed that prediagnosis HRT use was associated with decreased risk of dying from breast cancer (HR = 0.88, 95% CI 0.81-0.97) or any cause (HR = 0.79, 95% CI 0.69-0.90). Postdiagnosis HRT use also showed a beneficial effect on breast cancer survival. In the subgroup analyses, we found that patients who were current users at diagnosis or who received combined hormone therapy before diagnosis seemed to show more benefit from HRT use. In dose-response analysis, we observed a linear relationship between prediagnosis HRT and breast cancer-specific mortality and a 1-year increment in duration of exposure to HRT conferred an HR of 0.99 (95% CI 0.98-1.00) for death from breast cancer. In conclusion, the average effect of HRT use seems not harmful to breast cancer survival. Nevertheless, this effect of HRT use is needed for further assessment.