



Selección de Resúmenes de Menopausia

Semana del 20 al 26 de Enero 2016

Juan Enrique Blümel. Departamento Medicina Sur. Universidad de Chile

Gynecol Endocrinol. 2016 Jan 22:1-4. [Epub ahead of print]

Evaluation of cardiovascular disease risk in women with surgically induced menopause.

Sari N, Engin-Üstün Y, Kiyak Çağlayan E1, Göçmen AY, Polat MF.

OBJECTIVE: This study evaluates cardiovascular disease (CVD) risk among women undergoing natural menopause or surgically induced menopause through the measurement of serum growth differentiation factor-15 (GDF-15), B-type natriuretic peptide (BNP), ischemia modified albumin (IMA), total cholesterol, LDL cholesterol (LDL-C), HDL cholesterol (HDL-C), triglyceride, fibrinogen, and C-reactive protein (CRP). **MATERIALS AND METHODS:** The study included women with surgically induced menopause (n=50) and women undergoing natural menopause (n=50). The two study groups were matched according to age, body mass index, menopause duration. GDF-15, BNP, IMA, total cholesterol, LDL-C, HDL-C, triglyceride, fibrinogen, and CRP were measured. **RESULTS:** There was no significant difference in GDF-15, BNP, IMA, total cholesterol, LDL-C, HDL-C, triglyceride, fibrinogen, and CRP results between the two groups. **CONCLUSION:** We conclude that there is no increase in CVD risk among women aged 40-50 with surgically induced menopause relative to matched control subjects undergoing normal age-related menopause.

Headache. 2016 Jan 21. doi: 10.1111/head.12763. [Epub ahead of print]

Perimenopause and Menopause Are Associated With High Frequency Headache in Women With Migraine: Results of the American Migraine Prevalence and Prevention Study.

Martin VT, Pavlovic J, Fanning KM, Buse D, Reed ML, Lipton RB.

OBJECTIVES: To examine the relationship of headache frequency to the stages of the menopausal transition in mid-life women with migraine. **BACKGROUND:** Past studies suggest that the perimenopause is associated with an increased prevalence of migraine, particularly in those with a history of premenstrual syndrome. The effect of the menopausal transition on the frequency of headache attacks in women with migraine has not been explored. **METHODS:** This was a cross-sectional observational study. Using data from the 2006 American Migraine, Prevalence and Prevention study survey, women meeting modified ICHD-3 beta criteria for migraine between the ages of 35-65 years were included in analyses. Women who had never menstruated or were pregnant, breastfeeding, or using exogenous sex hormones were excluded. The 2006 survey was selected because it included detailed questions on the menstrual cycle. The stages of the menopausal transition were defined based upon the self-reported cycle length and/or duration of amenorrhea. The primary outcome, high vs low headache frequency, was defined using a cut score of ≥ 10 headache days per month. Binary logistic regression models were used to assess the influence of menopausal stage on headache frequency category using premenopause as the reference group. Adjustments for stage of menopausal transition and sociodemographics (eg, age and income) were included in the first model, while the second model included sociodemographics, depression, body mass index, preventative medications, and medication overuse. **RESULTS:** The study sample included 3664 women at a mean age of 46 years. Among women who were premenopausal, 8.0% (99/1242) were in the high frequency headache group in comparison with 12.2% (154/1266) of perimenopausal and 12.0% (131/1095) of postmenopausal women. Compared with premenopausal women, the adjusted odds of being in the high frequency headache group was 1.62 (95% CI = 1.23, 2.12) for perimenopausal and 1.76 (95% CI = 1.23, 2.52) for postmenopausal women (Model 1). In model 2, high frequency headache was only increased in perimenopausal women with an OR of 1.42 (95% CI = 1.03, 1.94). **CONCLUSIONS:** The risk of high frequency headache is increased in women during the perimenopause compared to premenopause in the fully adjusted model. The fact that the increased risk of high frequency headache was not statistically significant for menopause in the fully adjusted models suggests that different mechanisms might account for the increased risk for this stage of the menopausal transition. Recognition of the increased risk of high frequency headache during the menopausal transition suggests a need for optimized preventive treatment of migraine during this time of women's life.

J Atheroscler Thromb. 2016 Jan 21. [Epub ahead of print]

Association of Changes in Neck Circumference with Cardiometabolic Risk in Postmenopausal Healthy Women.

Aoi S, Miyake T, Iida T, Ikeda H, Ishizaki F, Chikamura C, Tamura N, Nitta Y, Harada T, Miyaguchi H.

