



Solo Información Médica

1  
**Contraception for the perimenopausal woman.**

Linton, A.; Golobof, A.; Shulman, L.P.  
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CLIMACTERIC

Resumen:  
Perimenopause, or the non-surgical cessation of a woman's life that bridges her reproductive years through to the non-surgical cessation of ovulation, or menopause. For many women this time is one of changes: changes in gynecological issues, onset of symptoms not experienced in her youth and increasing risks for adverse medical conditions. Despite the clear changes that occur for many women during this time, one critical issue is frequently ignored, namely, that, until the onset of menopause, she is exposed to pregnancy if sexually active, and pregnancy for older reproductive women is fraught with considerable increases in morbidity and mortality compared to younger women. This paper will present a review of the reproductive issues of the perimenopause and interventions geared to preventing pregnancy and relieving menopause-related symptoms. As counseling remains a critical aspect in empowering women to make informed choices about their health care, this paper will present current evidence that will help clinicians provide accurate reproductive counseling to women in the menopause transition.

2  
**Effects of phytoestrogens on bone mineral density during the menopause transition: a systematic review of randomized, controlled trials.**

Abdi, F.; Alimoradi, Z.; Haqi, P.; Mahdizad, F.  
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Resumen:  
INTRODUCTION: Menopause is associated with increased bone resorption and decreased bone mineral density (BMD). Phytoestrogens are believed to prevent bone loss. This study reviewed relevant randomized, controlled trials to determine the effects of phytoestrogens on BMD in postmenopausal women. METHODS: In order to perform this systematic review, PubMed, Science Direct, Scopus, Cochrane Library, ISI Web of Knowledge, and ProQuest databases were searched for articles published during 2005-2016. The main keywords used during the searches were "phytoestrogen" and "bone mineral density" and "menopause". The Cochrane Risk of Bias Assessment Tool was used to evaluate the quality of the selected studies and to assess the risk of bias. RESULTS: A total of 23 eligible studies were included in this systematic review. Most selected studies used a double-blind, placebo-controlled design. In total, 3494 participants were enrolled in the selected trials. Different types of soy isoflavone extracts, including genistein extracts (either alone or in combination with daidzein), dietary products containing different amounts of phytoestrogens, and red clover extracts were used in the designed interventions. The duration of the interventions ranged from 7 weeks to 3 years. In most studies, the primary outcome was the efficacy of the designed intervention which was assessed through measuring whole body or regional BMD or bone mineral content, T-scores, and biomarkers of bone metabolism. CONCLUSIONS: Isoflavones probably have beneficial effects on bone health in menopausal women. Nevertheless, there were controversial reports about changes in BMD. Supplementation with a phytoestrogen can probably prevent the reduction in BMD and maintain a healthy bone structure during menopause.

3  
**Circadian rhythm and menopause.**

Pines, A.  
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Resumen:  
Circadian rhythm is an internal biological clock which initiates and monitors various physiological processes with a fixed time-related schedule. The master circadian pacemaker is located in the suprachiasmatic nucleus in the hypothalamus. The circadian clock undergoes significant changes throughout the life span, at both the physiological and molecular levels. This cyclical physiological process, which is very complex and multifactorial, may be associated with metabolic alterations, atherosclerosis, impaired cognition, mood disturbances and even development of cancer. Sex differences do exist, and the well-known sleep disturbances associated with menopause are a good example. Circadian rhythm was detected in the daily pattern of hot flushes, with a peak in the afternoons. Endogenous secretion of melatonin decreases with aging across genders, and, among women, menopause is associated with a significant reduction of melatonin levels, affecting sleep. Although it might seem that hot flushes and melatonin secretion are likely related, there are not enough data to support such a hypothesis.

