

Selección de Resúmenes de Menopausia

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Changes in Canadian contraceptive choices: results of a national survey on hormonal contraceptive use

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Background: Since the introduction of the birth control pill in 1960, Canadians have been offered a number of different options for hormonal contraceptives, yet oral contraceptives remain the most popular methods. Research from other countries indicates this may be shifting, but the last comprehensive survey of Canadian hormonal contraceptive usage was published in 2009. Therefore, the aim of this study was to determine current hormonal contraceptive usage among pre-menopausal Canadians. **Methods:** An online survey was distributed to pre-menopausal females aged 19-49 years via a third-party survey company. The survey included questions on respondents' demographics and current and past hormonal contraceptive use. Prevalence of current hormonal contraceptive use was calculated by age. Chi-squared tests were conducted to determine whether there was an association between contraceptive choice and various demographic categories. **Results:** Responses of 2306 female Canadians (age 33.4 ± 8.1 years) were analyzed and 29% of these respondents were currently using hormonal contraceptives. The most common choices were oral contraceptives (56.4%) and intrauterine device (IUD) (28.4%). Over 30% of hormonal contraceptive users were currently using a long-acting reversible contraceptive method. **Conclusions:** These findings demonstrate a change in hormonal contraception use, notably an increase in the use of hormonal IUDs from 4 to 28% among Canadian hormonal contraceptive users over the last 15 years. This study also shows a high prevalence of alternative contraceptive options that may influence hormone levels differently than oral forms.

Endocr Oncol. 2025 Mar 18;5(1):e240066. doi: 10.1530/EO-24-0066. eCollection 2025 Jan.

Prospective cohort of pre-diagnosis hormone exposure and post-diagnosis sex hormone levels with survival outcomes: Alberta Endometrial Cancer Cohort Study

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Purpose: To examine the associations between pre-diagnosis exogenous hormone exposure and endogenous sex hormone levels shortly after diagnosis with survival outcomes in endometrial cancer survivors. **Methods:** In this population-based cohort, females with endometrial cancer were followed from diagnosis to death or January 27, 2022. History of hormone exposure pre-diagnosis and sex-hormone levels shortly after diagnosis were obtained. The associations between hormone exposure and sex-hormone levels with disease-free survival (DFS) and overall survival (OS) were estimated using Cox proportional hazards regression by multivariable-adjusted hazard ratios (HRs) and 95% confidence intervals (CIs). **Results:** During a median 16.9 years of follow-up (IQR = 15.5-18.1 years), 152 of the 540 participants had a recurrence and/or died. There were no statistically significant associations between exposure to hormonal contraception or menopausal hormone therapy before diagnosis and DFS or OS. Higher estrone levels post-diagnosis were associated with lower DFS (HR 1.56, 95% CI 1.04-2.34) and lower OS (HR 1.76, 95% CI 1.15-2.72). Lower DFS was also observed with higher estradiol levels (HR 1.56, 95% CI 1.02-2.41). **Conclusion:** There were no associations between pre-diagnosis hormonal contraception or menopausal hormone therapy use and endometrial cancer survival in our study. Endometrial cancer survivors with higher

estrogen levels shortly after diagnosis had lower DFS and OS. Further research is needed to confirm these findings.

Healthcare (Basel). 2025 Mar 15;13(6):644. doi: 10.3390/healthcare13060644.

Effects of Physical Exercise on Symptoms and Quality of Life in Women in Climacteric: A Systematic Review and Meta-Analysis

Providencia Juana Trujillo-Muñoz, María Angustias Sánchez-Ojeda, Eva C. Rodríguez-Huamán, et al. Background/Objectives: Climacteric is a period of hormonal changes in women characterised by physical, emotional, and interpersonal alterations. This period is divided into two phases: perimenopause (the period from the appearance of the first symptoms to the arrival of menopause) and postmenopause (up to approximately 64 years of age). The progression of symptoms varies for each woman and can negatively affect self-esteem and quality of life. One of the most commonly used tools to reduce these negative effects is the performance of different types of physical exercise. The objective of this review was to summarise the research on the effects of both aerobic and strength exercises in women during the transition from perimenopause to postmenopause. Methods: This systematic review and meta-analysis was conducted according to the PRISMA 2020 guidelines. Initially, 1995 articles published in PubMed, Scopus and Web of Science between January 2014 and June 2024 were identified. From these articles, two researchers separately selected eight randomised controlled trials and compared the effects of aerobic and strength exercises with no activity. The risk of bias in the included articles was assessed using the Cochrane Risk of Bias tool for randomised clinical trials. Results: Most of the trials reported that both types of exercise, when performed in a controlled and regular way, have beneficial effects on the vitality and mental health of women in climacteric, increasing their general quality of life. A meta-analysis revealed that aerobic exercise improved the symptoms of menopause, although studies that support the effect of aerobic exercise on vasomotor symptoms are lacking. Resistance exercise was shown to strengthen muscles, increase bone density, and protect against osteoporosis. Conclusions: Physical exercise is a safe and nonpharmacological option that has positive effects on the health of women in climacteric.

