



Selección de Resúmenes de Menopausia

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Hip fractures in patients treated with antipsychotic drugs. Study of retrospective cohorts in Catalonia

[Article in Spanish]

Susana González Tejón¹, Montserrat Ibarra Jato², M Isabel Fernández San Martín³, Albert Prats Uribe⁴, et al.
 Objective: To evaluate the incidence of hip fracture in patients with antipsychotic treatment, comparing it with that of individuals who have not been treated with antipsychotics. Design: Retrospective cohort study of patients treated with antipsychotic drugs (TAP) and patients without known treatment (non-TAP). The observation period was 2006-2014. SITE: All primary care teams in Catalonia of the Catalan Health Institute (ICS). Participants: Patients older than 44 years with TAP lasting at least 3 months. Control cohort: random selection of non-TAP patients matching for baseline comorbidities and other variables. A total of 22,010 are analyzed. Main measurements Incidence rate (1000× person-years: PY) of hip fracture in each group (TAP and non-TAP). Cox regression models to estimate adjusted risks (hazard ratio: HR). Results: The hip fracture incidence rate was higher in TAP patients (5.83 vs 3.58 fractures per 1000 PY), and is higher in all strata according to sex, age and type of diagnosis. The risk of suffering a hip fracture was 60% higher (HR: 1.60 95% CI: 1.34-1.92) in the TAP group than in the non-TAP group. The risk was higher in the group with schizophrenia (HR: 3.57 95% CI: 1.75-7.30), followed by bipolar disorder (HR: 2.61; 95% CI: 1.39-4.92) and depression (HR: 1.51; 95% CI: 1.21-1.88). Conclusions: Patients with antipsychotic treatment have a higher risk of hip fracture than those who have not been treated with antipsychotics.

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The relation of number of childbirths with age at natural menopause: a population study of 310 147 women in Norway

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Study question: Does age at natural menopause increase with increasing of number of childbirths? Summary answer: Age at menopause increased with increasing number of childbirths up to three childbirths; however, we found no further increase in age at menopause beyond three childbirths. What is known already: Pregnancies interrupt ovulation, and a high number of pregnancies have therefore been assumed to delay menopause. Previous studies have had insufficient statistical power to study women with a high number of childbirths. Thus, the shape of the association of number of childbirths with age at menopause remains unknown. Study design, size, duration: A retrospective population study of 310 147 women in Norway who were 50-69 years old at data collection. Participants/materials, setting, methods: The data were obtained by two self-administered questionnaires completed by women attending BreastScreen Norway, a population-based screening program for breast cancer. The associations of number of childbirths with age at menopause were estimated as hazard ratios by applying Cox proportional hazard models, adjusting for the woman's year of birth, cigarette smoking, educational level, country of birth, oral contraceptive use and body mass index. Main results and the role of chance: Women with three childbirths had the highest mean age at menopause (51.36 years; 95% CI: 51.33-51.40 years), and women with no childbirths had the lowest (50.55 years; 95% CI: 50.48-50.62 years). Thus, women with no childbirths had higher hazard ratio of reaching menopause compared to women with three childbirths (reference group) (adjusted hazard ratio, 1.24; 95% CI: 1.22-1.27). Beyond three childbirths, we estimated no further increase in age at menopause. These findings were confirmed in sub-analyses among (i) women who had never used hormonal intrauterine device and/or systemic menopausal hormonal therapy; (ii) women who were born before 1950 and (iii) women who were born in 1950 or after. Limitations, reasons for caution: Information about age at menopause was based on self-reports. Wider implications of the findings: If pregnancies truly delay menopause, one would expect that women with the highest number of childbirths had the highest age at menopause. Our results question the assumption that interrupted ovulation during pregnancy delays menopause.

Cont Lens Anterior Eye. 2021 Nov 14;101539.doi: 10.1016/j.clae.2021.101539. Online ahead of print.

