Selección de Resúmenes de Menopausia

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Is AMH a regulator of follicular atresia?

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We discuss the hypothesis that AMH is an intraovarian regulator that inhibits follicular atresia within the human ovary. Several indirect lines of evidence derived from clinical and basic science studies in a variety of different patient populations and model systems collectively support this hypothesis. Evidence presented herein include 1) timing of onset of menopause in women with polycystic ovary syndrome, 2) site of cellular origin and timing of AMH production, 3) AMH's influence on other critical growth factors and enzymes involved in folliculogenesis, and 4) AMH's inhibition of granulosa apoptosis. If this hypothesis is true, it may provide insight for treatment strategies for prevention and treatment of premature ovarian insufficiency, slowing natural ovarian aging, and/or delaying eventual ovarian failure. Such findings may lead to the development of 1) AMH agonists for retarding the onset of menopause and/or as a chemoprotectant prior to cancer therapy and 2) AMH antagonists for the treatment of PCOS.

Injury. 2014 Jul 30. pii: S0020-1383(14)00348-9. doi: 10.1016/j.injury.2014.07.021. [Epub ahead of print]

Open fractures in the elderly. The importance of skin ageing.

Court-Brown CM, Biant LC, Clement ND, Bugler KE, Duckworth AD, McQueen MM.

Open fractures in the elderly are rare and there is little information about them. We have reviewed 484 open fractures in patients aged ≥65 years over a 15-year period and compared them with 1902 open fractures in patients <65 years treated in the same period. The incidence of open fractures increased significantly with age. The incidence of open fractures in patients aged <65 years was 296.6/106/year compared which increased to 332.3/106/year in patients aged ≥65 years and further still to 446.7/106/year in the super-elderly aged ≥80 years The fracture distribution curves show that males aged 15-19 years and females aged ≥90 years have a very similar incidence of open fractures. In males the incidence declines almost linearly, whereas in females there is a steady increase in fracture incidence with age until the 7th decade of life when the incidence rises sharply. About 60% of open fractures in the elderly follow a fall and most fractures are caused by low energy injuries. Despite this there is a high incidence of Gustilo Type III fractures[1], particularly in females. The commonest open fractures in females are those of the distal radius and ulna, fingers, tibia and fibula and ankle, all fractures with subcutaneous locations. It has been shown that ageing alters the mechanical properties of skin and we believe that this accounts for the increased incidence of open fractures in elderly females which occurs about 1 decade after the post-menopausal increase in fracture incidence.

1.-Editor: Fractures Type III Gustilo: Open fracture with extensive soft-tissue laceration (>10 cm), damage, or loss or an open segmental fracture.

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Protein intake and lumbar bone density: the Multi-Ethnic Study of Atherosclerosis (MESA).

Hu T, Rianon NJ, Nettleton JA, Hyder JA, He J1, Steffen LM, Jacobs DR, Criqui MH6, Bazzano LA.

Dietary protein has been shown to increase urinary Ca excretion in randomised controlled trials, and diets high in protein may have detrimental effects on bone health; however, studies examining the relationship between dietary protein and bone health have conflicting results. In the present study, we examined the relationship between dietary protein (total, animal and vegetable protein) and lumbar spine trabecular volumetric bone mineral density (vBMD) among participants enrolled in the Multi-Ethnic Study of Atherosclerosis (n 1658). Protein intake was assessed using a FFQ obtained at baseline examination (2000-2). Lumbar spine vBMD was measured using quantitative computed tomography (2002-5), on average 3 years later. Multivariable linear and robust regression techniques were used to examine the associations between dietary protein and vBMD. Sex and race/ethnicity jointly modified the association of dietary protein with vBMD (P for interaction = 0·03). Among white women, higher vegetable protein intake was associated with higher vBMD (P for trend = 0·03), after adjustment for age, BMI, physical activity, alcohol consumption, current smoking, educational level, hormone therapy use, menopause and additional dietary factors. There were no consistently significant associations for total and animal protein intakes among white women or other sex and racial/ethnic groups. In conclusion, data from the present large, multi-ethnic, population-based study suggest

that a higher level of protein intake, when substituted for fat, is not associated with poor bone health. Differences in the relationship between protein source and race/ethnicity of study populations may in part explain the inconsistent findings reported previously.

Ethiop J Health Sci. 2014 Jul;24(3):209-18.

Is Desvenlafaxine Effective and Safe in the Treatment of Menopausal Vasomotor Symptoms? A Meta-analysis and Meta-regression of Randomized Double-blind Controlled Studies.

Berhan Y, Berhan A.

BACKGROUND: During perimenopause, vasomotor symptoms are known to have a detrimental effect on women's functional ability and quality of life. For symptomatic women not eligible for hormonal therapy, desvenlafaxine is an option, but its safety margin and tolerability are not yet determined. METHODS: A computer-based literature search was done in the databases of MEDLINE, Cochrane library, and HINARI (Health InterNetwork Access to Research Initiative). Meta-analysis was conducted by including double-blind randomized controlled studies on the effectiveness and safety of desvenlafaxine in the treatment of hot flashes. The effectiveness, safety and tolerability of desvenlafaxine were determined by standardized mean differences (SMDs) and Mantel-Haenszel odds ratio. Subgroup analysis based on doses of desvenlafaxine and linear meta-regression analyses were performed for several covariates. Heterogeneity testing, the risk of bias assessment and sensitivity analyses were done. RESULTS: Desvenlafaxine was associated with a statistically significant reduction in the number and severity of daily moderate to severe hot flashes. The number of nighttime awakenings because of hot flashes was also significantly decreased. However, the rate of desvenlafaxine treatment discontinuation because of adverse events was a significantly higher than placebo treated women and the risk ratios of adverse events like asthenia, hypertension, anorexia, constipation, diarrhea, dry mouth, nausea, dizziness, insomnia, somnolence and mydriasis were very high. CONCLUSION: Desvenlafaxine is effective in the treatment of hot flashes but it is strongly associated with several adverse events and treatment discontinuation. Further clinical trials focusing only on desvenlafaxine related adverse events are highly warranted before it is approved for public use.