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Risk factors of human papillomavirus-related cervical lesions in postmenopausal women: a cross-sectional study

Hongmin Zeng # 1, Qianling Dai # 1, Jieru Peng 1, Juan Li 1, Jing Chen 1, Zhipeng Lan 1, Xia Wu 1, et al. Background: The incidence of cervical cancer is increasing in postmenopausal women globally, particularly in less-developed nations, including China. However, research on cervical cancer screening methods and related factors in China is limited. In the present study, we aimed to identify the independent risk factors associated with cervical lesions in postmenopausal women. Additionally, we compared the clinical characteristics and demographic information between women diagnosed with low-grade squamous intraepithelial lesions (LSIL) and those with high-grade squamous intraepithelial lesions+ (HSIL+). Methods: We conducted a cross-sectional study using qualitative human papillomavirus (HPV) DNA testing for cervical cancer screening among postmenopausal women across 23 districts and counties in Chengdu, China. Multivariate logistic analysis was employed to analyze demographic information, clinical history, and auxiliary examinations to identify independent risk factors for cervical lesions in postmenopausal women. Results: A total of 917 patients participated in the study and were categorized as: 624 patients with LSIL (68.0%) and 293 patients with HSIL+ (32.0%). Multivariate analysis revealed that factors showing significant differences between two categories included co-infection with types 16 and 18 (adjusted odds ratio [aOR] = 0.348, 95% confidence interval [CI] = 0.138-0.881, p = 0.026), mixed infections involving other types, HPV 16/18 (aOR = 0.514, 95% CI = 0.336-0.785, p = 0.002), transformation zone (TZ) 3 (aOR = 1.604, 95% CI = 1.018-2.528, p = 0.041), and colposcopy impressions indicating high-grade features and worse (aOR = 11.846, 95% CI = 2.132-65.807, p = 0.005). Conclusions: Co-infection with HPV types 16

and 18, as well as mixed infections involving HPV 16/18 and other types, TZ 3, and colposcopic features indicative of high-grade lesions and cancer, were identified as independent risk factors for HPV-related cervical lesions in postmenopausal women. Therefore, postmenopausal women with these high-risk factors need to undergo frequent cervical screening, and histopathological examination, if necessary.

Gynecol Minim Invasive Ther. 2025 Feb 27;14(1):40-50. doi: 10.4103/gmit.GMIT-D-24-00056.

Risks of Malignancy among 11,204 Patients with Endometrial Polyp: A Systematic Review and Meta-analysis

Sarah Al-Rayes 1 2, Mariam Mohamed 3, Eva Suarthana 1 2, Hormoz Nassiri Kigloo4, Jason Raina, et al. Objectives: To evaluate factors associated with malignancy in patients with endometrial polyps. Materials and methods: We conducted electronic database research on PubMed, MEDLINE, EMBASE, COCHRANE, and Google Scholar from inception for all studies on endometrial polyp. After removing duplicates, and title and abstract screening, we had a total of 121 articles and 151 others from screening the reference list. Inclusion criteria included peri and postmenopausal women > 45 years diagnosed histopathologically with endometrial polyp(s). We excluded women with a history of endometrial cancer or hysterectomy. Results: Twenty studies were analyzed. Of 11204 patients with endometrial polyp, 287 had malignant polyps (2.75%), 182 (1.8%) had concomitant endometrial hyperplasia with atypia, and 520 (5.2%) had hyperplasia without atypia within the polyp. Menopausal women had a higher risk of pre-malignancy/malignancy than non-menopausal women (OR 5.63 (95CI 3.87, 8.20, I² = 0%, P < 0.001). Endometrial thickness on ultrasound in pre-malignancy/malignancy cases was significantly thicker than in the benign polyp (mean difference 4.2 mm, 95% CI 0.8 to 7.6 mm, I² = 18%, P = 0.02). Women who used tamoxifen or hormone replacement therapy (HRT) had a lower likelihood of endometrial pre-malignancy/malignancy, while women with abnormal uterine bleeding (AUB) had a higher probability of pre-malignancy/malignancy. The odd ratio of having pre-malignancy/malignancy among those who used tamoxifen was 0.50 (95% CI 0.26-0.94; I² 12%, p = 0.03). Conclusion: In women with endometrial polyp, menopausal age and thickened endometrium might increase the probability while tamoxifen or HRT use might lower the likelihood of endometrial pre-malignancy/malignancy; and the presence of AUB might signal endometrial pre-malignancy/malignancy.