Although neck circumference (NC) is thought to predict obesity-related metabolic abnormality, its causal role in cardiometabolic risk is unclear. The aim of this study was to clarify the impact of changes in NC on cardiometabolic risk in healthy postmenopausal women through a community-based longitudinal study. **METHODS:** From a local community in Japan, 63 generally healthy postmenopausal women were recruited. All participants received an assessment of obesity-related anthropometric markers, biochemical parameters, and hemodynamic measures and were followed on average for 3 years. **RESULTS:** At baseline analysis, larger NC was positively associated with atherosclerosis-related markers, brachial-ankle pulse wave velocity (baPWV) and blood pressure, as well as some lipid parameters. After the follow-up period, change in NC was associated with changes in body mass index (BMI), body fat percentage, and waist circumference (WC). Interestingly, significant correlations of change in NC with changes in baPWV and blood pressure were observed, whereas changes in WC and BMI were only associated with changes in low-density lipoprotein cholesterol and/or total cholesterol. In multivariate linear regression analysis, change in NC was significantly associated with changes in baPWV and systolic blood pressure, independent of changes in BMI, WC, and biochemical parameters. In addition, an increase in NC was associated with a 2.69-fold increased odds ratio of accelerated baPWV. **CONCLUSIONS:** Change in NC was independently associated with changes in atherosclerosis-related markers. These observations suggest that NC is an important predictor of the risk of developing obesity-related atherosclerosis in healthy postmenopausal women.

Int J Community Based Nurs Midwifery. 2016 Jan;4(1):69-78.

Comparison of the Hyaluronic Acid Vaginal Cream and Conjugated Estrogen Used in Treatment of Vaginal Atrophy of Menopause Women: A Randomized Controlled Clinical Trial.

Jokar A, Davari T, Asadi N, Ahmadi F, Foruhari S.

BACKGROUND: Vaginal atrophy is a common complication in menopause which does not improve with time and, if untreated, can affect the quality of life for women. The aim of this study was to compare the effectiveness of the vaginal cream of hyaluronic acid and conjugated estrogen (Premarin) in treatment of vaginal atrophy. **METHODS:** This study was a randomized controlled clinical trial on 56 menopausal women with symptoms of vaginal atrophy; they were randomly allocated to two groups (recipient conjugated estrogen and hyaluronic acid). The severity of each sign of atrophy was evaluated by visual analog signals (VAS) and on the basis of a four point scale. Also to recognize the cellular maturation with pap smear and the maturation degree were calculated according to the formula and scores 0-100. As to the vaginal PH, we used PH marker band, the rate of which was divided into 4 degrees. Data were analyzed using SPSS, version 20, and $P \leq 0.05$ was considered as significant. **RESULTS:** The results of this study showed that the symptoms of vaginal atrophy compared with the baseline level were relieved significantly in both groups. Dryness, itching, maturation index, PH and composite score of the vaginal symptoms were relieved significantly in both groups ($P < 0.001$). Dyspareunia in Premarin ($P < 0.05$) and hyaluronic acid ($P < 0.001$) decreased compared with pre-treatment. Urinary incontinence only showed improvement in the hyaluronic acid group ($P < 0.05$). Improvement in urinary incontinence, dryness, maturation index ($P < 0.05$) and composite score of vaginal symptoms ($P < 0.001$) in the hyaluronic acid group was better than those in the Premarin group. **CONCLUSION:** According to the results of the present study, hyaluronic acid and conjugated estrogen improved the symptoms of vaginal atrophy. But hyaluronic acid was more effective and this drug is suggested for those who do not want to or cannot take local hormone treatment.

Zhonghua Yi Xue Za Zhi. 2016 Jan 5;96(1):53-7. doi: 10.3760/cma.j.issn.0376-2491.2016.01.012.

Security of hormone replacement therapy among postoperative patients with endometrial carcinoma: a Meta-analysis.

Wu F, Fan LM, Xu ZG, Cui MH.