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Lifetime exposure to estrogens and Parkinson's disease in California teachers.

Gatto NM, Deapen D, Stoyanoff S, Pinder R, Narayan S, Bordelon Y, Ritz B.

INTRODUCTION: Parkinson's disease (PD) is consistently observed to occur less frequently in women than men, prompting investigation into whether estrogen protects against neurodegeneration of dopaminergic neurons. METHODS:We used baseline data in the California Teachers Study, a prospective cohort of women, to investigate whether reproductive factors indicating higher long-term estrogen levels are associated with PD using a nested case-control approach. We identified 228 PD cases and 3349 unaffected controls frequency matched by age and race. RESULTS:Women who reported using combined estrogen/progesterone therapy or progesterone only formulations had a 57% increase in PD risk (OR = 1.57, 95% CI = 1.06, 2.34) compared to never having used HT. Compared to women with menopause at 50-52 years, menopause at younger (<35-46 years: OR = 0.59, 95% CI = 0.37, 0.94) and older ages (≥53 years: OR = 0.54, 95% CI = 0.36, 0.83) had lower PD risk. A derived composite estrogen summary score for women's exposure to both endogenous and exogenous estrogens throughout life indicated that women with presumed higher cumulative lifetime levels of estrogen (a score of 3-5) had a significantly reduced PD risk [(OR = 0.57, 95% CI = 0.35, 0.91) relative to those with lower lifetime estrogen exposure or a composite estrogen summary score of 0-1]. CONCLUSIONS: These results provide some support for the hypothesis that lifelong high estrogen is protective in PD, suggesting that the level and persistence of exposure over the long term may be important in PD risk reduction.

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A Population-Based Study of the Incidence of Burning Mouth Syndrome.

Kohorst JJ, Bruce AJ, Torgerson RR, Schenck LA, Davis MD.

OBJECTIVE: To calculate the incidence of burning mouth syndrome (BMS) in Olmsted County, Minnesota, from 2000 through 2010. PATIENTS AND METHODS: By using the medical record linkage system of the Rochester

Epidemiology Project, we identified newly diagnosed cases of BMS from January 1, 2000, through December 31, 2010. Diagnoses were confirmed through the presence of burning pain symptoms of the oral mucosa with normal oral examination findings and no associated clinical signs. Incidence was estimated using decennial census data for Olmsted County. RESULTS: In total, 169 incident cases were identified, representing an annual age- and sex-adjusted incidence of BMS of 11.4 per 100,000 person-years. Age-adjusted incidence was significantly higher in women than in men (18.8 [95% CI, 16.4-22.9] per 100,000 person-years vs 3.7 [95% CI, 2.6-5.7] per 100,000 person-years; P<.001). Postmenopausal women aged 50 to 89 years had the highest incidence of the disease, with the maximal rate observed in women aged 70 to 79 years (70.3 per 100,000 person-years). After the age of 50 years, the incidence of BMS in men and women significantly increased across age groups (P=.02). Study participants residing in Olmsted County, Minnesota, were predominantly white, which is a study limitation. In addition, diagnostic criteria for identifying BMS in the present study may not apply for all situations because no diagnostic criteria are universally recognized for identifying BMS. CONCLUSION: To our knowledge, this is the first population-based incidence study of BMS reported to date. The data reveal that BMS is an uncommon disease highly associated with female sex and advancing age.

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Hysterectomy versus hysterectomy plus oophorectomy for premenopausal women.

Orozco LJ, Tristan M, Vreugdenhil MM, Salazar A.

BACKGROUND: Prophylactic oophorectomy alongside hysterectomy in premenopausal women is a common procedure. The decision to remove or conserve the ovaries is often based on the perceived risk for ovarian cancer and the need for additional gynaecological surgical interventions, and is weighed against the perceived risk of negative health effects caused by surgically induced menopause. The evidence needed to recommend either prophylactic bilateral oophorectomy or conservation of ovaries at the time of hysterectomy in premenopausal women is limited. This is an update of the original version of this systematic review published in 2008. OBJECTIVES: To compare hysterectomy alone versus hysterectomy plus bilateral oophorectomy in women with benign gynaecological conditions, with respect to rates of mortality or subsequent gynaecological surgical interventions. SEARCH METHODS: We searched the Cochrane Menstrual Disorders and Subfertility Group Trials Register (December 2005 to January 2014) and the following electronic databases: CENTRAL (The Cochrane Library 2013, Issue 12), MEDLINE (January 1966 to January 2014), EMBASE (January 1985 to January 2014), and PsycINFO (1806 to January 2014). SELECTION CRITERIA: Randomised controlled trials (RCTs) of hysterectomy alone versus hysterectomy with bilateral oophorectomy in premenopausal women with benign gynaecological conditions were eligible. Any surgical approach could be used. DATA COLLECTION AND ANALYSIS: Three review authors independently assessed trials for inclusion. Study authors were contacted if information was unclear. MAIN RESULTS: Only one RCT comparing the benefits and risks of hysterectomy with or without oophorectomy was identified. The results of this pilot RCT have not been published and we have not been able to obtain the results. Therefore, no data could be included in this review. AUTHORS' CONCLUSIONS:The conclusions of this review are limited by a lack of RCTs. Although no evidence is available from RCTs, there is growing evidence from observational studies that surgical menopause may impact negatively on cardiovascular health and all cause mortality.