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Current Situation and Future Directions of Risk-reducing Salpingo-oophorectomy

Kenta Masuda 1 2 3, Yusuke Kobayashi 1 2 3, Tomoko Seki 2 4, Tomoko Yoshihama 1 2 3, et al. High-grade serous carcinoma (HGSC), the most aggressive subtype of epithelial ovarian cancer, is strongly associated with hereditary breast and ovarian cancer (HBOC) syndrome and is primarily linked to germline BRCA1/2 pathogenic variants (PVs). The cumulative risks of ovarian cancer by the age of 70 years are 40% and 18% for carriers of BRCA1 and BRCA2 PVs, respectively. Risk-reducing salpingo-oophorectomy (RRSO) is a recommended preventive strategy that reduces the risk of ovarian cancer by more than 80% and may improve overall survival. However, surgical menopause after RRSO poses several challenges, including infertility and hormonal deficiency. Although the use of hormone replacement therapy may alleviate symptoms, it requires careful consideration of breast cancer risk. Emerging strategies, such as prophylactic salpingectomy with delayed oophorectomy, are being investigated to balance cancer prevention and patient quality of life. Further research is required to refine personalized prevention and management approaches for HBOC-associated ovarian cancer.

J Clin Endocrinol Metab. 2025 Mar 24:dgaf175. doi: 10.1210/clinem/dgaf175. Online ahead of print.

The Relation between Systemic Inflammation and the Menopause Transition: The Study of Women's Health Across the Nation

Samar R El Khoudary 1, Xirun Chen 1, Meiyuzhen Qi 1, Karen A Matthews 1, Arun Karlamangla 3, et al. Objective: The menopause transition (MT) may substantially contribute to increased systemic inflammation in later life, regardless of aging. We characterized inflammation trajectories over the MT and determined their associations with premenopausal obesity and race/ethnicity. Methods: Data comprising 15 follow-up visits from SWAN participants who had a known date of their final menstrual period (FMP) and at least three measures of high-sensitivity C-reactive protein (hs-CRP) (n=1470) or interleukin 6 (IL-6) (n=779) were evaluated using group-based trajectory modeling and piecewise linear mixed-effects models. Results: Based on 21 years of follow-up spanning the MT, we identified three trajectory groups for each inflammatory biomarker: 1) Low-Rise (hs-CRP=27.2%; IL-6=36.0%); 2) Medium-Stable (hs-CRP=41.9%) or Medium-Rise (IL-6=45.2%); and 3) High-Divide (hs-CRP=30.9%) or High-Stable (IL-6=18.8%). The Low-Rise for both hs-CRP and IL-6 and the Medium-Rise for IL-6 trajectories showed significant increases as early as 1 year before to as late as 3 years after the FMP. The other trajectories showed either no change, or a decline around the FMP. Chinese and/or Japanese women were more likely to follow the Low-Rise hs-CRP and IL-6 trajectories, while Black women were more likely to follow the High-Divide hs-CRP and High-Stable IL-6 trajectories. Being overweight or obese was associated with the High-Divide hs-CRP and High-Stable IL-6 trajectories. Conclusions: Midlife women experience distinct patterns of change in hs-CRP and IL-6 over the MT. Subgroups entering the MT with low-to-medium inflammation levels, particularly for IL-6, showed rises close to the FMP, supporting a contribution of menopause in progression of systemic inflammation.