Systemic, environmental and lifestyle risk factors for dry eye disease in a mediterranean caucasian population

José Vicente García-Marqués ¹, Cristian Talens-Estarellas ¹, Santiago García-Lázaro ¹, James S Wolffsohn, et al. Objectives: To assess systemic, environmental and lifestyle risk factors for dry eye disease (DED) in a Mediterranean Caucasian population. Methods: A cross-sectional study was performed on 120 Caucasian participants aged between 18 and 89 years (47.0 ± 22.8 years). Medical history, information regarding environmental conditions and lifestyle, Ocular Surface Disease Index, Dry Eye Questionnaire-5, non-Invasive (Oculus Keratograph 5 M) breakup time, tear film osmolarity and ocular surface staining parameters were assessed in a single clinical session to allow DED diagnosis based on the guidelines of the Tear Film and Ocular Surface Society Dry Eye Workshop II Diagnostic Methodology Report. A multivariate logistic regression model was constructed including those variables with a p-value less than 0.15 in the univariate analysis. Results: A prevalence of 57.7 % for DED was found. No age differences were found between those with and without DED ($U = 1886.5$, $p = 0.243$). Nevertheless, the DED group had more females ($X^2 = 7.033$, $p = 0.008$). The univariate logistic regression identified as potential risk factors for DED the following: female sex, sleep hours per day, menopause, anxiety, systemic rheumatologic disease, use of anxiolytics, daily medication, ocular surgery, poor diet quality, more ultra-processed food in diet, not drinking caffeine and hours of exposure to air conditioning per day. Multivariate logistic regression revealed that hours of sleep per day, menopause and use of anxiolytics were independently associated with DED ($p \leq 0.026$ for all). Conclusions: DED is associated with systemic, environmental and lifestyle risk factors. These findings are useful to identify potentially modifiable risk factors, in addition to conventional treatments for DED.

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Associations of endogenous sex hormone levels with the prevalence and progression of valvular and thoracic aortic calcification in the Multi-Ethnic Study of Atherosclerosis (MESA)

Apurva Sharma ¹, Oluseye Ogunmoroti ², Oluwaseun E Fashanu ³, Di Zhao ⁴, Pamela Ouyang ², et al. Background and aims: Sex hormones (SH) may contribute to sex differences in cardiovascular disease (CVD). High free testosterone (T) and low sex hormone binding globulin (SHBG) have been associated with progression of coronary artery calcification in women. We now examined the association of SH with extra-coronary calcification (ECC) prevalence and progression among MESA participants. Methods: We studied 2,737 postmenopausal women and 3,130 men free of clinical CVD with baseline SH levels. ECC measurements [ascending and descending thoracic aortic calcification (ATAC, DTAC), mitral annular calcification (MAC), aortic valve calcification (AVC)] were obtained by computed tomography at baseline and after 2.4 ± 0.9 years. We used multivariable Poisson regression to evaluate associations with ECC prevalence and incidence (Agatston scores >0) and linear mixed effects models for ECC progression, per 1-SD increment in $\log(\text{SH})$ in women and men separately. Results: The mean age was 65 ± 9 and 62 ± 10 years for women and men, respectively. In women, greater free T and lower SHBG were associated with MAC incidence in a demographic-adjusted model only. In men, lower free T was associated with MAC prevalence, DTAC incidence and progression, while greater SHBG was associated with MAC prevalence and DTAC progression after further adjusting for CVD risk factors. Conclusions: In this diverse cohort free of CVD, we found some associations of SH with ECC measures. In particular, free T was inversely associated with prevalent MAC and DTAC progression in men independent of CVD risk factors. SH may influence vascular calcification, but further work is needed to understand clinical implications of these findings.

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Menopausal hormonal therapy in surgically menopausal women with underlying endometriosis

P Tanmahasamut ¹, M Rattanachaiyanont ¹, K Techatraisak ¹, S Indhavivadhana ¹, T Wongwananuruk, et al. Objective: This study aimed to investigate the relationship between menopausal hormone therapy (MHT) and endometriosis recurrence in women who underwent hysterectomy with bilateral salpingo-oophorectomy to treat endometriosis. Method: This retrospective cohort study included 330 women who underwent definitive surgery to treat endometriosis during 1996-2012. Follow-up data until December 2018 were analyzed. Patients were grouped as MHT non-users (non-MHT, $n = 43$), estrogen-only therapy (ET, $n = 230$), estrogen-progestogen therapy (EPT, $n = 39$) and

tibolone (n = 18). Results: The mean age at surgery was 41.5 ± 5.3 years. The overall median follow-up duration was 6.0 years (interquartile range [IQR]: 3.0-10.4), and the median duration of MHT use was 66.0 months (IQR: 36.0-116.3). The overall recurrence rate was 3.0% (95% confidence interval: 1.5-5.5) and there was no significant difference in recurrence among the study groups. Disease recurrence resolved after MHT discontinuation, or change in MHT type and/or dose. Conclusions: No significant association between MHT use and endometriosis recurrence was found in this study. The endometriosis recurrence rate was non-significantly different between ET and EPT. Recurrent endometriosis can be successfully treated without invasive measures. No study patients had malignant transformation after a median follow-up of 6 years. Our findings suggest that any of the three evaluated MHT regimens can be used in surgically menopausal Thai women with underlying endometriosis.