OBJECTIVE: To systematically evaluate the security of hormone replacement therapy (HRT) among postoperative patients with endometrial carcinoma (EC). **METHODS:** A systematic review and Meta-analysis of studies on security of HRT among EC patients after operation was done by Revman 5.2 software. Studies were mainly searched from the CENTRAL, Medline, Embase, Ovid, Wanfang, CNKI databases. **RESULTS:** A total of 7 studies with 2 038 stage I and stage II endometrial carcinoma patients were included. The quality of 6 studies included were medium, and 1 study was high. The endometrial carcinoma patients on HRT did not have a statistically increased incidence in the EC recurrence (RR=0.69, 95%CI (0.42-1.15), P=0.16) and cancer-induced death (RR=0.55, 95%CI (0.25-1.21), P=0.14). Subgroup analysis for the start of HRT within 6 months from time of surgery group and only estrogen replacement therapy group found no statistical different in the risk of the EC recurrence and cancer-induced death, compared with control group. No statistically increased risk of the EC recurrence was observed for estrogen plus progestin replacement therapy group. **CONCLUSION:** There is no statistical difference in the recurrence rate and cancer-induced death rate of EC whether the early stage postoperative patients used HRT or not.

Ann Intern Med. 2016 Jan 19. doi: 10.7326/M15-1380. [Epub ahead of print]

Acupuncture for Menopausal Hot Flashes: A Randomized Trial.

Ee C, Xue C, Chondros P, Myers SP, French SD, Teede H, Pirotta M.

Background: Hot flashes (HFs) affect up to 75% of menopausal women and pose a considerable health and financial burden. Evidence of acupuncture efficacy as an HF treatment is conflicting. **Objective:** To assess the efficacy of Chinese medicine acupuncture against sham acupuncture for menopausal HFs. **Design:** Stratified, blind (participants, outcome assessors, and investigators, but not treating acupuncturists), parallel, randomized, sham-controlled trial with equal allocation. (Australia New Zealand Clinical Trials Registry: ACTRN12611000393954). **Setting:** Community in Australia. **Participants:** Women older than 40 years in the late menopausal transition or postmenopause with at least 7 moderate HFs daily, meeting criteria for Chinese medicine diagnosis of kidney yin deficiency. **Interventions:** 10 treatments over 8 weeks of either standardized Chinese medicine needle acupuncture designed to treat kidney yin deficiency or noninsertive sham acupuncture. **Measurements:** The primary outcome was HF score at the end of treatment. Secondary outcomes included quality of life, anxiety, depression, and adverse events. **Participants** were assessed at 4 weeks, the end of treatment, and then 3 and 6 months after the end of treatment. **Intention-to-treat analysis** was conducted with linear mixed-effects models. **Results:** 327 women were randomly assigned to acupuncture (n = 163) or sham acupuncture (n = 164). At the end of treatment, 16% of participants in the acupuncture group and 13% in the sham group were lost to follow-up. Mean HF scores at the end of treatment were 15.36 in the acupuncture group and 15.04 in the sham group (mean difference, 0.33 [95% CI, -1.87 to 2.52]; P = 0.77). No serious adverse events were reported. **Limitation:** Participants were predominantly Caucasian and did not have breast cancer or surgical menopause. **Conclusion:** Chinese medicine acupuncture was not superior to noninsertive sham acupuncture for women with moderately severe menopausal HFs.

Breast Cancer Res Treat. 2016 Jan 16. [Epub ahead of print]

Hormone replacement therapy after menopause and risk of breast cancer in BRCA1 mutation carriers: a case-control study.

Kotsopoulos J, Huzarski T, Gronwald J, Moller P, Lynch HT, Neuhausen SL, Senter L, Demsky R, et al.

Many BRCA1 mutation carriers undergo elective surgical oophorectomy (often before menopause) to manage their elevated risk of developing ovarian cancer. It is important to clarify whether or not the use of hormone replacement therapy (HRT) to mitigate the symptoms associated with surgical or natural menopause is safe in women with an inherited BRCA1 mutation and no personal history of breast or ovarian cancer. We conducted a case-control analysis of 432 matched pairs of women with a BRCA1 mutation. Detailed information on HRT use after menopause (duration, type, age at first/last use, formulation) was obtained from a research questionnaire administered at the time of study enrollment. Conditional logistic regression was used to estimate the odds ratio (OR) and 95 % confidence intervals (CI) associated with HRT use. The mean duration of HRT use after menopause was 4.3 years among the cases and 4.4 years among the controls (P = 0.83). The adjusted OR for breast cancer comparing all women who ever used HRT to those who never used HRT was 0.80 (95 % CI 0.55-1.16; P = 0.24). Findings did not differ by type of menopause (natural vs. surgical), by recency of use, by duration of use, and by formulation type. These findings suggest that a short course of HRT should not be contra-indicated for BRCA1 mutation carriers who have undergone menopause and who have no personal history of cancer.