



## Selección de Resúmenes de Menopausia

Semana del 10 al 16 de febrero 2016

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**Obstet Gynecol Sci. 2016 Jan;59(1):45-9. doi: 10.5468/ogs.2016.59.1.45. Epub 2016 Jan 15.**

### **Vasomotor symptoms and the homeostatic model assessment of insulin-resistance in Korean postmenopausal women.**

Kwon DH, Lee JH, Ryu KJ, Park HT, Kim T.

The aim of this cross-sectional study was to evaluate the association between vasomotor symptoms (VMS) and insulin resistance, which can be postulated by the homeostatic model assessment (HOMA) index. This study involved 1,547 Korean postmenopausal women (age, 45 to 65 years) attending a routine health check-up at a single institution in Korea from January 2010 to December 2012. A menopause rating scale questionnaire was used to assess the severity of VMS. The mean age of participants was 55.22±4.8 years and 885 (57.2%) reported VMS in some degree. The mean HOMA index was 1.79±0.96, and the HOMA index increased with an increase in severity of VMS (none, mild, moderate and severe) in logistic regression analysis ( $\beta=0.068$ ,  $t=2.665$ ,  $P=0.008$ ). Insulin resistance needs to be considered to understand the linkage between VMS and cardiometabolic disorders.

**Oncologist. 2016 Feb 10. pii: theoncologist.2015-0351. [Epub ahead of print]**

### **Obesity and Breast Cancer: Molecular Interconnections and Potential Clinical Applications.**

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Obesity is an important risk factor for breast cancer (BC) in postmenopausal women; interlinked molecular mechanisms might be involved in the pathogenesis. Increased levels of estrogens due to aromatization of the adipose tissue, inflammatory cytokines such as tumor necrosis factor- $\alpha$ , interleukin-6, and prostaglandin E2, insulin resistance and hyperactivation of insulin-like growth factors pathways, adipokines, and oxidative stress are all abnormally regulated in obese women and contribute to cancerogenesis. These molecular factors interfere with intracellular signaling in the mitogen-activated protein kinase and phosphatidylinositol-3-phosphate/mammalian target of rapamycin (mTOR) pathways, which regulate the progression of the cell cycle, apoptosis, and protein synthesis. In this context, structural defects of typical genes related to both BC and obesity, such as leptin, leptin receptor, serum paraoxonase/arylesterase 1, the fat mass and obesity-associated gene and melanocortin receptor 4, have been associated with a high or low risk of BC development. The early detection of these gene alterations might be useful as risk predictors in obese women, and targeting these pathways involved in the BC pathogenesis in obese women is a potential therapeutic tool. In particular, mTOR pathway deregulation concurs in both obesity and BC, and inhibition of this might disrupt the molecular interlinks in a similar manner to that of metformin, which exerts definite anticancer activity and is currently used as an antidiabetic drug with a weight-reducing property. The identification of both genetic and pharmacological implications on the prevention and management of BC is the ultimate aim of these studies. **IMPLICATIONS FOR PRACTICE:** Obese women are at risk of breast cancer, but clinicians lack concrete tools for the prevention or early diagnosis of this risk. The present study, starting from the biology and the molecular defects characterizing both obesity and breast cancer, analyzed the potential molecules and genetic defects whose early identification could delineate a risk profile. Three steps are proposed that are potentially achievable in the clinical assessment of obese women, namely the evaluation of altered levels of serum molecules, the identification of genetic polymorphisms, and the study of the transcriptomic profile of premalignant lesions. Finally, the therapeutic implications of this molecular assessment were evaluated.

**Int J Impot Res. 2016 Feb 11. doi: 10.1038/ijir.2016.2. [Epub ahead of print]**

### **Physicians' attitudes towards androgen replacement therapy for male and female sexual dysfunction.**

Lowenstein L, Shechter A, Porst H, Tripodi F, Reisman Y.

