



## Selección de Resúmenes de Menopausia

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**Bone. 2015 Nov;80:67-78. doi: 10.1016/j.bone.2015.04.015.**

### **Effects of sex steroids on bones and muscles: Similarities, parallels, and putative interactions in health and disease.**

Carson JA, Manolagas SC.

Estrogens and androgens influence the growth and maintenance of bones and muscles and are responsible for their sexual dimorphism. A decline in their circulating levels leads to loss of mass and functional integrity in both tissues. In the article, we highlight the similarities of the molecular and cellular mechanisms of action of sex steroids in the two tissues; the commonality of a critical role of mechanical forces on tissue mass and function; emerging evidence for an interplay between mechanical forces and hormonal and growth factor signals in both bones and muscles; as well as the current state of evidence for or against a cross-talk between muscles and bone. In addition, we review evidence for the parallels in the development of osteoporosis and sarcopenia with advancing age and the potential common mechanisms responsible for the age-dependent involution of these two tissues. Lastly, we discuss the striking difference in the availability of several drug therapies for the prevention and treatment of osteoporosis, as compared to none for sarcopenia. This article is part of a Special Issue entitled "Muscle Bone Interactions".

**Fertil Steril. 2015 Oct 5. doi: 10.1016/j.fertnstert.2015.09.017. [Epub ahead of print]**

### **Vasomotor and sexual symptoms in older Australian women: a cross-sectional study.**

Zelege BM, Bell RJ, Billah B, Davis SR.

**OBJECTIVES:** To determine the prevalence and severity of vasomotor symptoms (VMS) and sexual symptoms in community-dwelling older women, and to explore factors associated with VMS. **DESIGN:** Population-based cross-sectional study. **SETTING:** Community-dwelling women living in Australia. **PARTICIPANT(S):** A total of 1,548 women aged 65-79 years. **INTERVENTION(S):** None. **MAIN OUTCOMES MEASURE(S):** The presence and self-rated severity of VMS (hot flashes, night sweats, or sweating), and sexual symptoms (intimacy, desire, and vaginal dryness) were determined with the use of the Menopause Quality of Life (MenQOL) questionnaire. **RESULT(S):** All items of the vasomotor and the sexual MenQOL domains were completed by 1,532 and 1,361 of the study participants, respectively. Menopausal hormone therapy (MHT) use was reported by 6.2% of the women, and 6.9% reported using vaginal estrogen. Among the 1,426 women not using MHT, at least 1 VMS was reported by 32.8%. The prevalence of VMS rated as moderately to severely bothersome was 3.4%. A total of 54.4% of currently partnered women had sexual symptoms, and 32.5% reported vaginal dryness during intercourse in the past month. In the multivariate analysis, factors significantly associated with VMS were age, obesity, being a caregiver for another person, and bilateral oophorectomy. **CONCLUSION(S):** VMS and vaginal atrophy symptoms are common in community-dwelling older women, but they are predominantly untreated. The degree of distress caused by sexual symptoms among older women needs further exploration.

**Osteoporos Int. 2015 Oct 8. [Epub ahead of print]**

### **Bone mineral density changes among women initiating blood pressure lowering drugs: a SWAN cohort study.**

Solomon DH, Ruppert K, Zhao Z, Lian YJ, Kuo IH, Greendale GA, Finkelstein JS.

We examined the effect of blood pressure lowering drugs on BMD using data from the Study of Women's Health Across the Nation. Thiazide users had a slower decline in BMD compared to nonusers, while decline among ACE inhibitor and beta blocker users were similar to rates in nonusers. **INTRODUCTION:** Several blood pressure lowering drugs may affect bone mineral density (BMD), leading to altered fracture risk. We examined the effect of blood pressure lowering drugs on BMD using data from the Study of Women's Health Across the Nation. **METHODS:** We conducted a propensity score matched cohort study. Women were initiators of ACE inhibitors (ACEi), beta-blockers (BB), or thiazide diuretics (THZD). Their annualized BMD changes during the 14 years of

