asociación argentina para el estudio del climaterio

Ciencia al Servicio de la Mujer Climatérica

CURSO PRESENCIAL ANUAL AAPEC 2016
"3º CURSO UNIVERSITARIO de POSTGRADO de FORMACION EN CLIMATERIO".

"Climaterio, Tabaquismo y THR. Sus riesgos"

- Dra. Judith M. Zilberman
- Instituto Cardiovascular de Buenos Aires (ICBA)
- Hospital Dr. Cosme Argerich. GCBA
- Facultad de Farmacia y Bioquímica. UBA

- Buenos Aires, 15 de Octubre 2016

Agenda:
“Climaterio, Tabaquismo y THR. Sus riesgos”

- Introduccion: medicina de genero
- Tabaquismo y riesgo CV
- Estrógenos: ¿buenos, malos o ambos?
- Terapia de reemplazo hormonal
- Enfermedad Cardiovascular

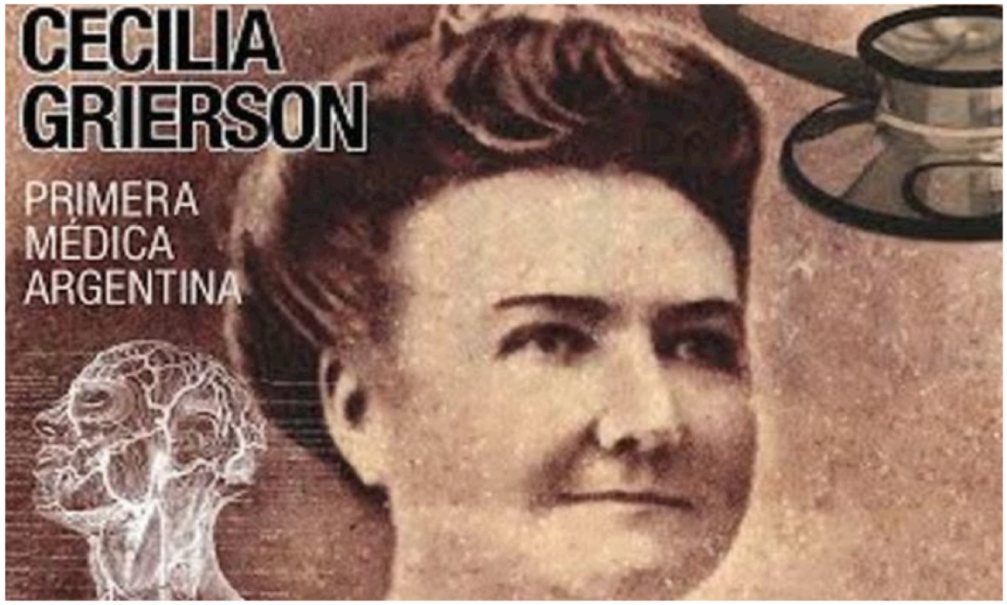
MEDICINA GENERO ESPECÍFICA

- Conciencia de competencia de las mujeres para hacer el trabajo de hombres.
- Inclusión de la Mujer en jornada laboral, con diferencias de genero manifiestas.
- Jornadas ilimitadas, menores salarios, descalificaciones, etc.

MEDICINA GENERO ESPECÍFICA

Dra. Marie Curie

Dra. Irene Ferrer
1ª Jefa Residentes
Univ Columbia



We make Virginia Slims especially for women because they are biologically superior to men.

That's right, *superior*. Women are more resistant to starvation, fatigue, exposure, shock, and illness than men are.

Women have two "X" chromosomes in their sex cells, while men have only one "X" chromosome and a "Y" chromosome...which some experts consider to be the inferior chromosome.

They are also less inclined than men to congenital baldness, Albinism of the eyes, improperly developed sweat glands, color blindness of the red-green type, day blindness, defective hair follicles, defective iris, defective tooth enamel, double eyelashes, skin cysts, shortsightedness, night-blindness, nomadism, retinal detachment, and white occipital locks of hair.

In view of these and other facts, the makers of Virginia Slims feel it highly inappropriate that women continue to use the fat, stubby cigarettes designed for mere men.

Virginia Slims.

Slimmer than the fat cigarettes men smoke. With rich Virginia flavor women like.

You've come a long way, baby.

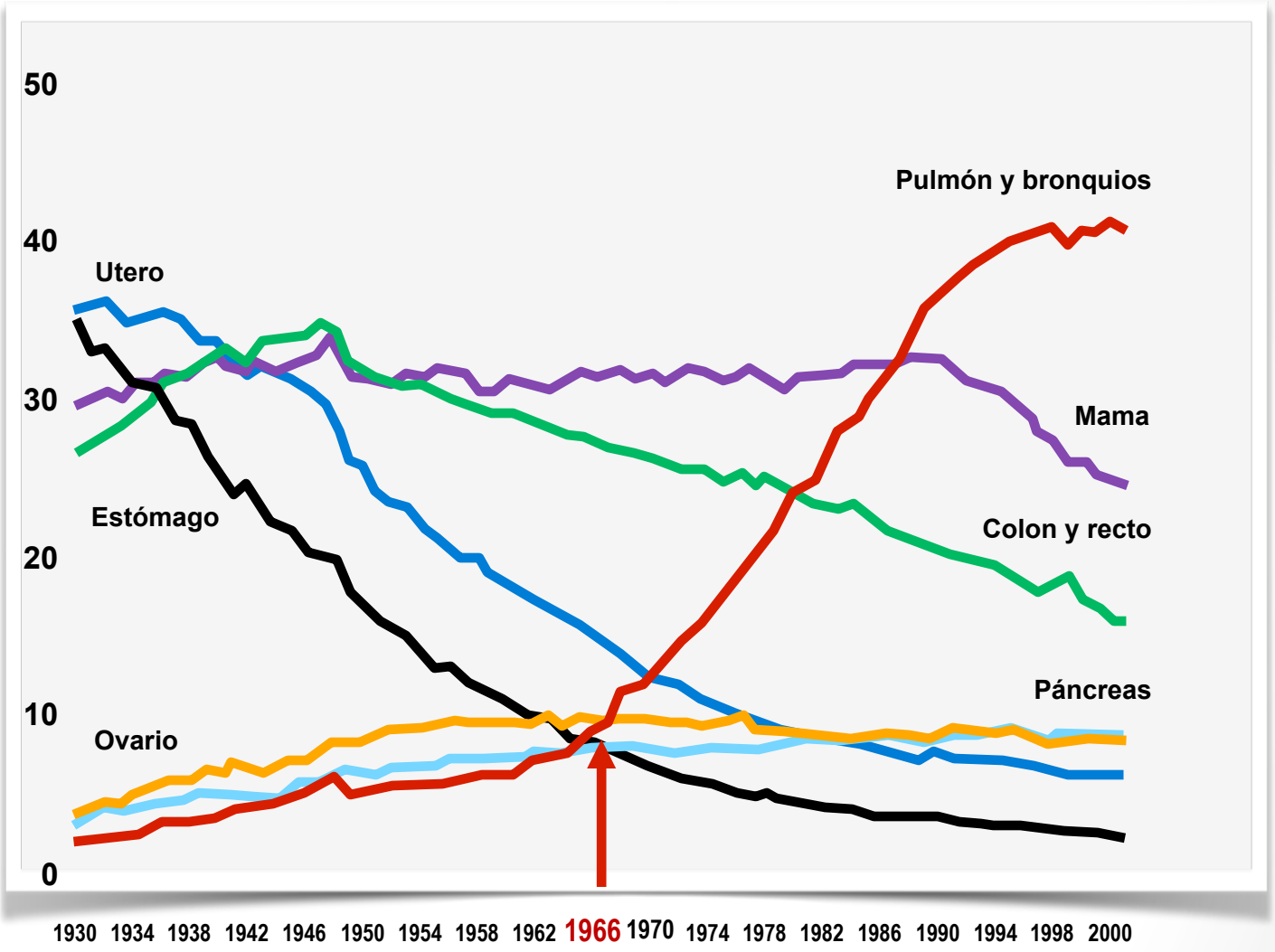
Tabaquismo

FACTORES DE RIESGO
Y RIESGO DE ENFERMEDAD CORONARIA

FACTOR DE RIESGO	HOMBRES RR	MUJERES RR
HTA	POR DOS	POR TRES
TABAQUISMO	POR DOS	POR CUATRO
DIABETES	POR DOS	POR TRES A SIETE
COLESTEROL	POR DOS	POR DOS