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Metformin and Bone Metabolism in Endogenous Glucocorticoid Excess: An Exploratory Study

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Context: Glucocorticoid excess exhibits multiple detrimental effects by its catabolic properties. Metformin was recently suggested to protect from adverse metabolic side-effects of glucocorticoid treatment. Whether metformin is beneficial in patients with endogenous glucocorticoid excess has not been clarified. Objective: To evaluate the phenotype in patients with endogenous Cushing's syndrome (CS) treated with metformin at the time of diagnosis. Patients and methods: As part of the German Cushing's Registry we selected from our prospective cohort of 96 patients all 10 patients who had been on pre-existing metformin treatment at time of diagnosis (CS-MET). These 10 patients were matched for age, sex and BMI with 16 patients without metformin treatment (CS-NOMET). All patients had florid CS at time of diagnosis. We analyzed body composition, metabolic parameters, bone mineral density and bone remodeling markers, muscle function and quality of life. Results: As expected, diabetes was more prevalent in the CS-MET group, and HbA1c was higher. In terms of comorbidities and the degree of hypercortisolism, the two groups were comparable. We did not observe differences in terms of muscle function or body composition. In contrast, bone mineral density in metformin-treated patients was superior to the CS-NOMET group at time of diagnosis (median T-Score -0.8 versus -1.4, $p = 0.030$). CS-MET patients showed decreased β -CTX levels at baseline ($p = 0.041$), suggesting reduced bone resorption under metformin treatment during glucocorticoid excess. Conclusion: This retrospective cohort study supports potential protective effects of metformin in patients with endogenous glucocorticoid excess, in particular on bone metabolism.

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Global prevalence of osteoporosis among the world older adults: a comprehensive systematic review and meta-analysis

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Background: Osteoporosis is one of the most common bone system diseases that is associated with an increased risk of bone fractures and causes many complications for patients. With age, the prevalence of this disease increases so that it has become a serious problem among the elders. In this study, the prevalence of osteoporosis among elders around the world is examined to gain an understanding of its prevalence pattern. Methods: In this systematic review and meta-analysis, articles that have focused on prevalence of osteoporosis in the world's elders were searched with these key words, such as Prevalence, Osteoporosis, Elders, Older adult in the Science Direct, Embase, Scopus, PubMed, Web of Science (WoS) databases and Google Scholar search engine, and extracted without time limit until March 2020 and transferred to information management software (EndNote). Then, duplicate studies were eliminated and the remaining studies were evaluated in terms of screening, competence and qualitative evaluation based on inclusion and exclusion criteria. Data analysis was performed with Comprehensive Meta-Analysis software (Version 2) and Begg and Mazumdar test was used to check the publication bias and I² test was used to check the heterogeneity. Results: In a review of 40 studies (31 studies related to Asia, 5 studies related to Europe and 4 studies related to America) with a total sample size of 79,127 people, the prevalence of osteoporosis in the elders of the world; 21.7% (95% confidence interval: 18.8-25%) and the overall prevalence of osteoporosis in older men and women in the world, 12.5% (95% confidence interval: 9.3-16.7%) and 35.3% (95% confidence interval: 27.9-43.4%) was reported. Also, the highest prevalence of osteoporosis in the elders was reported in Asia with; 24.3% (95% confidence interval: 20.9-28.1%). Conclusion: The results of the present study showed that the prevalence of osteoporosis in the elders and especially

elders' women is very high. Osteoporosis was once thought to be an inseparable part of elders' lives. Nowadays, Osteoporosis can be prevented due to significant scientific advances in its causes, diagnosis, and treatment. Regarding the growing number of elderly people in the world, it is necessary for health policy-makers to think of measures to prevent and treat osteoporosis among the elders.