4  
**Medical and patient attitude towards vaginal atrophy: the AGATA study.**

Palma, F.; Della Vecchia, E.; Cagnacci, A.; as the Writing Group of the AGATA, s.tudy.  
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Resumen:  
OBJECTIVES: To provide data on current management of vaginal atrophy (VA) in a nationwide setting. METHODS: A cross-sectional, multicenter study was made in 913 postmenopausal women consulting 22 gynecological outpatient services. VA was diagnosed with a combination of subjective symptoms and objective evaluations. Women with a previous diagnosis and those with a new diagnosis of VA filled additional questionnaires regarding modalities of VA management and reasons for missing diagnosis, respectively. RESULTS: 730/913 (80%) women had ever had a diagnosis of VA. In 274 (37.5%), the diagnosis was made prior to, and in 456 (62.5%) during the investigation. Of women with a new VA diagnosis, 81.1% had never discussed their symptoms with the health-care practitioner (HCP), and 78.7% (n = 359) had never been questioned by an HCP. Of women with a previous VA diagnosis, 90.2% had been treated with systemic (10.1%), local hormonal (49.4%) or local non-hormonal (30.5%) therapy. At the time of investigation, 61.9% of these women had stopped treatment, with only 3.3% having been successfully cured. CONCLUSIONS: VA is highly prevalent in postmenopausal women. Its current management and treatment seem to be highly unsatisfactory and can be improved by medical sensitization and patient education.

5  
**A negative view of menopause: does the type of symptom matter?**

Sood, R.; Kühle, C.; Kapoor, E.; Rullo, J.; Thielen, J.; Frohmader, K.; Mara, K.; Schroeder, D.; Faubion, S.  
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CLIMACTERIC

Resumen:  
OBJECTIVES: To assess the association between the type of symptom and women's self-reported view of menopause. METHODS: The study was conducted at Mayo Clinic, Rochester MN, between January 2006 and October 2014. Women aged 40-64 were included. Data from 1420 women were analyzed in a cross-sectional design. The Menopause Health Questionnaire was used for symptom assessment. Odds ratios (ORs) and population attributable risk (PAR) (OR x percent frequency) were calculated for each symptom. Logistic regression analyses were performed with the view of menopause as the dependent variable. RESULTS: Anxiety (2.34), depressed mood (2.24), irritability (2.22), vaginal itching (2.27), crying spells (2.1) and breast tenderness (2.08) were associated with highest odds of having a negative view of menopause. Highest PAR (population impact) symptoms were anxiety (22.27), weight gain (20.66), fatigue (20.28) and irritability (19.41). Hot flushes and night sweats, although common, were not associated with a negative view of menopause (OR 1.3 and 1.16; PAR 3.85 and 4.42, respectively). CONCLUSION: Mood symptoms, vaginal itching, weight gain, breast tenderness and fatigue, although less common than hot flushes, were noted to have greater association with a negative view of menopause. Specifically addressing these symptoms during menopausal consultation may improve patient satisfaction and outcomes.

6  
**The associations between sleep disorders and anthropometric measures in adults from three Colombian cities at different altitudes.**

Ruiz, A.J.; Rondon Sepúlveda, M.A.; Franco, O.H.; Cepeda, M.; Hidalgo Martínez, P.; Amado Garzón, S.B.; Salazar Ibarra, E.R.; Otero Mendoza, L.  
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MATURITAS

Resumen:  
BACKGROUND: Sleep disorders are common but underdiagnosed conditions, which are associated with obesity. In Colombia, the distribution of sleep disorders remains unclear. We aimed to describe the distribution of sleep disorders, according to demographic, geographic and anthropometric characteristics, in adult Colombian populations. METHODS: A multicenter study was conducted with 5474 participants recruited from three Colombian cities at different altitudes. A two-stage cluster sampling method was applied. Participants' mean age was 40.2 years and 53.8% were female. Collected data included demographic information and anthropometric characteristics of adiposity such as body mass index, neck circumference and waist circumference, as well as participants' scores on five scales used to assess sleep disorders. Disorders included sleepiness, obstructive sleep apnea (OSA), insomnia, poor sleep quality and restless legs syndrome; the scales were the Epworth Sleepiness Scale, Berlin questionnaire, STOP-Bang questionnaire, Pittsburgh Sleep Quality Index and diagnostic criteria for the restless legs syndrome set out by the International Restless Legs Syndrome Study Group. RESULTS: Nearly two-thirds of the population reported at least one sleep disorder according to their results on the five scales (59.6% [95%CI 57.4; 61.8]). This proportion was similar by sex. Prevalence of overweight was 34.8% and of obesity was 14.4%. Sleep disorders were more frequent among those aged 65 years or more (91.11 [95%CI 86.1; 94.43]), those who were obese (83.71% [95%CI 78.94; 87.56]) and those who resided in the cities at the lowest altitude (72.4% [95%CI 70.2; 74.5]). Waist circumference showed a stronger association with sleep disorders among women than among men. CONCLUSIONS: Sleep disorders are common in Colombia, irrespective of sex and geographical location. They are associated with obesity. Abdominal obesity could explain the high frequency of sleep disorders among women. We believe that this part of the study will substantially contribute to the understanding of sleep disorders. Further research is needed to identify key factors behind the high prevalence rates of sleep disorders and obesity in Colombia.

