

Selección de Resúmenes de Menopausia

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Dairy Food Intake Is Not Associated with Measures of Bone Microarchitecture in Men and Women: The Framingham Osteoporosis Study

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Previous studies reported that dairy foods are associated with higher areal bone mineral density (BMD) in older adults. However, data on bone strength and bone microarchitecture are lacking. We determined the association of dairy food intake (milk, yogurt, cheese, milk + yogurt, and milk + yogurt + cheese, servings/week) with high resolution peripheral quantitative computed tomography (HR-pQCT) measures of bone (failure load, cortical BMD, cortical thickness, trabecular BMD, and trabecular number). This cross-sectional study included participants with diet from a food frequency questionnaire (in 2005-2008 and/or 1998-2001) and measurements of cortical and trabecular BMD and microarchitecture at the distal tibia and radius (from HR-pQCT in 2012-2015). Sex-specific multivariable linear regression estimated the association of dairy food intake (energy adjusted) with each bone measure adjusting for covariates. Mean age was 64 (SD 8) years and total milk + yogurt + cheese intake was 10.0 (SD 6.6) and 10.6 (6.4) servings/week in men and women, respectively. No significant associations were observed for any of the dairy foods and bone microarchitecture measures except for cheese intake, which was inversely associated with cortical BMD at the radius ($p = 0.001$) and tibia ($p = 0.002$) in women alone. In this cohort of primarily healthy older men and women, dairy intake was not associated with bone microarchitecture. The findings related to cheese intake and bone microarchitecture in women warrant further investigation.

Nutrients. 2021 Oct 26;13(11):3786. doi: 10.3390/nu13113786.

Osteosarcopenia, an Asymmetrical Overlap of Two Connected Syndromes: Data from the OsteoSys Study

Maryam Pourhassan 1, Bjoern Buehring 2, Ulrik Stervbo 3, Sven Rahmann 4, Felix Mölder 5, Sebastian Rütten et al. Osteoporosis and sarcopenia are two chronic conditions, which widely affect older people and share common risk factors. We investigated the prevalence of low bone mineral density (BMD) and sarcopenia, including the overlap of both conditions (osteosarcopenia) in 572 older hospitalized patients (mean age 75.1 ± 10.8 years, 78% women) with known or suspected osteoporosis in this prospective observational multicenter study. Sarcopenia was assessed according to the revised definition of the European Working Group on Sarcopenia in Older People (EWGSOP2). Low BMD was defined according to the World Health Organization (WHO) recommendations as a T-score < -1.0 . Osteosarcopenia was diagnosed when both low BMD and sarcopenia were present. Low BMD was prevalent in 76% and the prevalence of sarcopenia was 9%, with 90% of the sarcopenic patients showing the overlap of osteosarcopenia (8% of the entire population). Conversely, only few patients with low BMD demonstrated sarcopenia (11%). Osteosarcopenic patients were older and frailer and had lower BMI, fat, and muscle mass, handgrip strength, and T-score compared to nonosteosarcopenic patients. We conclude that osteosarcopenia is extremely common in sarcopenic subjects. Considering the increased risk of falls in patients with sarcopenia, they should always be evaluated for osteoporosis.

Cancers (Basel). 2021 Nov 12;13(22):5654. doi: 10.3390/cancers13225654.

Oral Contraceptive Use and Breast Cancer Risk Assessment: A Systematic Review and Meta-Analysis of Case-Control Studies, 2009-2020

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To perform a meta-analysis of case-control studies that addressed the association between oral contraceptive pills (OC) use and breast cancer (BrCa), PubMed (MEDLINE), Embase, and the Cochrane Library were searched to identify case-control studies of OC and BrCa published between 2009 and 2020. We used the DerSimonian-Laird method to compute pooled odds ratios (ORs) and confidence intervals (CIs), and the Mantel-Haenszel test to assess the association between OC use and cancer. Forty-two studies were identified that met the inclusion criteria and we

included a total of 110,580 women (30,778 into the BrCa group and 79,802 into the control group, of which 15,722 and 38,334 were using OC, respectively). The conducted meta-analysis showed that the use of OC was associated with a significantly increased risk of BrCa in general, OR = 1.15, 95% CI: 1.01 to 1.31, $p = 0.0358$. Regarding other risk factors for BrCa, we found that increased risk was associated significantly with early menarche, nulliparous, non-breastfeeding, older age at first parity, postmenopause, obesity, smoking, and family history of BrCa. Despite our conclusion that birth control pills increase the cancer risk being supported by extensive previous studies and meta-analyses, further confirmation is required.