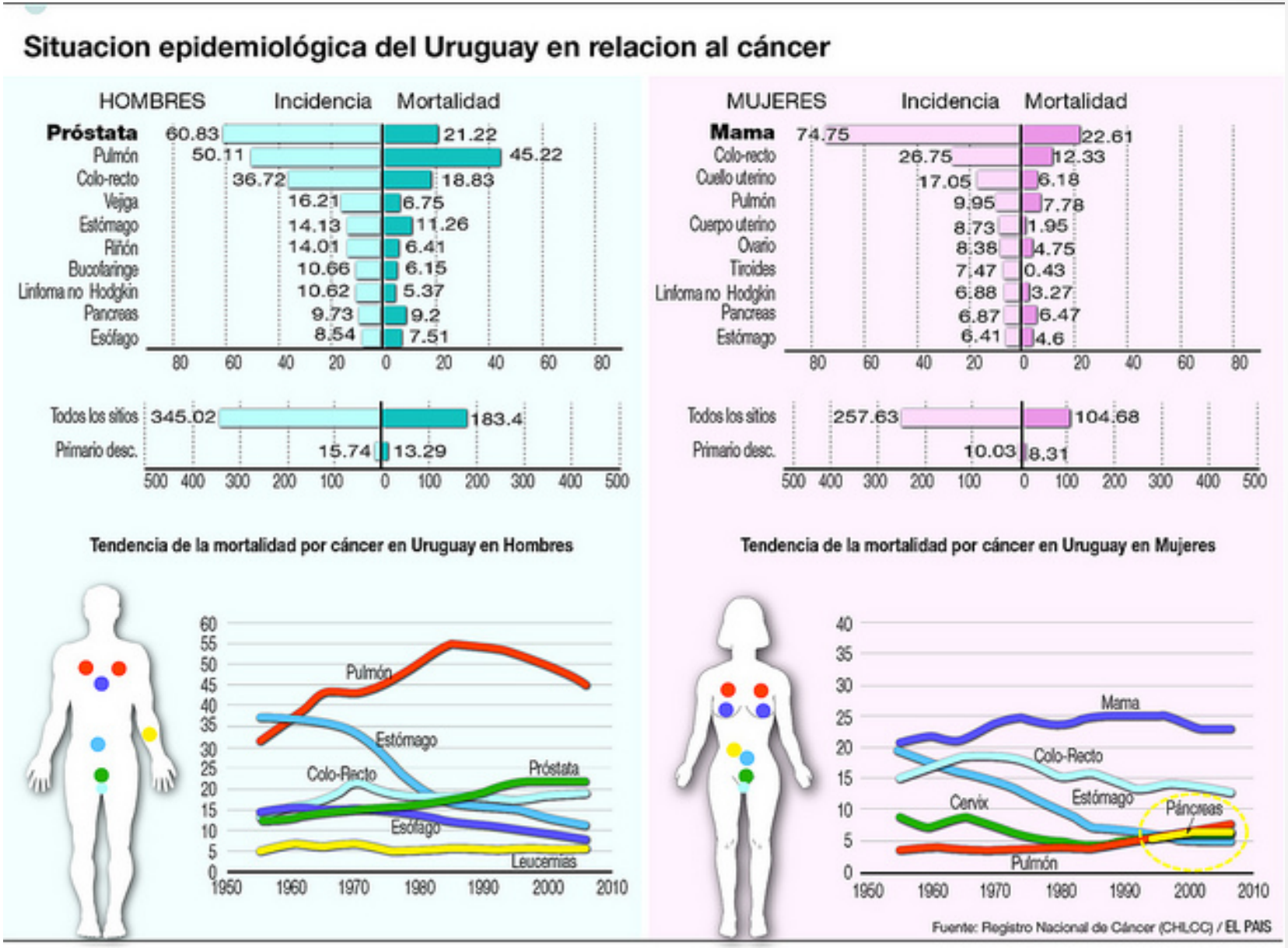
ESTUDIO FRICAS Rev Argent Cardiol. 1996;64

Tasa de mortalidad por Cáncer en Mujeres
USA, 1930-2003 (por 100.000)

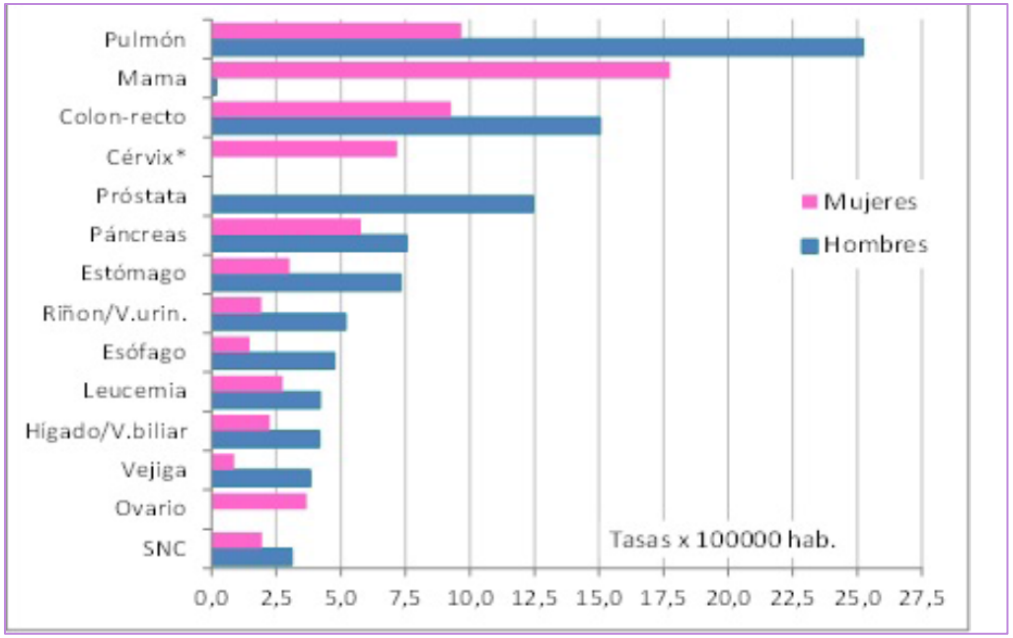


*Age-adjusted to the 2000 US standard population. Source: US Mortality Public Use Data Tapes 1960-2003, US Mortality Volumes 1930-1959, National Center for Health Statistics, Centers for Disease Control and Prevention, 2006.

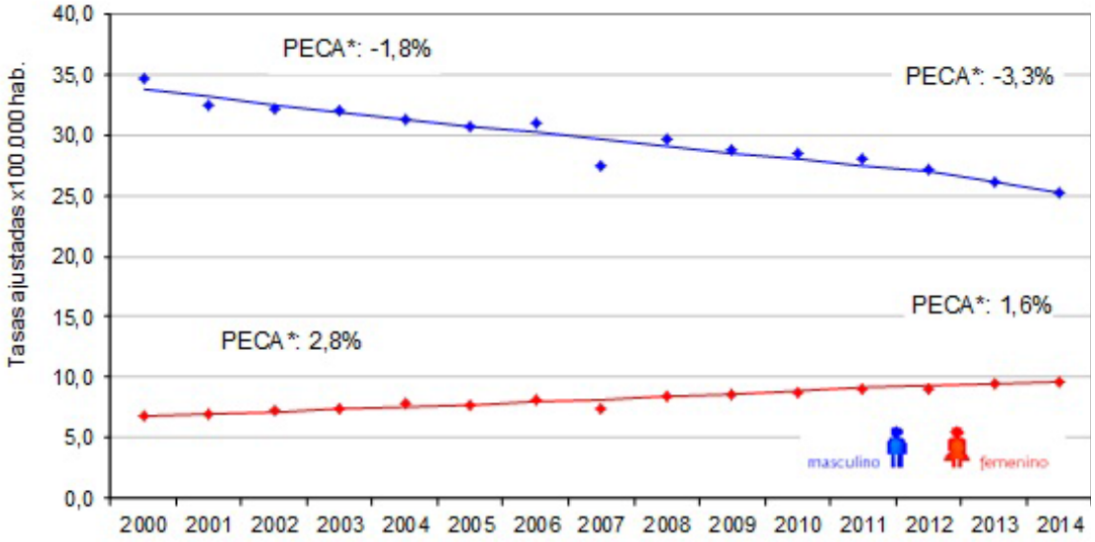
Advierten aumento "dramático" de cáncer de pulmón en mujeres



Tasas estandarizadas por edad según población mundial por 100.000 habitantes. Argentina, 2000-2014.



Mortalidad por cáncer en hombres y mujeres



Tendencias de mortalidad específica por cáncer de pulmón en hombres y mujeres.

Sex Differences and Sex Steroids in Lung Health and Disease

Elizabeth A. Townsend, Virginia M. Miller, and Y. S. Prakash

Departments of Physiology and Biomedical Engineering (E.A.T., V.M.M., Y.S.P.), Surgery (V.M.M.), and Anesthesiology (Y.S.P.), College of Medicine, Mayo Clinic, Rochester, Minnesota 55905

Corresponding author.

Address all correspondence and requests for reprints to: Y. S. Prakash, M.D., Ph.D., Professor of Anesthesiology and Physiology, Mayo Clinic, 4-184 West Joseph Saint Marys Hospital, 200 First Street SW, Rochester, Minnesota 55905., E-mail: prakash.ys@mayo.edu.

Received 2010 Dec 20; Accepted 2011 Aug 15.

Abstract

Sex differences in the biology of different organ systems and the influence of sex hormones in modulating health and disease are increasingly relevant in clinical and research areas. Although work has focused on sex differences and sex hormones in cardiovascular, musculoskeletal, and neuronal systems, there is now increasing clinical evidence for sex differences in incidence, morbidity, and mortality of lung diseases including allergic diseases (such as asthma), chronic obstructive pulmonary disease, pulmonary fibrosis, lung cancer, as well as pulmonary hypertension. Whether such differences are inherent and/or whether sex steroids play a role in modulating these differences is currently under investigation. The purpose of this review is to define sex differences in lung structure/function under normal and specific disease states, with exploration of whether and how sex hormone signaling mechanisms may explain these clinical observations. Focusing on adult age groups, the review addresses the following: 1) inherent sex differences in lung anatomy and physiology; 2) the importance of certain time points in life such as puberty, pregnancy, menopause, and aging; 3) expression and signaling of sex steroid receptors under normal *vs.* disease states; 4) potential interplay between different sex steroids; 5) the question of whether sex steroids are beneficial or detrimental to the lung; and 6) the potential use of sex steroid signaling as biomarkers and therapeutic avenues in lung diseases. The importance of focusing on sex differences and sex steroids in the lung lies in the increasing incidence of lung diseases in women and the need to address lung diseases across the life span.