7  
**Cancer chemoprevention by dietary phytochemicals: Epidemiological evidence.**

Baena Ruiz, R.; Salinas Hernández, P.  
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MATURITAS

Resumen:  
BACKGROUND: In recent years, natural compounds called "phytochemicals", which are present in fruits, vegetables, and plants, have received special attention due to their potential to interfere with tumour formation and development. Many of these phytochemicals are being used in chemoprevention strategies. However, the scientific evidence regarding the modification of cancer risk continues to be debated. OBJECTIVE: The aim of this paper is to review the current scientific evidence and the most relevant epidemiological studies regarding the consumption or use of phytochemicals and their effects on the incidence of cancer. DESIGN: A search for relevant articles was conducted in EMBASE and PubMed-NCBI through to May 2016 to identify potential interactions between the consumption or use of phytochemicals and cancer risk. RESULTS: The use or consumption of carotenoids, such as lycopene, alpha-carotene, and beta-carotene, leads to a reduction in the risk of cancer, such as breast and prostate tumours. For breast cancer, beta-carotene even reduces the risk of recurrence. The use or consumption of soybean isoflavones has led to a reduction in the risk of lung, prostate, colon (in women only), and breast cancers, although this has depended on menopausal and oestrogen receptor status. The use or consumption of isothiocyanates and indole-3-carbinol also seems to reduce the risk of cancer, such as breast, stomach, colorectal, or prostate tumours. CONCLUSIONS: The adoption of a diet rich in phytochemicals is associated with a modification of cancer risk. However, the scientific data supporting its use come mainly from in vitro and in vivo studies (especially in animal models). The epidemiological evidence is inconclusive for many of these phytochemicals, so further studies are needed.

8  
**Bioidentical hormone therapy: An assessment of provider knowledge.**

Files, J.A.; Kransdorf, L.N.; Ko, M.; Kling, J.M.; David, P.S.; Pruthi, S.; Sood, R.; Creedon, D.; Chang, Y.H.; Mayer, A.P.  
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MATURITAS

Resumen:  
OBJECTIVES: Bioidentical hormone therapy (BHT) is available in the United States in formulations that have been approved by the Food and Drug Administration (FDA) but also in formulations that have not been so approved. The aim of this study was to evaluate the knowledge, beliefs, and prescribing practices of BHT among healthcare providers. STUDY DESIGN: A cross-sectional self-selected responder survey was conducted of health care providers attending primary care Continuing Medical Education (CME) conferences in the United States from May 2012 to April 2013. The questionnaire consisted of 26 items assessing knowledge, beliefs, and current practice around BHT. RESULTS: A total of 366 survey responses were analyzed. Though 69.8% of respondents accurately identified the definition of BHT, only 45.3% were aware that BHT is available in FDA-approved products and 34.2% of respondents incorrectly identified that BHT is available only in custom-compounded formulations. Of those who had prescribed CC-BHT, less than half agreed with the statement "I am comfortable prescribing BHT" (45.4%). CONCLUSIONS: Our study showed that many practitioners are unaware that bioidentical hormones are available in FDA-approved products. Knowledge gaps identified by this survey highlight the need for and importance of education to further dispel misinformation surrounding the topic.