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What We Know about the Long-Term Risks of Hysterectomy for Benign Indication-A Systematic Review

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Hysterectomy is the most common treatment option in women with uterine fibroids, providing definitive relief from the associated burdensome symptoms. As with all surgical interventions, hysterectomy is associated with risk of complications, short-term morbidities, and mortality, all of which have been described previously. However, information on the potential long-term risks of hysterectomy is only recently becoming available. A systematic literature review was performed to identify studies published between 2005 and December 2020 evaluating the long-term impact of hysterectomy on patient outcomes. A total of 29 relevant studies were identified. A review of the articles showed that hysterectomy may increase the risk of cardiovascular events, certain cancers, the need for further surgery, early ovarian failure and menopause, depression, and other outcomes. It is important to acknowledge that the available studies examine possible associations and hypotheses rather than causality, and there is a need to establish higher quality studies to truly evaluate the long-term consequences of hysterectomy. However, it is of value to consider these findings when discussing the benefits and risks of all treatment options with patients with uterine fibroids to allow for preference-based choices to be made in a shared decision-making process. This is key to ensuring that patients receive the treatment that best meets their individual needs.

Biology (Basel). 2021 Nov 5;10(11):1139. doi: 10.3390/biology10111139.

Serum Level of Vitamin D Is Associated with Severity of Coronary Atherosclerosis in Postmenopausal Women

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Background: Postmenopausal women experience rapid progression of coronary artery disease. Vitamin D deficiency appears to be a modifiable risk factor for cardiovascular diseases. This study aimed to analyze the impact of 25-hydroxyvitamin D3 (25(OH)D) level on the severity of coronary atherosclerosis and its potential cardioprotective effect in postmenopausal women. Material and Methods: The study prospectively recruited 351 women in postmenopausal age undergoing coronary angiography. The severity of coronary atherosclerosis was assessed using the Coronary Artery Surgery Study Score (CASSS). A level of 25(OH)D was measured with electrochemiluminescence. Results: Women with more severe coronary atherosclerosis have significantly lower 25(OH)D serum level ($p = 0.0001$). Vitamin D ($\beta = -0.02$; $p = 0.016$), hypertension ($\beta = 0.44$; $p = 0.025$), age ($\beta = 0.02$; $p = 0.003$), and history of MI ($\beta = 0.63$; $p < 0.0001$), were shown as CASSS determinants. Age, hyperlipidemia, and history of MI were found to determine the level of vitamin D (all $p < 0.05$). Women with a three-vessel disease hospitalized due to ACS, with a history of MI, hyperlipidemia and hypertension presented the lowest vitamin D level. Conclusions: Our study showed that lower serum 25(OH)D in postmenopausal women is associated with more significant stenosis in the coronary arteries. Therefore, we suggest considering low vitamin D level as a potential risk factor for coronary artery disease.

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Dietary carbohydrate quality and risk of breast cancer among women

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Background: A few studies have examined the relationship between carbohydrate quality index (CQI) and risk of breast cancer (BC) among women in Middle Eastern countries. We studied the associations between carbohydrate quality index and the risk of BC in overall and by menopausal status. Methods: In this case-control study, dietary

intake of 461 women with pathologically confirmed BC within the past year were examined. The same information were collected for 495 apparently healthy controls using a 168-item validated FFQ. Carbohydrate quality was determined by considering four criteria including: ratio of solid carbohydrates to total carbohydrates, dietary fiber intake, GI and the ratio of whole grains to total grains. Results: Mean GI and GL of participants were totally 57.5 ± 7.2 and 245.7 ± 64.7 , respectively. A trend toward significant association was seen between GI and odds of BC in the whole population; such that after stratifying analysis by menopausal status, premenopausal women in the highest quartile of GI were 1.85 times higher likely to have BC than those in the lowest quartile (95% CI: 1.12, 3.07, $P = 0.01$). We found that women with the greatest CQI had lower odds for BC, compared with those with the lowest CQI (0.63; 95% CI: 0.43-0.94, $P = 0.03$). This association was remained after stratifying analysis by menopausal status in premenopausal (0.55; 95% CI: 0.34-0.90, $P = 0.04$). Conclusion: We found that GI was directly and CQI inversely associated with odds of BC. In order to determine the effects of dietary carbohydrate quality prospective cohort studies are needed.