Endocr Rev. 2012 Feb; 33(1): 1–47.

Sex Differences and Sex Steroids in Lung Health and Disease

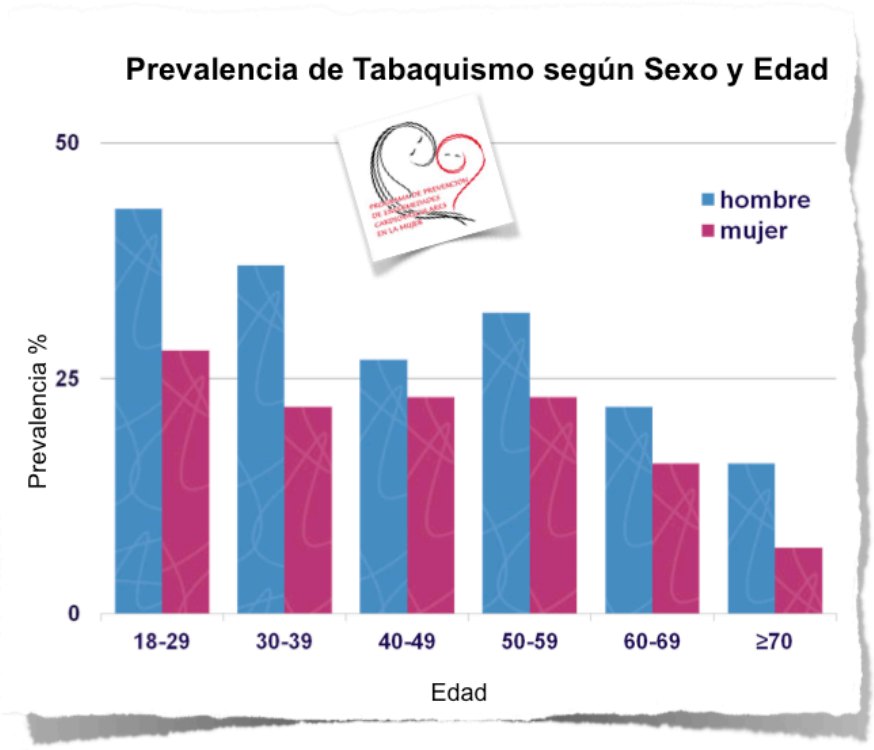
- Las diferencias de sexo inherentes en la anatomía y la fisiología pulmonar
- La importancia de las etapas de la vida en la mujer: la pubertad, el embarazo, la menopausia y el envejecimiento
- La expresión y la señalización de los receptores de esteroides sexuales en condiciones normales frente a estados de enfermedad.
- Discusión si los esteroides sexuales son beneficiosos o perjudiciales para el pulmón
- El uso potencial de la señalización de esteroides sexuales como biomarcadores y vías terapéuticas en enfermedades pulmonares.

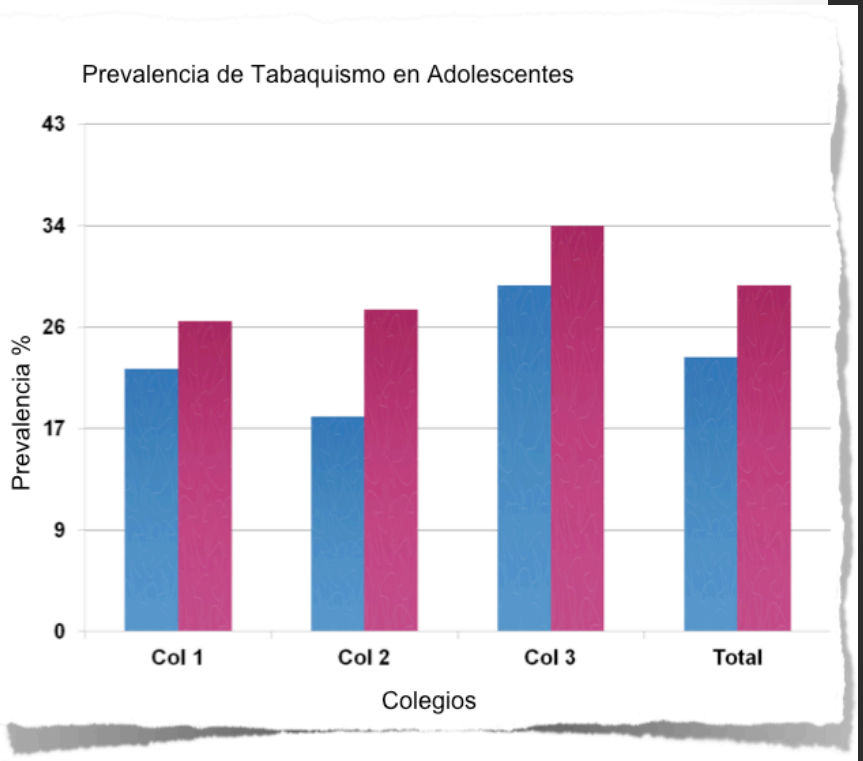
La importancia de centrarse en las diferencias de sexo y esteroides sexuales

Porque:……. Aumento de la incidencia de enfermedades pulmonares en las mujeres.
La necesidad de abordar las enfermedades pulmonares largo de la vida.

Endocr Rev. 2012 Feb; 33(1): 1–47.

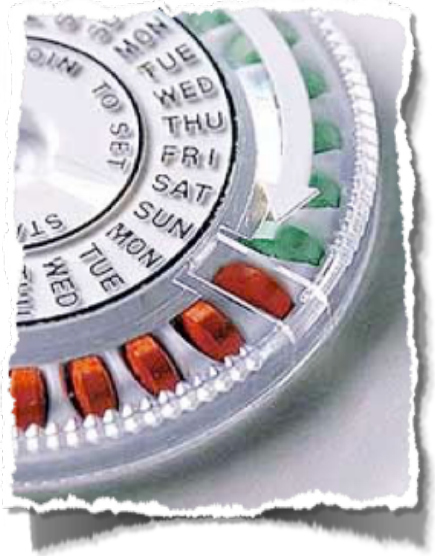
TABAQUISMO

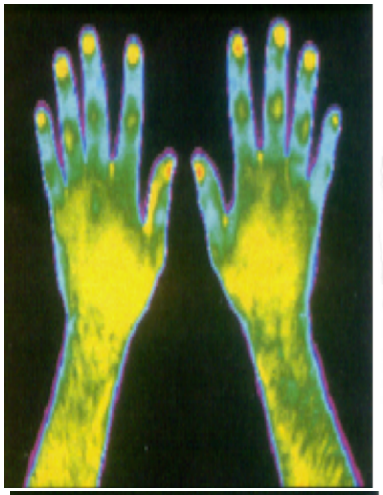


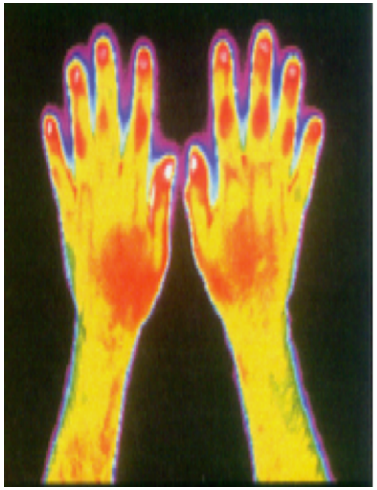


Programa Corazón Sano – Villa María – Córdoba - 2010

TABAQUISMO







Efecto Trombogénico + Efecto Vasoconstrictor

El riesgo de Sextuplica

Smoking and Gender. Cardiovasc Res 2002;53:568-576

Clinical Pharmacology & Therapeutics

Female sex and oral contraceptive use accelerate nicotine metabolism

Background: Several studies have reported that female smokers have a higher risk of lung cancer than male smokers. This could be related to sex differences in nicotine metabolism and related smoking behavior. This study tested the hypothesis that women metabolize nicotine more rapidly than men and that, among women, oral contraceptive users metabolize nicotine more rapidly than nonusers of oral contraceptives.

Methods: Two hundred seventy-eight healthy volunteers who were twins and 16 who were siblings of twins, recruited from the Northern California Twin Registry, received an infusion of deuterium-labeled nicotine and cotinine with frequent blood sampling. The plasma clearances of nicotine and cotinine, the clearance of nicotine to cotinine (an index of cytochrome P450 [CYP] 2A6 activity), and the ratio of trans-3′-hydroxycotinine to cotinine (another indicator of CYP2A6 activity) were measured.