Androgen deficiency syndrome is a commonly diagnosed condition. The aim of this study was to investigate common clinical practices of specialists in the field of sexual medicine regarding androgen replacement treatment for men and women. Attendees of the 16th Annual Congress of the European Society of Sexual Medicine held in January 2014 in Istanbul, Turkey, were asked to participate in a survey during the congress days. A 24-item self-report, closed-question questionnaire was distributed. Three sections were accessed: sociodemographic data, professional background and personal practice patterns regarding androgen substitution in men and women. A total of 133 physicians (mean age 47 years; range 25-79) completed the survey. Responses were inconsistent regarding the lab tests used for primary evaluation of male androgen deficiency. The majority of participants (62%) recommended testosterone replacement therapy for symptomatic men with testosterone levels  $<8$  nmol/l-1 (231 ng dl-1). Similarly, most physicians (88%) recognized a correlation between libido and testosterone levels in women. Only 42% and 53% reported they would prescribe testosterone to women with low libido, premenopausal and postmenopausal, respectively. This survey showed discrepancies among physicians regarding testosterone replacement therapy for men and women.

**Menopause. 2016 Feb 2. [Epub ahead of print]**

### **Depressive symptoms in midlife: the role of reproductive stage.**

Almeida OP, Marsh K, Flicker L, Hickey M, Sim M, Ford A.

The aim of the study was to determine the prevalence of depression among community-dwelling women in the premenopause, menopausal transition (MT), and postmenopause stage. We also sought to clarify the direct and indirect contribution of menopausal status on the risk of depression. **METHODS:** Cross-sectional survey of 1,612 women aged 45 to 55 years living in the Perth metropolitan region, who were recruited using a random sample of the electoral roll (voting is compulsory in Australia), was conducted. Women with clinically significant symptoms of depression had Patient Health Questionnaire (PHQ-9) scores of at least 10, and those with major depression, reported symptoms consistent with Diagnostic and Statistical Manual of Mental Disorders, 5th ed (DSM-5), criteria. We used past and current gynecological and reproductive data to classify women as premenopausal, undergoing the MT, and postmenopausal. Other study measures included age, place of birth, education, marital status, drinking habit, number of children, medical illnesses, and history of premenstrual syndrome, postnatal depression, and past depression or anxiety. We investigated the direct and indirect effect of reproductive status with mediation/modulation analysis. **RESULTS:** Among the women included in the survey, 8.2%, 11.5%, and 13.0% of women in premenopause, MT, and postmenopause had PHQ-9 at least 10, whereas major depression was present in 2.2%, 3.4%, and 3.6% of them. Reproductive status did not affect the prevalence of major depression, but more postmenopausal than premenopausal women had PHQ-9 score equal to or greater than 10 ( $P=0.013$ ). Compared with premenopausal women, MT was associated with a direct odds ratio (OR) 1.35 (95% confidence interval [CI]=0.90, 2.01) and indirect OR 1.08 (95% CI=0.92, 1.26) for PHQ-9 at least 10. Similarly, the direct and indirect effect of the postmenopause on the odds of PHQ-9 at least 10 was OR 1.31 (95% CI=0.87, 1.98) and OR 1.29 (95% CI=1.10, 1.52). **CONCLUSIONS:** The slight, but not significant, excess of depressive symptoms during MT and early postmenopause cannot be attributed to a direct effect of reproductive status.

**Maturitas. 2016 Mar;85:88-95. doi: 10.1016/j.maturitas.2015.12.006. Epub 2015 Dec 29.**

### **Menopause in the workplace: What employers should be doing.**

Jack G, Riach K, Bariola E, Pitts M, Schapper J, Sarrel P.

Large numbers of women transition through menopause whilst in paid employment. Symptoms associated with menopause may cause difficulties for working women, especially if untreated, yet employers are practically silent on this potentially costly issue. This review summarises existing research on the underexplored topic of menopause in the workplace, and synthesises recommendations for employers. Longstanding scholarly interest in the relationship between employment status and symptom reporting typically (but not consistently) shows that women in paid employment (and in specific occupations) report fewer and less severe symptoms than those who are unemployed. Recent studies more systematically focused on the effects of menopausal symptoms on work are typically cross-sectional self-report surveys, with a small number of qualitative studies. Though several papers established that vasomotor (and associated) symptoms have a negative impact on women's productivity, capacity to work and work experience, this is not a uniform finding. Psychological and other somatic symptoms associated with menopause can have a relatively greater negative influence. Physical (e.g., workplace temperature and design) and psychosocial (e.g., work stress, perceptions of control/autonomy) workplace factors have been found to

influence the relationship between symptoms and work. Principal recommendations for employers to best support menopausal women as part of a holistic approach to employee health and well-being include risk assessments to make suitable adjustments to the physical and psychosocial work environment, provision of information and support, and training for line managers. Limitations of prior studies, and directions for future research are presented.

