Selección de Resúmenes de Menopausia

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Postmenopausal exogenous hormone therapy and Melanoma risk in women: A systematic review and time-response meta-analysis

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A favourable option to management symptoms during menopausal transition is menopausal hormone therapy (MHT) but relation among MHT and risk of melanoma is controversial. This study aims to identify, analyse and present the evidence surrounding post-menopausal exogenous hormone therapy and the risk for melanoma in women. A systematic searches of database was conducted in PubMed/MEDLINE, Scopus, and Cochrane without time, region, and language restrictions from inception to April 2020. The DerSimonian and Laird random-effects model was used to estimate combined risk ratio (RR) and 95% confidence intervals (CI). Subgroup analysis and time-response analysis was conducted based on the formulation of used hormone and length of hormone therapy. Combined results from fourteen studies that containing 19 arms with 1,164,077 participants which 4273 of them had melanoma cancer showed increase risk of melanoma in the hormone-treated versus control group 1.14 (95% CI 1.05-1.24, I2: 21%). The stronger and significant relationship between MHT and risk of melanoma was in participants who used oestrogen formulation (RR 1.32, 95% CI 1.17-1.49, I2 = 0%). Moreover, a significant non-linear time-response relation between MHT and melanoma was also in initial three years of MHT (Coef1 = 0.2423, p1 < 0.01). This study reveals a significant direct relationship between the MHT and risk of melanoma in postmenopausal women.

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Hand grip strength in predicting the risk of osteoporosis in Asian adults

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Introduction: There is a need for a cost-effective method to identify individuals with a high risk of osteoporosis. This study aimed to investigate the suitability of hand grip strength in predicting the risk of osteoporosis in Asian adults. Materials and methods: In this cross-sectional, hospital-based study of 1007 participants, the bone mineral density of the spine and hips was evaluated using dual-energy X-ray absorptiometry according to the 2019 International Society for Clinical Densitometry official positions. Bone microarchitecture was evaluated using the trabecular bone score, and hand grip strength was measured in the dominant hand using a hand digital dynamometer. Results: Hand grip strength was significantly related to bone density and bone microarchitecture. Moreover, hand grip strength was a significant predictor of osteoporosis in both women and men. For osteoporosis prediction in women, a threshold of 21.9 kg of hand grip strength had a sensitivity of 59%, specificity of 59%, and area under the curve (AUC) of 0.61. In men, a threshold of 28.7 kg had a sensitivity of 66%, specificity of 78%, and AUC of 0.75. The optimal cutoff strengths for osteoporosis depended on age and sex. Conclusion: The measurement of hand grip strength is a simple, cost-effective and an easy assessment method for identifying individuals at a high risk of osteoporosis. The cutoff strength for evaluating osteoporosis in adults is age and sex specific.

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Lessons from KEEPS: the Kronos Early Estrogen Prevention Study

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The Kronos Early Estrogen Prevention Study (KEEPS) was a randomized, double-blind, placebo-controlled trial designed to determine the effects of hormone treatments (menopausal hormone treatments [MHTs]) on the progression of carotid intima-medial thickness (CIMT) in recently menopausal women. Participants less than 3 years from menopause and without a history of overt cardiovascular disease (CVD), defined as no clinical CVD events and coronary artery calcium < 50 Agatston units, received either oral conjugated equine estrogens (0.45 mg/day) or transdermal 17β-estradiol (50 µg/day), both with progesterone (200 mg/day for 12 days/month), or placebo pills and patches for 4 years. Although MHT did not decrease the age-related increase in CIMT, KEEPS provided other important insights about MHT effects. Both MHTs versus placebo reduced the severity of menopausal symptoms and

maintained bone density, but differed in efficacy regarding mood/anxiety, sleep, sexual function, and deposition of β-amyloid in the brain. Additionally, genetic variants in enzymes for metabolism and uptake of estrogen affected the efficacy of MHT for some aspects of symptom relief. KEEPS provides important information for use of MHT in clinical practice, including type, dose, and mode of delivery of MHT recently after menopause, and how genetic variants in hormone metabolism may affect MHT efficacy on specific outcomes.