Results: The clearances of nicotine and cotinine, the clearance of nicotine to cotinine, and the trans-3′-hydroxycotinine/cotinine ratio were significantly higher in women than in men (nicotine clearance, 15.6 ± 4.3 mL · min^{-1} · kg^{-1} in men versus 18.8 ± 6.6 mL · min^{-1} · kg^{-1} in women; $P < .001$); they were also higher among women taking oral contraceptives than in those who were not taking oral contraceptives (nicotine clearance, 22.5 ± 6.6 mL · min^{-1} · kg^{-1} in women taking oral contraceptives versus 17.6 ± 6.1 mL · min^{-1} · kg^{-1} in those who were not; $P < .05$). Women who were menopausal or postmenopausal were not different from men. Among oral contraceptive users, nicotine metabolism was accelerated among those taking combined and estrogen-only contraceptives but not progesterone-only contraceptives.

Conclusions: Sex hormones influence nicotine metabolism. Nicotine and cotinine metabolism is faster in women than in men and is faster in women taking oral contraceptives compared with those who are not. Accelerated nicotine metabolism appears to be a result of estrogen. Sex-related differences in nicotine clearance could affect smoking behaviors, as well as response to nicotine medications, and could be a marker for altered metabolism of nicotine-derived carcinogens. (Clin Pharmacol Ther 2006;79:480-8.)

SIN OBLIGACIÓN DE COMPRA. PROMOCIÓN EXCLUSIVA PARA FUMADORES MAYORES DE 18 AÑOS. DEL 08/03/13 AL 11/03/13 EN ARGENTINA EXCEPTO LOCALIZACIONES CON RESTRICCIONES. PREMIO: 1 (UN) KIT DESIGN CONTEST (INCLUYE: UN PAÑUELO, UN BOLSO, UNA REMERA Y UN NECCESAIRE). VER BASES EN WWW.VIRGINIA-S.COM.AR

INGRESÁ A

www.virginia-s.com.ar

Respondé la consigna en el post del blog y participá por un kit Design Contest!

8 marzo 2013

Un poco de Historia…

Siglo XX

Medicina
MASCULINO DOMINANTE

Estrategias diagnósticas y terapéuticas orientadas a los hombres

Las “Mujeres” se consideraban pequeños hombres

“Abordaje bikini”

¿Tienen beneficio los estrógenos?