**Maturitas. 2016 Mar;85:49-55. doi: 10.1016/j.maturitas.2015.12.011. Epub 2015 Dec 28.**

### **Bone loss and wrist fractures after withdrawal of hormone therapy: The 15-year follow-up of the OSTPRE cohort.**

Saarelainen J, Hassi S, Honkanen R, Koivumaa-Honkanen H, Sirola J, Kröger H, Komulainen MH, Tuppurainen M. CONTEXT: Long-term bone mineral density (BMD) or fracture incidence changes after withdrawal of postmenopausal hormone therapy (HT) are not well known. OBJECTIVE: To study long-term postmenopausal bone loss and incidence of wrist fracture in respect to duration and withdrawal of self-reported HT. DESIGN/SETTING: A 15-year follow-up of the population-based prospective OSTPRE cohort in Kuopio, Finland. PARTICIPANTS: Women (mean baseline age 53.4 years, range 48.1-59.6) were divided into four groups based on duration of HT: (1) never users (non-HT); (2) those who had used HT only throughout the 1st 5-year period (HT5); (3) throughout the first 10-years (HT10); (4) those who used HT throughout the entire 15-year follow-up (HT15). OUTCOME MEASURES: Femoral (n=857) and spinal (n=599) BMD measurements with dual X-ray absorptiometry (DXA) were carried out at 5-year intervals in 1989-2004. Wrist fracture incidence in 1989-2004 was studied in a population of 5119 women. RESULTS: The adjusted spinal BMD (L2-L4) changes by HT use during the entire 15-year follow-up were -4.8% for non-HT (p<0.0001), -4.2% for HT5 (p=0.003), +0.02% for HT10 (p>0.05) and +3.2% for HT15 (p<0.0001) groups. The respective femoral bone losses were -8.6% for non-HT (p<0.0001), -7.9% for HT5 (p<0.0001), -2.5% for HT10 (p=0.010) and -0.2% for HT15 (p>0.05) groups. Comparing to non-HT group the risk of wrist fracture was reduced by 33% (p=0.045) in HT10 group and by 63% (p<0.0001) in HT15 group during the 15-year follow-up. CONCLUSION: Long-term HT-use protects from bone loss. Thus, it reduces the incidence of osteopenia, osteoporosis and wrist fractures. Still, HT-use of less than 5 years did not have long-term bone protective effects, but a larger sample size is needed to confirm this result.

**Br J Nutr. 2016 Feb 9:1-11. [Epub ahead of print]**

### **Dietary protein intake is associated with better physical function and muscle strength among elderly women.**

Isanejad M, Mursu J, Sirola J, Kröger H, Rikkonen T, Tuppurainen M, Erkkilä AT. Dietary protein intake might be beneficial to physical function (PF) in the elderly. We examined the cross-sectional and prospective associations of protein intake of g/kg body weight (BW), fat mass (FM) and lean mass (LM) with PF in 554 women aged 65.3-71.6 years belonging to the Osteoporosis Risk Factor and Prevention Fracture Prevention Study. Participants filled a questionnaire on lifestyle factors and 3-d food record in 2002. Body composition was measured by dual-energy X-ray absorptiometry, and PF measures were performed at baseline and at 3-year follow-up. Sarcopaenia was defined using European Working Group on Sarcopenia in Older People criteria. At the baseline, women with higher protein intake ( $\geq 1.2$  g/kg BW) had better performance in hand-grip strength/body mass (GS/BM) (P=0.001), knee extension/BM (P=0.003), one-leg stance (P=0.047), chair rise (P=0.043), squat (P=0.019), squat to the ground (P=0.001), faster walking speed for 10 m (P=0.005) and higher short physical performance battery score (P=0.004) compared with those with moderate and lower intakes (0.81-1.19 and  $\leq 0.8$  g/kg BW, respectively). In follow-up results, higher protein intake was associated with less decline in GS/BM, one-leg stance and tandem walk for 6 m over 3 years. Overall, results were no longer significant after controlling for FM. Associations were detected between protein intake and PF in non-sarcopaenic women but not in sarcopaenic women, except for change of GS (P=0.037). Further, FM but not LM was negatively associated with PF measures (P<0.050). This study suggests that higher protein intake and lower FM might be positively associated with PF in elderly women.