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**Postmenopausal women with abdominal obesity choosing a nutritional approach for weight loss: A decisional needs assessment.**

Poirier, N.; Légaré, F.; Stacey, D.; Lemieux, S.; Bégin, C.; Lapointe, A.; Desroches, S.  
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MATURITAS

Resumen:  
OBJECTIVES: To identify the decisional needs of postmenopausal women with abdominal obesity choosing between two nutritional approaches for weight loss: a low-fat diet or a diet rich in fruit and vegetables. STUDY DESIGN: Our descriptive qualitative study was based on the Ottawa Decision Support Framework. MAIN OUTCOME MEASURES: Four focus groups were conducted with postmenopausal women. A thematic content analysis was performed to determine the decisional needs influencing the choice of a low-fat diet or a diet rich in fruit and vegetables. RESULTS: Seventeen postmenopausal women participated in the study (median age 59 years). Most frequently reported decisional needs for each nutritional approach were sufficient levels of nutritional skills and knowledge, consideration of the physiological impacts and the sensory aspect of approaches, food availability, social support, finances and motivation. Partners, friends and daughters were considered as the most important individuals involved in the decision. CONCLUSIONS: We identified several decisional needs influencing postmenopausal women when choosing between a low-fat diet and a diet rich in fruit and vegetables. These findings could inform the design of decision support interventions that address the decisional needs of women for making and implementing informed decisions about a nutritional approach for weight loss.

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**Association of vitamin D deficiency and frailty: A systematic review and meta-analysis.**

Zhou, J.; Huang, P.; Liu, P.; Hao, Q.; Chen, S.; Dong, B.; Wang, J.  
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MATURITAS

Resumen:  
There is a biologically plausible association between low vitamin D, specifically serum 25-hydroxyvitamin D [25(OH)D] level, and frailty. We conducted a systematic review and meta-analysis to describe the association between low 25(OH)D level and frailty. We searched literature in OVID (Medline), EMBASE, Web of Knowledge and Cochrane CENTRAL Library issue in May 2016, for cohort studies evaluating association of low 25(OH)D level with the risk of frailty. Studies were reviewed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A total of seven studies (17,815 participants) were eligible in our study. The prevalence of frailty ranged from 3.9% to 31.9%. The pooled OR of frailty for the lowest versus the highest level of vitamin D was 1.27 (95% CI=1.17-1.38, I(2)=59%), suggesting that low level of vitamin D was significantly associated with the risk of frailty. In addition, results of subgroup analysis indicated that low level of vitamin D was significantly associated with the risk of frailty in female (pooled OR=1.27, 95% CI=1.15-1.40). Similar result was also found when frailty was defined by the Fried criteria or the modified Fried criteria (pooled OR=1.25, 95% CI=1.14-1.37), and FRAIL scale (pooled OR=1.55, 95% CI=1.07-2.25). Compared to the highest level of 25(OH)D, the association between frailty and the lowest level of 25(OH)D was significant in our study.

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**Female sexual dysfunction (FSD): Prevalence and impact on quality of life (QoL).**

Nappi, P.R.; Cucinella, L.; Martella, S.; Rossi, M.; Tiranini, L.; Martini, E.  
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MATURITAS

Resumen:  
Female sexual dysfunction (FSD) and quality of life (QOL) are both multidimensional and have a bidirectional relationship across the reproductive life span and beyond. Methodological difficulties exist in estimating the real prevalence of FSD because it is hard to determine the level of distress associated with sexual symptoms in a large-scale survey. Approximately 40-50% of all women report at least one sexual symptom, and some conditions associated with hormonal changes at menopause, such as vulvovaginal atrophy (VVA) and hypoactive sexual desire disorder (HSDD), have a significant impact on sexual function and QOL. Sexual distress peaks at midlife, declines with age and is strongly partner-related. Many postmenopausal women are still sexually active, especially if they are in a stable partnership. Even though sexual functioning is impaired, a variety of psychosocial factors may maintain sexual satisfaction. That being so, health care providers (HCPs) should proactively address sexual symptoms at midlife and in older women, from a balanced perspective. Adequate counselling should be offered. Women with distressing symptoms may benefit from tailored hormonal and non-hormonal therapies, whereas women without distress related to their sexual experiences should not receive any specific treatment.

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