Perfil Lipídico

Diabetes

Presión Arterial

Deterioro Cognitivo

Acción Vascular

Endotelio dependiente

VD, ↑ON , ↑PGI2
↓ Endotelinas

Antagonismo **Calcio**
Inh migración / proliferación **CMLV**

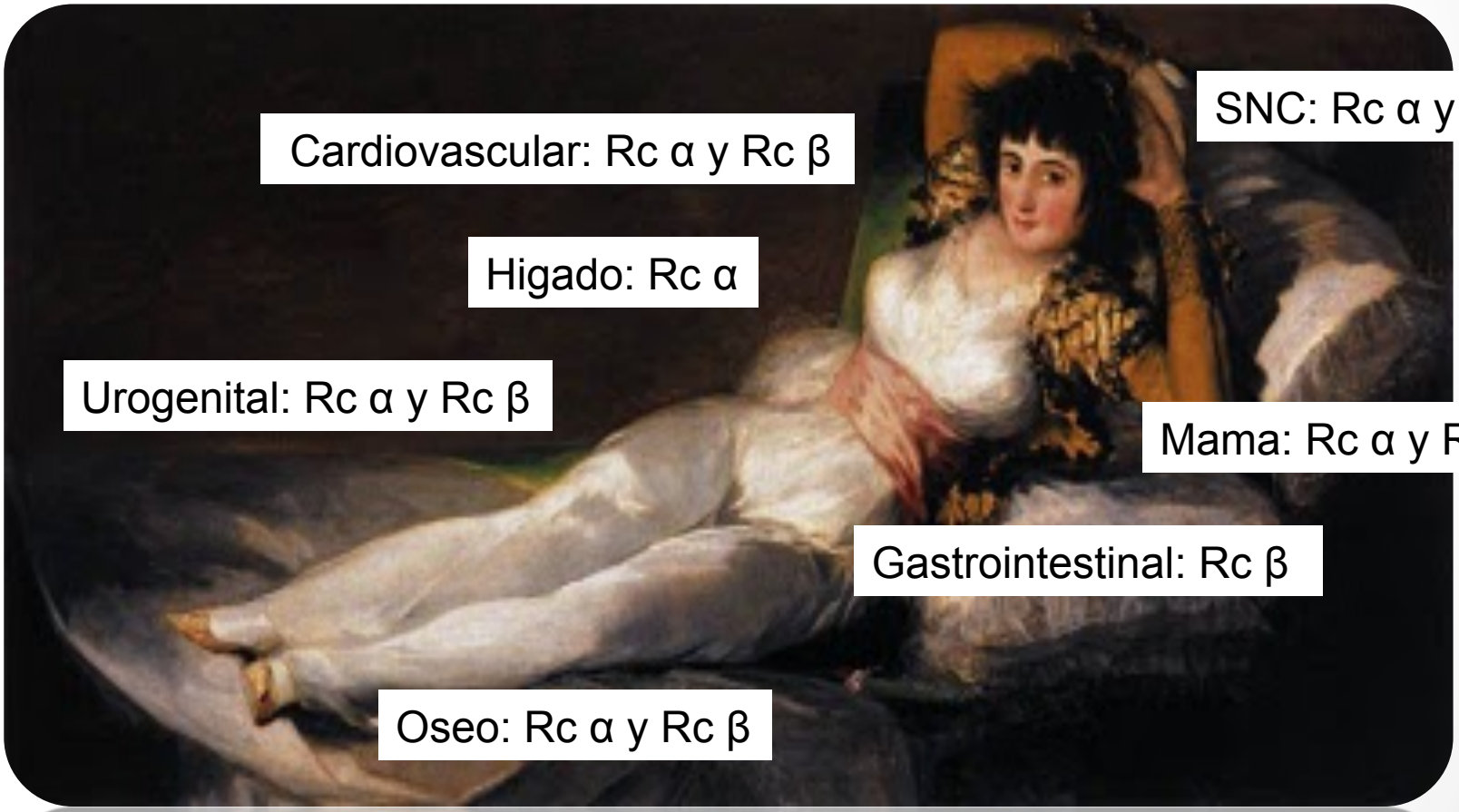
Síntomas Vasomotores Atrofia genital

Antioxidante

Fracturas Osteoporosis

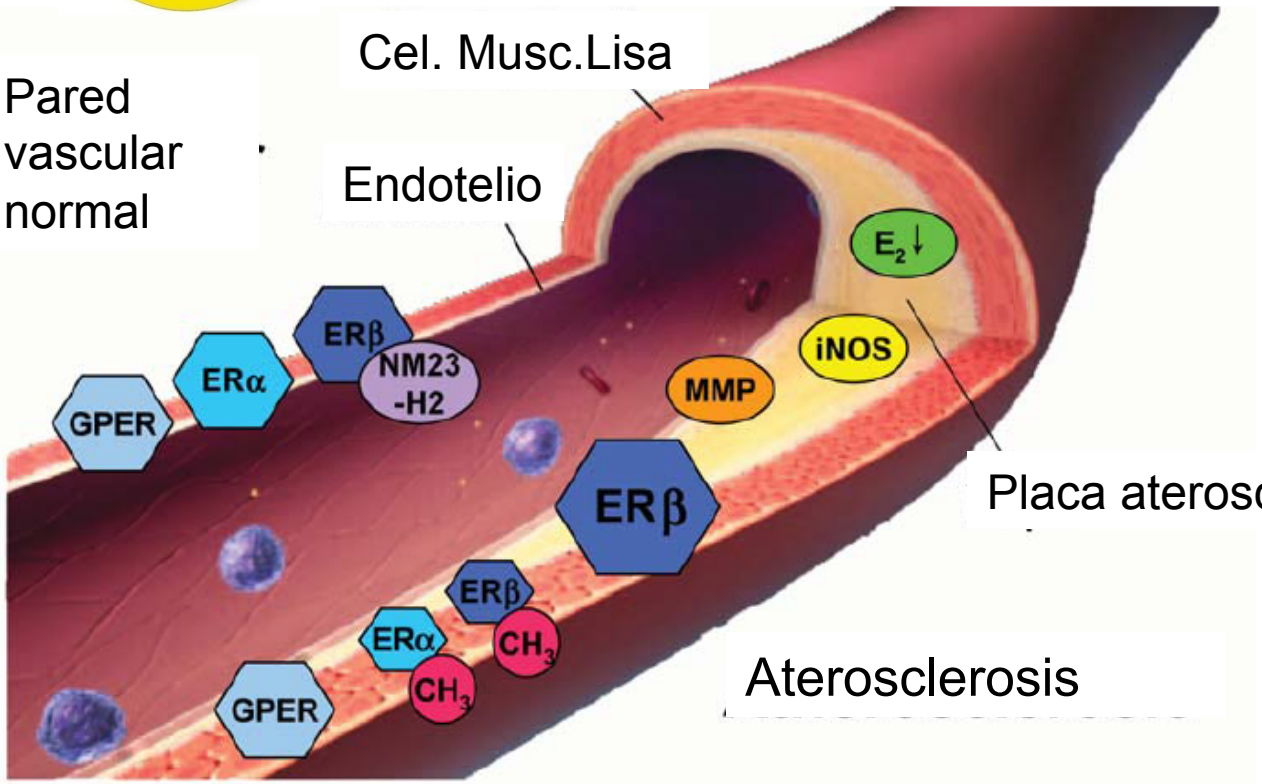
Enfermedad Cardiovascular

LOS RECEPTORES DE ESTRÓGENO



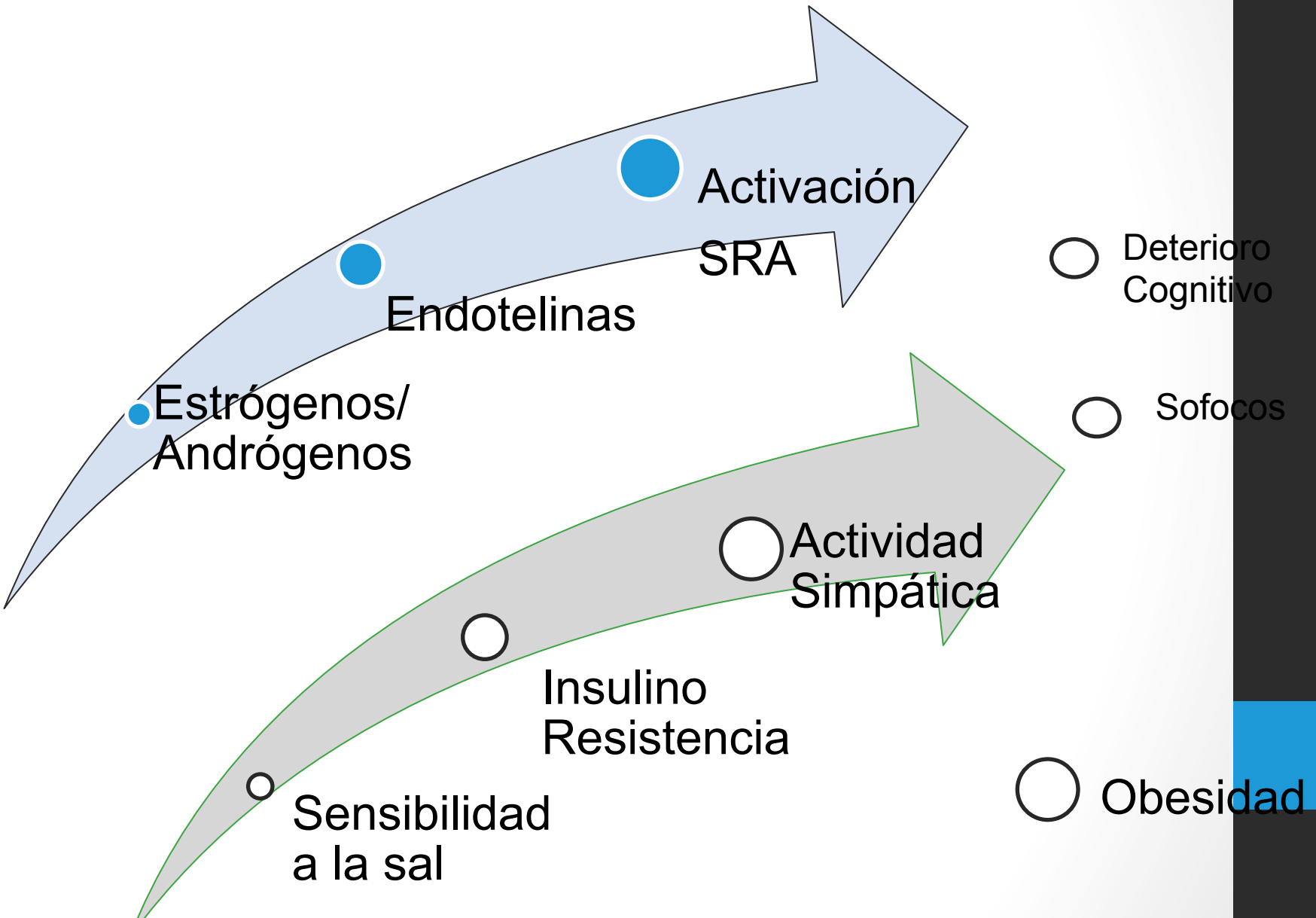
GPR 30

HORMONAS
ENVEJECIMIENTO Y LESIÓN VASCULAR



Meyer M and Barton M. Cardiovascular Research (2009) 83, 605–610
Hypertension Research (2012) 35, 363–369

Menopausia y enfermedad vascular



SE INTENTO DEMOSTRAR QUE LA TERAPIA HORMONAL PODÍA LOGRAR……

- Mejorar la calidad de vida
- Prevenir enfermedades crónicas
- Aumentar la sobrevida
- Detener el proceso de envejecimiento

ESTUDIOS CLÍNICOS OBSERVACIONALES

Postmenopausal Estrogen and Progestin use and the Risk of Cardiovascular Disease. **NEJM 1996; 335: 453-61**

A Prospective, Observational Study of Postmenopausal Hormone Therapy and Primary Prevention of cardiovascular Disease

Ann Intern Med 2000; 133: 933-1001

Trends in The Incidence of Coronary Heart Disease and Changes in Diet and Lifestyke in Women

NEJM 2000; 343: 530-537

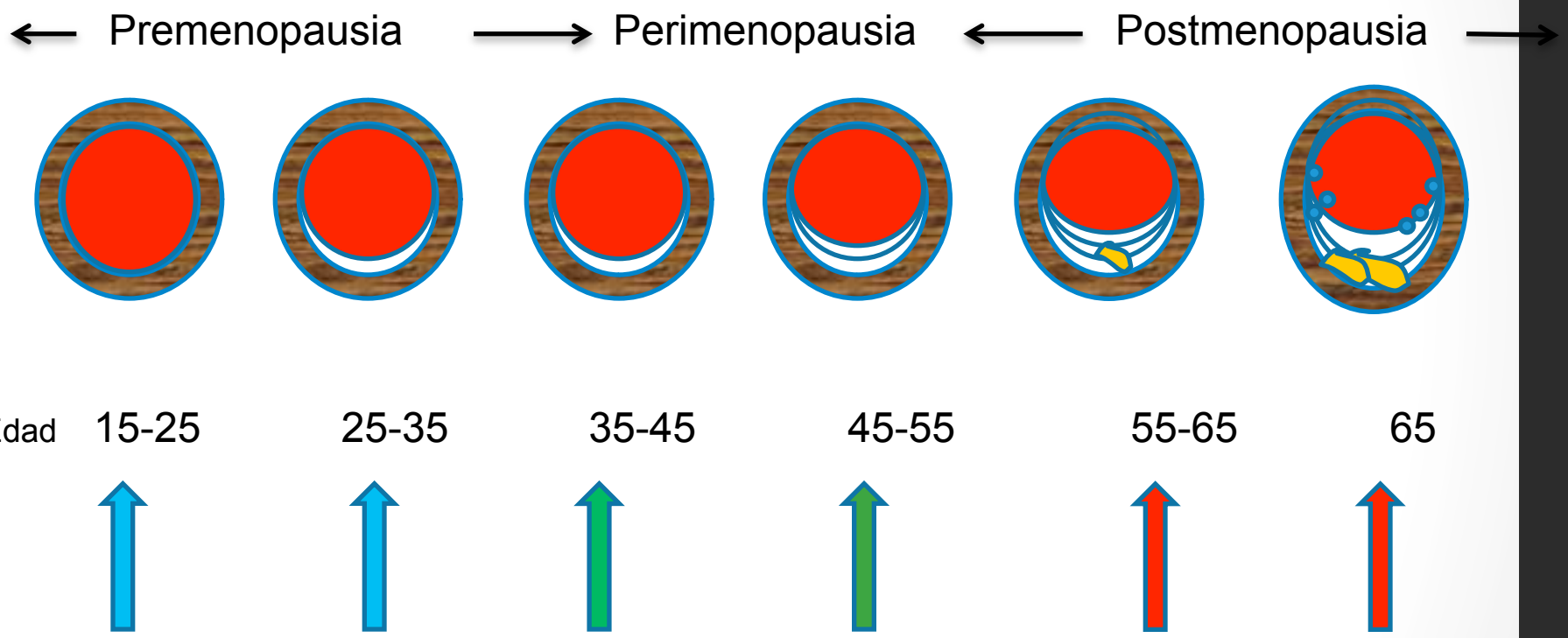
EVIDENCIA DE ENSAYOS CLÍNICOS

♀**Randomized Trial of Estrogen Plus Progestin for Secundary Prevention of Coronary Heart Disease in Postmenopausal Women** **Jama 1998 (vol 280)7:605-613**

♀**Cardiovascular Disease Outcomes During 6.8 Years of Hormone Therapy. Heart and Estrogen/Progestin Replacement Study Follow-Up (HERSII)** **Jama 2002 (vol 288)1:49-57**

♀**Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women** **Jama 2002 (vol 288)3:321-333**