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Meta-analysis for the effect of hormone replacement therapy on survival rate in female with lung cancer

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Objectives: The effects of hormone replacement therapy on the survival rate of female lung cancer patients are still controversial. The Meta-analysis aims to systematically evaluate the effect of hormone replacement therapy on the survival rate of female lung cancer patients. Methods: Retrospective studies regarding the effect of hormone replacement therapy on female lung cancer patients' survival rate were searched from the database of Embase, Cochrane, Pubmed, CNKI, Wanfang, and Weipu. The Meta-analysis was conducted with Stata 12.0 software. I2 test was used to analyze the heterogeneity among included studies. The analysis was conducted by randomized model. Egger's test and Begg's test were used to assess the publication bias. Results: Five retrospective studies were included, involving 2 582 female patients with lung cancer. There were 1 054 cases of female lung cancer with hormone replacement therapy and 1 528 cases of female lung cancer without hormone replacement therapy. No publication bias was observed among these studies. The sensitivity analysis result showed that the overall results were stable. Meta-analysis showed that compared with patients without hormone replacement therapy, patients with hormone replacement therapy had an increased survival time for 5 years (ES=0.346; 95% CI 0.216 to 0.476; P<0.001). Conclusions: Hormone replacement therapy improves 5-year survival in female lung cancer patients. Female lung cancer patients with menopausal syndrome can use hormone replacement therapy properly under their doctors' suggestion.

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Investigating the potential underdiagnosis of primary hyperparathyroidism at the University of Arkansas for Medical Sciences

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Introduction: Primary hyperparathyroidism (PHPT) is a condition in which one or more parathyroid glands secrete excess amounts of parathyroid hormone (PTH). In short, PHPT is characterized by hypercalcemia/hypercalciuria with concurrent elevated PTH levels. This condition is known to increase the risk of cardiovascular disease, osteoporosis, psychiatric disturbances, and renal complications. As of now, the disease typically runs a long course before being identified and treated. At present, surgery is the only viable treatment option for patients with this disease. Publications from other tertiary centers have identified a large-scale underdiagnosis of PHPT. The aim of this study is to determine if similar trends exist at the University of Arkansas for Medical Sciences (UAMS). Moreover, this study was seen as a first step to developing a machine learning strategy to diagnose PHPT in large clinical data sets. Methods: To evaluate for potential underdiagnosis of PHPT at UAMS, all patients from 2006 to 2018 with hypercalcemia and/or hypercalciuria (excluding those with known malignancies or other possible causes of excess serum calcium) were identified in electronic medical records. Then, it was evaluated whether these hypercalcemic/hypercalciuric patients received subsequent measurement of PTH levels necessary to confirm the diagnosis of HPT. Results: At UAMS between 2006 and 2018, 28 831 patients were identified as having hypercalcemia and/or hypercalciuria. Of these patients, only 7984 ever had subsequent PTH levels tested. Therefore, 20 847 (72.3%) of these patients never had PTH labs drawn. Conclusions: These findings may represent a significant patient population in which PHPT remains undiagnosed due to lack of follow-up. PHPT is often a silent disease with an insidious onset. At the point of diagnosis, typically the treatment is surgical removal of the offending parathyroid gland(s) (parathyroidectomy). Identification of underdiagnosis is the first step for subsequent improvement in the diagnosis of PHPT. Detection of this disease in its earlier stages may open the door for medical and lifestyle interventions, thereby decreasing long-term sequelae of the disease, such as osteoporosis, myocardial infarction, or stroke.

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Romosozumab: A Novel Injectable Sclerostin Inhibitor with Anabolic and Antiresorptive Effects for Osteoporosis

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Objective: To review the clinical pharmacology, efficacy, and safety of romosozumab, a humanized monoclonal antibody with a novel mechanism of action for monthly injection, and its place in the management of osteoporosis.
Data sources: PubMed, MEDLINE, and ClinicalTrials.gov searches (1966 to July 2020) were conducted using the keywords romosozumab and osteoporosis. Study selection and data extraction: Published phase 2 and 3 clinical trials and 2 meta-analyses in patients with osteoporosis were included. Data synthesis: Romosozumab increased bone mineral density (BMD) at the lumbar spine (12.1%-13.3%), femoral neck (2.2%-5.9%), and total hip (2.5%-6.9%) in patients with osteoporosis. After 12 months, romosozumab provided greater BMD gains at the lumbar spine and hip than teriparatide. However, teriparatide is likely to further increase BMD if continued for up to 24 months. In postmenopausal women at a high fracture risk, 1 year of romosozumab followed by 1 year of alendronate resulted in lower vertebral, nonvertebral, clinical, and hip fractures than alendronate alone for 2 years. Although absolute event rates were low, serious cardiovascular and cerebrovascular events were numerically higher in 2 clinical trials when compared with alendronate (2.5% vs 1.9%, respectively) and placebo (4.9% vs 2.5%, respectively). Relevance to patient care and clinical practice: This review discusses the place in therapy for romosozumab in osteoporosis management as a novel agent. Conclusions: Romosozumab offers an alternative for patients with a high risk of osteoporotic fractures. Clinicians should avoid romosozumab in patients with a history of myocardial infarction or stroke in the past 12 months.