

Selección de Resúmenes de Menopausia

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Weight change in middle adulthood and risk of cancer in the European Prospective Investigation into Cancer and Nutrition (EPIC) cohort

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Obesity is a risk factor for several major cancers. Associations of weight change in middle adulthood with cancer risk, however, are less clear. We examined the association of change in weight and body mass index (BMI) category during middle adulthood with 42 cancers, using multivariable Cox proportional hazards models in the European Prospective Investigation into Cancer and Nutrition cohort. Of 241 323 participants (31% men), 20% lost and 32% gained weight (>0.4 to 5.0 kg/year) during 6.9 years (average). During 8.0 years of follow-up after the second weight assessment, 20 960 incident cancers were ascertained. Independent of baseline BMI, weight gain (per one kg/year increment) was positively associated with cancer of the corpus uteri (hazard ratio HR = 1.14; 95% confidence interval: 1.05-1.23). Compared to stable weight (+/-0.4 kg/year), weight gain (>0.4 to 5.0 kg/year) was positively associated with cancers of the gallbladder and bile ducts (HR = 1.41; 1.01-1.96), post-menopausal breast (HR = 1.08, 1.00-1.16) and thyroid (HR = 1.40; 1.04-1.90). Compared to maintaining normal weight, maintaining overweight or obese BMI (World Health Organization categories) was positively associated with most obesity-related cancers. Compared to maintaining the baseline BMI category, weight gain to a higher BMI category was positively associated with cancers of the post-menopausal breast (HR = 1.19; 1.06-1.33), ovary (HR = 1.40; 1.04-1.91), corpus uteri (HR = 1.42; 1.06-1.91), kidney (HR = 1.80; 1.20-2.68) and pancreas in men (HR = 1.81; 1.11-2.95). Losing weight to a lower BMI category, however, was inversely associated with cancers of the corpus uteri (HR = 0.40; 0.23-0.69) and colon (HR = 0.69; 0.52-0.92). Our findings support avoiding weight gain and encouraging weight loss in middle adulthood.

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Randomized Trial Evaluation of Benefits and Risks of Menopausal Hormone Therapy Among Women Aged 50-59

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The health benefits and risks of menopausal hormone therapy among women aged 50-59 years are examined in the Women's Health Initiative randomized, placebo-controlled trials using long-term follow-up data and a parsimonious statistical model that leverages data from older participants to increase precision. These trials enrolled 27,347 healthy post-menopausal women aged 50-79 at 40 U.S. clinical centers during 1993-1998, including 10,739 post-hysterectomy participants in a trial of conjugated equine estrogens, and 16,608 participants with uterus in the trial of these estrogens plus medroxyprogesterone acetate. Over an 18-year (median) follow-up period (1993-2016) risk for a global index, defined as the earliest of coronary heart disease, invasive breast cancer, stroke, pulmonary embolism, colorectal cancer, endometrial cancer, hip fracture, and all-cause mortality, is reduced with conjugated equine estrogens with hazard ratio (95% confidence interval) of 0.82 (0.71, 0.95), and with nominally significant reductions for coronary heart disease, breast cancer, hip fracture and all-cause mortality. Corresponding global index hazard ratio estimates of 1.06 (0.95, 1.19) were non-significant for combined estrogens plus progestin, but increased breast cancer risk and reduced endometrial cancer risk were observed. These results, among women 50-59, substantially agree with the worldwide observational literature, with the exception of breast cancer for estrogens alone.

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Effects of different doses of metformin on bone mineral density and bone metabolism in elderly male patients with type 2 diabetes mellitus

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Background: Diabetes is a chronic disease, which may cause various complications. Patients with diabetes are at high risk of bone and joint disorders, such as osteoporosis and bone fractures. In addition, it became widely accepted that diabetes has an important impact on bone metabolism. Metformin is a commonly used and effective first-line treatment for type 2 diabetes. Some glucose-lowering agents have been found to have an effect on bone metabolism. The present study explored if different doses of metformin have an effect on bone mineral density (BMD) and bone metabolism in type 2 diabetes. Aim: To investigate the effects of different doses of metformin on BMD and bone metabolism in elderly male patients with type 2 diabetes mellitus. Methods: A total of 120 elderly male outpatients with type 2 diabetes mellitus who were admitted to our hospital were included in the study from July 2018 to June 2019. They were randomly assigned to an experimental group and a control group with 60 patients in each group. Patients in the experimental group were given high dose metformin four times a day 0.5 g each time for 12 wk. Patients in the control group were given low dose metformin orally twice a day 0.5 g each time for 12 wk. The changes in bone mineral density and bone metabolism before and after treatment and the efficacy rate of the treatment were compared between the two groups. Results: There was no significant difference in the efficacy rate between the two groups ($P > 0.05$). Before the treatment, there was no significant difference in BMD and bone metabolism between the two groups ($P > 0.05$). However, after the treatment, BMD and bone metabolism were improved in the two groups. Moreover, BMD and 25-hydroxyvitamin D were significantly higher in the experimental group than in the control group, and N-terminal/midregion and β -isomerized C-terminal telopeptides were significantly lower in the experimental group than in the control group (all $P < 0.05$). There was no significant difference in the incidence of adverse reactions between the two groups ($P > 0.05$). Conclusion: Both high and low dose metformin can effectively control the blood glucose levels in elderly male patients with type 2 diabetes mellitus. However, the benefits of high dose metformin in improving BMD and bone metabolism level was more obvious in patients with type 2 diabetes mellitus.

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Female Sexual Function and Its Association with the Severity of Menopause-Related Symptoms

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The aim of this study was to examine female sexual functioning and its association with the impact of the symptoms of menopause among Spanish postmenopausal women. A total of 182 postmenopausal women (65.59 ± 7.93 years) participated in this cross-sectional study. The female sexual function index (FSFI) and the menopause rating scale (MRS) were used to analyze sexual function and severity of menopausal symptoms, respectively. Age, education, area of residence, occupation, and depression (Hospital Anxiety and Depression Scale) were considered as possible confounders. The results of a linear multivariate regression analysis showed that the severity of urogenital menopause-related symptoms was associated with lower values in the FSFI total score and the lubrication, satisfaction, arousal, and orgasm domains. These last three subscales were also linked to severe psychological impact, while the MRS total score was only related to the desire domain. Regarding confounders, being younger, working, and residing in a rural area were all linked to better sexual function. All effect sizes were large (adjusted $R^2 > 0.35$). In conclusion, after controlling for possible confounders, postmenopausal women who experience a severe impact of menopausal symptoms endure poorer sexual function, particularly when said symptoms are urogenital or psychological in nature.