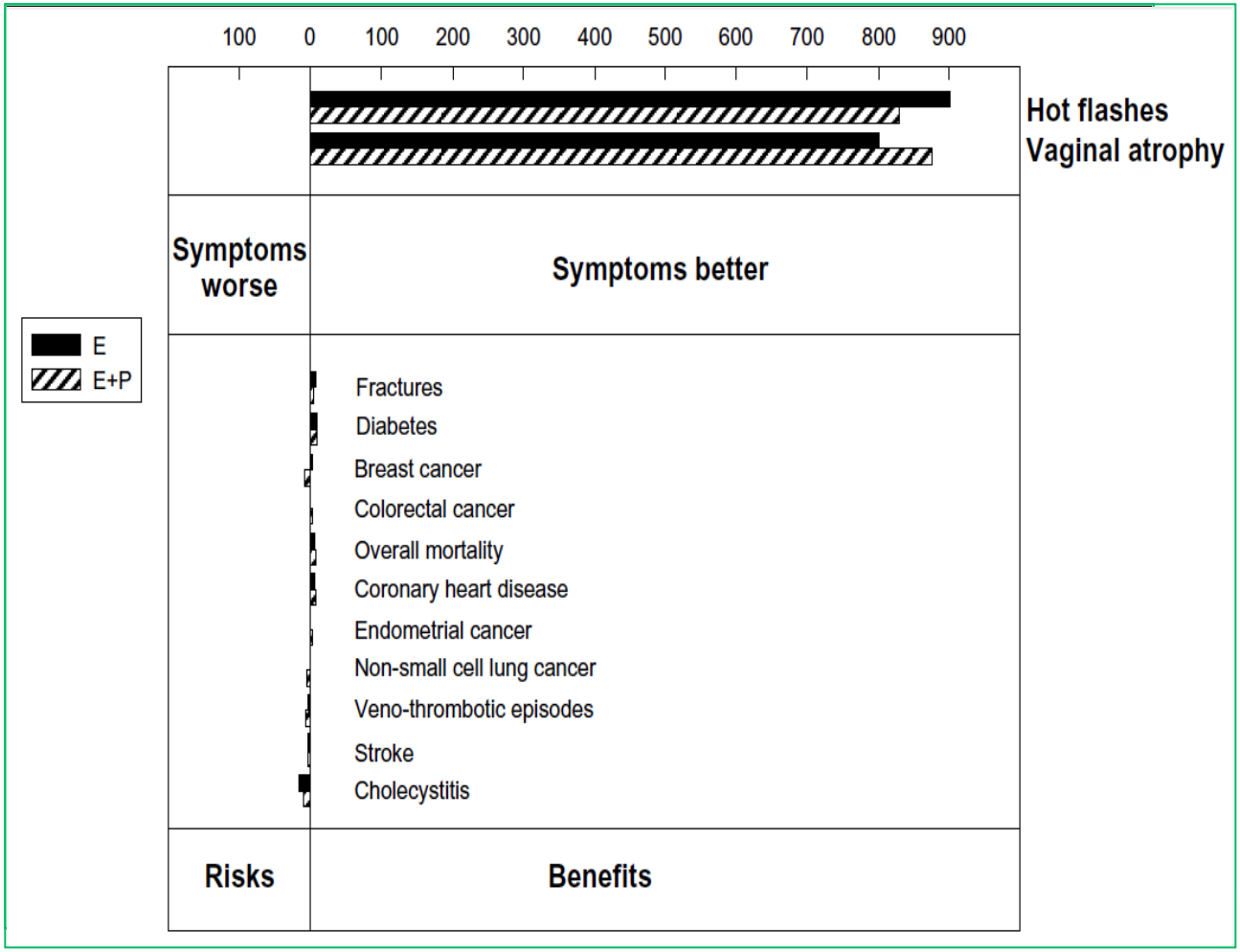
Ventana de oportunidades de la TRH



Sood et al. International Journal of Women's Health 2014:6 47–57
Modiificado de Mikkola TS,et al . *Ann Med. 2004;36(6):402–413.*

Riesgos y Beneficios de la TRH

Numero 1000 mujeres por cada 5 años de uso



Sood et al. International Journal of Women's Health 2014:6 47–57.

Kronos Early Estrogen Prevention Study (KEEPS).

Self-Reported Menopausal Symptoms, Coronary Artery Calcification and Carotid Intima-Media Thickness in Recently Menopausal Women Screened for the Kronos Early Estrogen Prevention Study (KEEPS)

Wolff et al.Fertil Steril. 2013 April ; 99(5): 1385–1391

Rationale and Design of the Kronos Early Estrogen Prevention Study (KEEPS) and the KEEPS Cognitive and Affective Sub Study (KEEPS Cog).

Brain Res. 2013 June 13; 1514: 12–17.

Recomendaciones Internacionales y Nacionales

GUIAS Y CONSENSOS

REVIEW | Annals of Internal Medicine

Menopausal Hormone Therapy for the Primary Prevention of Chronic Conditions: A Systematic Review to Update the U.S. Preventive Services Task Force Recommendations

Heidi D. Nelson, MD, MPH; Miranda Walker, MA; Bernadette Zakher, MBBS; and Jennifer Mitchell, BA

Ann Intern Med. 2012;157:104-113

AHA/ASA Guideline

Guidelines for the Prevention of Stroke in Women

A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association

Stroke. published online February 6, 2014;

Estrategias terapeúticas en mujeres hipertensas

Recomendaciones	Clase	Nivel
La terapia hormonal y los moduladores de los receptores de estrógeno selectivos no están recomendados y no deberían usarse para la prevención primaria o secundaria de la ECV. Si se considera el tratamiento de mujeres jóvenes perimenopáusicas debido a síntomas menopáusicos graves, deberá calcularse el cociente beneficio/riesgo.	III	A
El tratamiento farmacológico de la hipertensión grave en el embarazo (PAS >160 mmHg ó PAD >110 mmHg) está recomendado.	I	C
También puede considerarse administrar tratamiento farmacológico en mujeres embarazadas con una elevación persistente de la PA ≥150/95, y en caso de PA ≥140/90 en presencia de hipertensión gestacional, DO subclínico o síntomas de éste.	IIb	C

Recomendaciones	Clase	Nivel
En mujeres con riesgo elevado de preclampsia, debe considerarse el tratamiento con dosis bajas de aspirina desde la semana 12 de embarazo hasta el parto, siempre que el riesgo de hemorragia gastrointestinal sea bajo.	IIb	B
En mujeres en edad fértil, no se recomienda utilizar inhibidores del SRA y deberían evitarse.	III	C
Deberían considerarse como fármacos antihipertensivos preferentes la metildopa, el labetalol y la nifedipino durante el embarazo. El labetalol intravenoso o la infusión de nitroprusside debería considerarse sólo en caso de emergencia (preclampsia).	IIa	B

Journal of Hypertension 2013, 31:1281–1357

RECIENTES GUÍAS…. . . . . .

Guidelines

Clinical Practice Guidelines for the Management of Hypertension in the Community
A Statement by the American Society of Hypertension and the International Society of Hypertension

Weber et al. Journal of Hypertension 2014, 32:3–15

Special Communication

2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults
Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8)

Paul A. James, MD; Suzanne Oparil, MD; Barry L. Carter, PharmD; William C. Cushman, MD; Cheryl Dennison-Himmelfarb, RN, ANP, PhD; Joel Handler, MD; Daniel T. Lackland, DrPH; Michael L. LeFevre, MD, MSPH; Thomas D. MacKenzie, MD, MSPH; Olugbenga Ogedegbe, MD, MPH, MS; Sidney C. Smith Jr, MD; Laura P. Svetkey, MD, MHS; Sandra J. Taler, MD; Raymond R. Townsend, MD; Jackson T. Wright Jr, MD, PhD; Andrew S. Narva, MD; Eduardo Ortiz, MD, MPH

JAMA Published online December 18, 2013

CONSIDERACIONES DE RELEVANCIA:

TERAPIA HORMONAL

A. Prevención cardiovascular

- La terapia hormonal (TH) no ha mostrado beneficios en prevención de enfermedad cardiovascular.

  Clase III Evidencia A.

- En aquellas mujeres con factores de riesgo asociados, hipertensión arterial o con ECV que requieran TH por causas ginecológicas, se debe implementar un control cardiológico y ginecológico periódico.

  Clase I, Evidencia C.

B. Uso Ginecológico

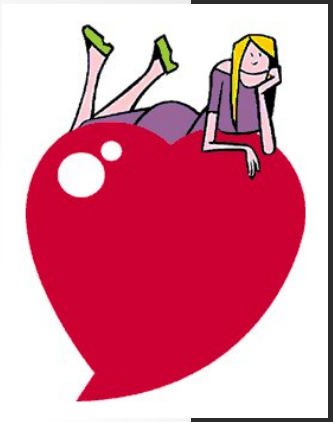
- La Terapia Hormonal no esta contraindicada en mujeres sanas, con requerimiento hormonal especifico por síntomas asociados a la menopausia.
- Se recomienda el uso de TH en bajas dosis y por periodos de tiempo cortos considerando las dosis y vías de administración

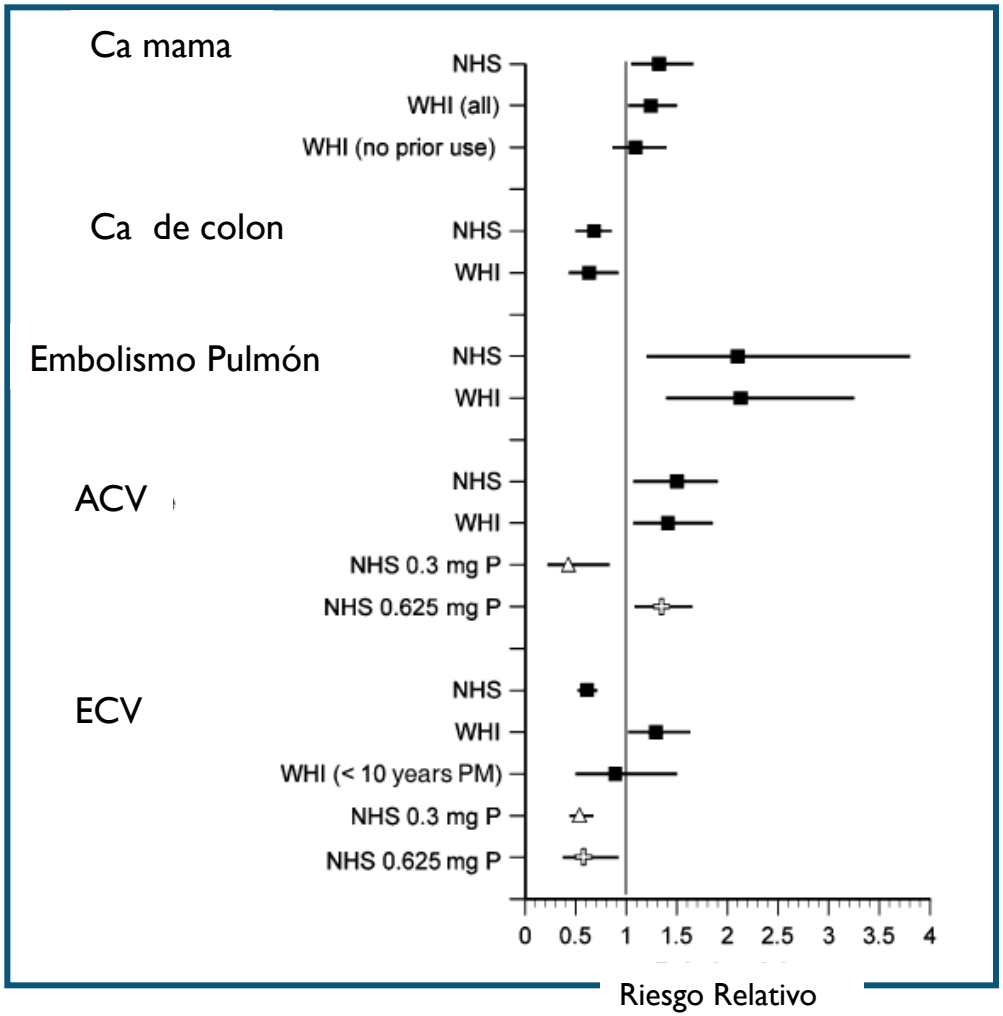
Guías de Prevención Cardiovascular. FAC 2007

161.808 mujeres Postmenopausicas

WHI PUBLICATIONS	Nº
Behavioral Quality of life, and liefestyle	30
Calcium and Vitamin D / Bone	70
Cancer	93
Cardiovascular	63
Cognition and Dementia	25
Design and Methods	37
Diet	36
Hormone Therapy	100
Other	110
Pelvic Prolapse and Urinary Incontinence	9
TOTAL	573

Hormonas y sistema cardiovascular





Adaptado. Clinical and Experimental Pharmacology and Physiology (2007) ***34, 672–676***

Effect of Hormone Replacement Therapy on Cardiovascular Outcomes: A Meta-Analysis of Randomized Controlled Trials

Dicheng Yang[1☯], Jing Li[2☯], Zhongxiang Yuan[1*], Xu Liu[2*]

1 Department of Cardiovascular Surgery, Shanghai First People's Hospital affiliated to Shanghai Jiao Tong University, Shanghai, China, **2** Department of Cardiology, Shanghai Chest Hospital affiliated to Shanghai Jiao Tong University, Shanghai, People's Republic of China

Abstract

Background: Hormone replacement therapy (HRT) is widely used to controlling menopausal symptoms and prevent adverse cardiovascular events. However, the benefit and risk of HRT on cardiovascular outcomes remains controversial.

Methodology and Principal Findings: We systematically searched the PubMed, EmBase, and Cochrane Central Register of Controlled Trials databases for obtaining relevant literature. All eligible trials reported on the effects of HRT on cardiovascular outcomes. We did a random effects meta-analysis to obtain summary effect estimates for the clinical outcomes with use of relative risks calculated from the raw data of included trials. Of 1903 identified studies, we included 10 trials reporting data on 38908 postmenopausal women. Overall, we noted that estrogen combined with medroxyprogesterone acetate therapy as compared to placebo had no effect on coronary events (RR, 1.07; 95%CI: 0.91–1.26; P = 0.41), myocardial infarction (RR, 1.09; 95%CI: 0.85–1.41; P = 0.48), stroke (RR, 1.21; 95%CI: 1.00–1.46; P = 0.06), cardiac death (RR, 1.19; 95%CI: 0.91–1.56; P = 0.21), total death (RR, 1.06; 95%CI: 0.81–1.39; P = 0.66), and revascularization (RR, 0.95; 95%CI: 0.83–1.08; P = 0.43). In addition, estrogen therapy alone had no effect on coronary events (RR, 0.93; 95%CI: 0.80–1.08; P = 0.33), myocardial infarction (RR, 0.95; 95%CI: 0.78–1.15; P = 0.57), cardiac death (RR, 0.86; 95%CI: 0.65–1.13; P = 0.27), total mortality (RR, 1.02; 95%CI: 0.89–1.18; P = 0.73), and revascularization (RR, 0.77; 95%CI: 0.45–1.31; P = 0.34), but associated with a 27% increased risk for incident stroke (RR, 1.27; 95%CI: 1.06–1.53; P = 0.01).

Conclusion/Significance: Hormone replacement therapy does not effect on the incidence of coronary events, myocardial infarction, cardiac death, total mortality or revascularization. However, it might contributed an important role on the risk of incident stroke.

Citation: Yang D, Li J, Yuan Z, Liu X (2013) Effect of Hormone Replacement Therapy on Cardiovascular Outcomes: A Meta-Analysis of Randomized Controlled Trials. PLoS ONE 8(5): e62329. doi:10.1371/journal.pone.0062329

Editor: Carlos Hermenegildo, University of Valencia, Spain

Received December 19, 2012; **Accepted** March 20, 2013; **Published** May 8, 2013

Funding: The authors have no support or funding to report.

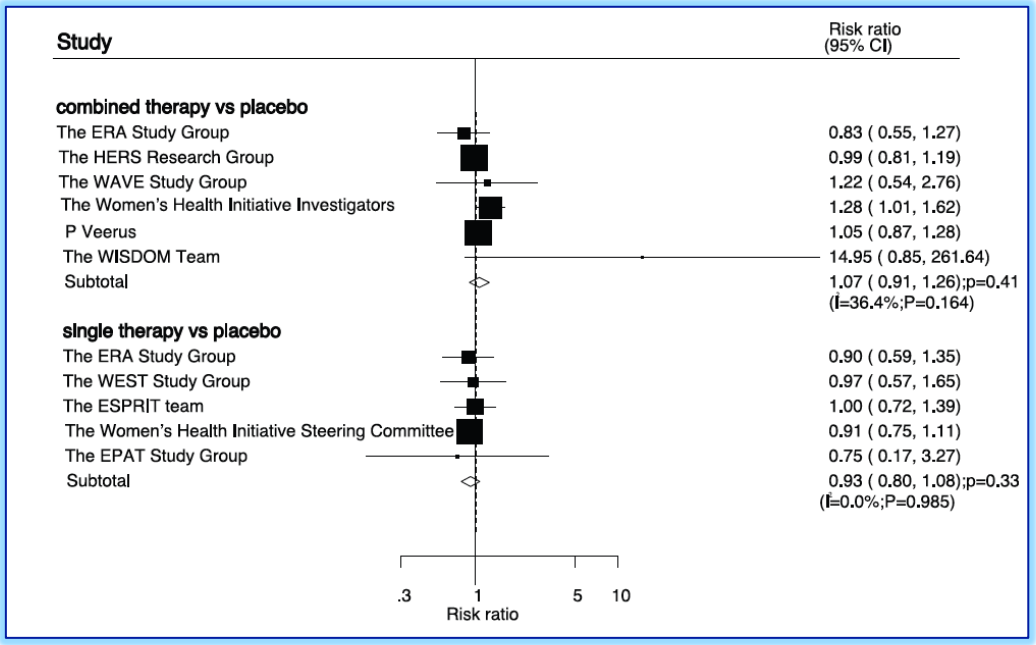
Competing Interests: The authors have declared that no competing interests exist.

* E-mail: yuanzhongxiangno1@126.com (ZY); liuxu_2010@126.com (XL)

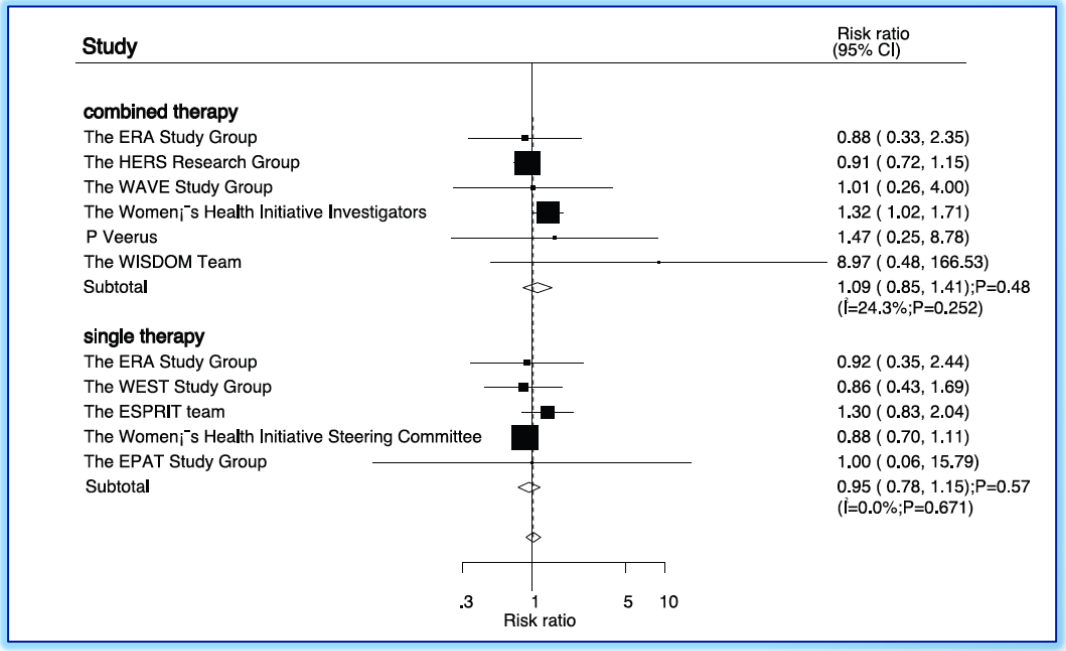
☯ These authors contributed equally to this work.

Dicheng Y.PLoS ONE 8(5):2013

HRT y riesgo coronario

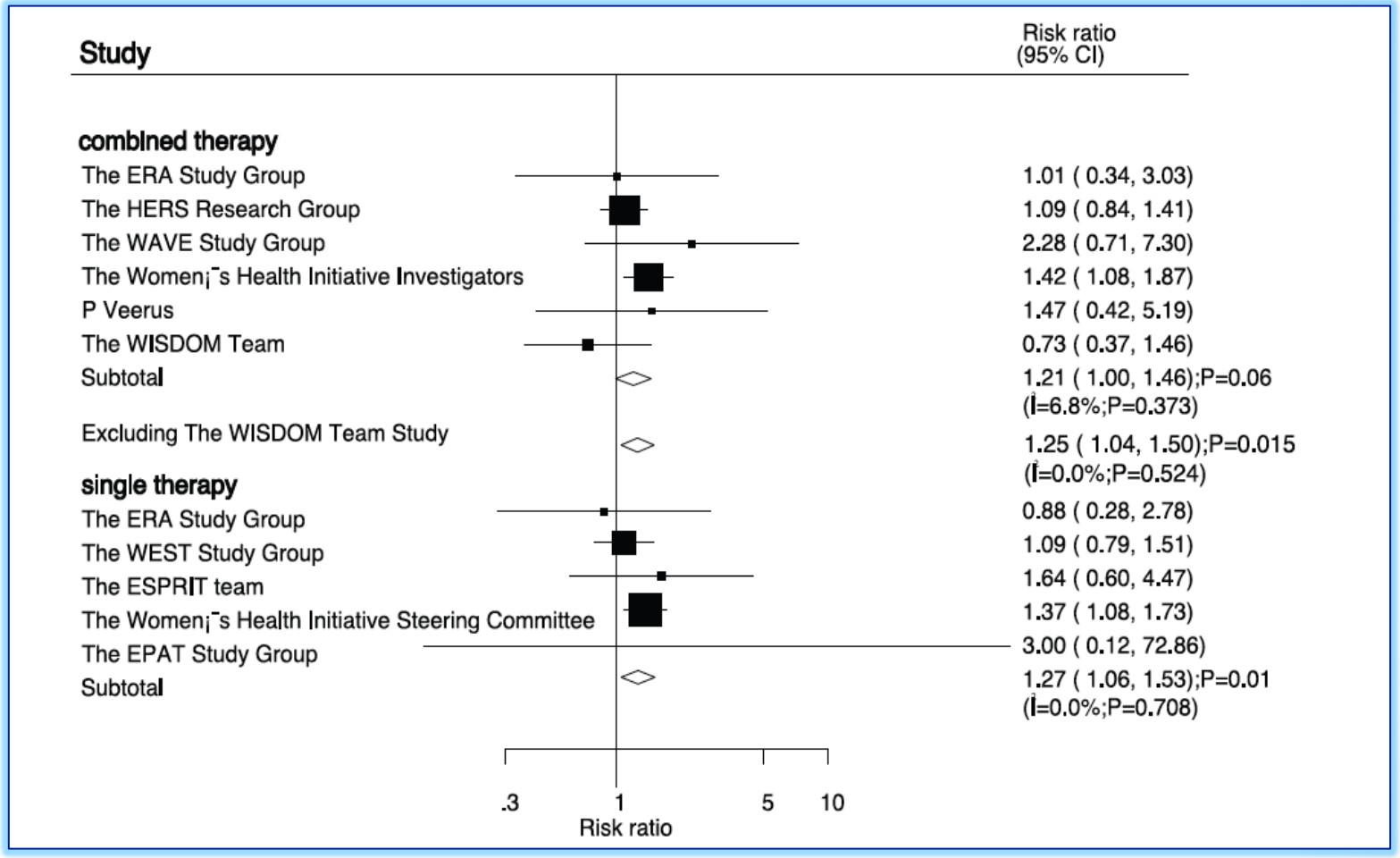


HRT y riesgo de Infarto



Dicheng Y.PLoS ONE 8(5):2013

Terapia Reemplazo Hormonal y riesgo ACV



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Anticonceptivos orales

Adolescente

Perimenopausica

Mujer Joven

- Regularizar el ciclo
- Endometriosis
- Poliquistosis ovarica
- Anemia por metrorragias
- Menstruaciones dolorosas
- EPI
- Acne

The Society of Obstetricians and Ginecologist of Canada

POSITION STATEMENT
Hormonal Contraception and Risk of Venous Thromboembolism .
Recomendaciones

- 1. El riesgo de TEV en usuarias de ACO a bajas dosis es baja
- 2. Los proveedores de salud deben evaluar la optima elección del método AC
- 3. El riesgo de TEV es mas elevado en los primeros meses de uso de ACO. Los descansos de ACO incrementan el riesgo.
- 4.Informar a la mujer sobre el riesgo de TEV en ACO con estrógenos y el riesgo en el embarazo y post parto
- 5. Informar que el uso de ACO combinados no sugieren diferencias basadas en el tipo de progestin utilizado

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Guías Europeas de Cardiología

- Los ACO se asocian con pequeños aumentos de la PA.
- Desarrollan HTA el 5% de las usuarias de ACO con altas concentraciones de estrogeno
- La Drospirenona con estinilestradiol redujo la PAS en 1-4 mmHg. Algunos estudios marcan el riego de TEV
- ACO y IAM conclusiones controvertidas. Solo era concluyente en las fumadoras

Uso de Terapia Hormonal

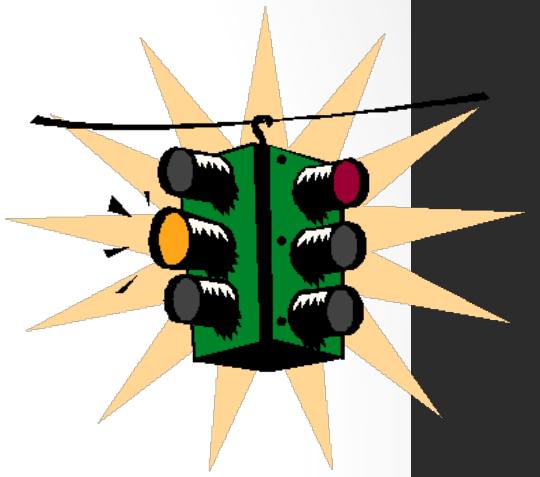
Indicaciones

- ✓ Menopausia precoz y/o oforectomía
- ✓ Sintomatología severa
- ✓ Paciente con alto riesgo de osteoporosis
- ✓ Atrofia urogenital

Contraindicaciones

- ✓ Paciente con cáncer de mama
- ✓ Tromboembolismo
- ✓ A.C.V. previo
- ✓ Insuficiencia hepática severa
- ✓ Metrorragia de origen desconocido

Pautas a tener en cuenta en la terapia hormonal



- ✓ Tratamiento individualizado
- ✓ Información adecuada a la paciente
- ✓ Utilización de la menor dosis efectiva
- ✓ Inicio temprano de uso de THR

Mensajes ACO

- Realizar anamnesis detallada para factores de riesgo de TEV
- Mujer >35 años: FRCV, tabaquismo, HTA, DM y obesidad
- Elección del ACO con dosis bajas
- Controles médicos periódicos

Mensajes ACO

- La **OMS no recomienda** uso de ACO con:

  Presión arterial entre 140/100 mm Hg y 159/109 mmHg

- • con hipertensión mal controlada
  • con antecedentes de hipertensión

- La **OMS contraindica** a los Anticonceptivos

  Presión arterial mayores de 160/100 mmHg.