observation were compared with nonusers. **RESULTS:** Among the 2312 eligible women, we found 69 ACEi, 71 BB, and 74 THZD users who were matched by a propensity score with the same number of nonusers. THZD users had a slower annual percent decline in BMD compared to nonusers at the femoral neck (FN) (-0.28 % vs -0.88 %;  $p=0.008$ ) and the spine (-0.74 % vs -1.0 %;  $p=0.34$ ), albeit not statistically significant. Annual percent changes in BMD among ACEi and BB users were similar to rates in nonusers. In comparison with BB, THZD use was associated with a trend toward less annualized BMD loss at the spine (-0.35 % vs -0.60 %;  $p=0.08$ ) and a similar trend at the FN (-0.39 % vs -0.64 %;  $p=0.08$ ); in comparisons with ACEi, THZD was also associated with less loss at the FN (-0.48 % vs -0.82 %;  $p=0.02$ ), but not at the spine (-0.40 % vs -0.56 %;  $p=0.23$ ). **CONCLUSIONS:** Neither ACEi nor BB was associated with improvements in BMD. THZD use was associated with less annualized loss of BMD compared with nonusers, as well as compared with ACEi and BB.

**Minerva Endocrinol. 2015 Oct 8. [Epub ahead of print]**

### **The current management of Turner syndrome.**

Kriksciuniene R, Zilaitiene B, Verkauskiene R.

Turner syndrome is a rare disease, with the incidence of 1 of 2500 life born females. Characteristic features are: growth retardation, gonadal dysgenesis and impairment, congenital and acquired cardiovascular disorders. New management possibilities in Turner syndrome are coming along with the new scientific evidence on the pathogenesis of TS developmental, metabolic, cardiovascular and reproductive issues. Attitude to the growth retardation treatment and hormone replacement therapy is changing. The effectiveness of additional androgen doses for growth improvement and low Estrogen doses in the early childhood for better puberty induction and metabolic outcomes has been demonstrated recently. There are some new concerns about pregnancy induced progression of cardiovascular pathology in Turner syndrome. Inadequate follow-up despite strict and clear guidelines of TS patients is still an issue in the health care system in many countries. This rare disorder requires multidiscipline approach of experienced professionals. The aim of this review is to overview recent studies evaluating Turner syndrome, to focus on the possibilities to avoid crucial outcomes of this disorder and to improve management and follow-up.

**Calcif Tissue Int. 2015 Oct 7. [Epub ahead of print]**

### **Effects of Dairy Products Consumption on Health: Benefits and Beliefs-A Commentary from the Belgian Bone Club and the European Society for Clinical and Economic Aspects of Osteoporosis, Osteoarthritis and Musculoskeletal Diseases.**

Rozenberg S, Body JJ, Bruyère O, Bergmann P, Brandi ML, Cooper C, Devogelaer JP, Gielen E, et al.

Dairy products provide a package of essential nutrients that is difficult to obtain in low-dairy or dairy-free diets, and for many people it is not possible to achieve recommended daily calcium intakes with a dairy-free diet. Despite the established benefits for bone health, some people avoid dairy in their diet due to beliefs that dairy may be detrimental to health, especially in those with weight management issues, lactose intolerance, osteoarthritis, rheumatoid arthritis, or trying to avoid cardiovascular disease. This review provides information for health professionals to enable them to help their patients make informed decisions about consuming dairy products as part of a balanced diet. There may be a weak association between dairy consumption and a possible small weight reduction, with decreases in fat mass and waist circumference and increases in lean body mass. Lactose intolerant individuals may not need to completely eliminate dairy products from their diet, as both yogurt and hard cheese are well tolerated. Among people with arthritis, there is no evidence for a benefit to avoid dairy consumption. Dairy products do not increase the risk of cardiovascular disease, particularly if low fat. Intake of up to three servings of dairy products per day appears to be safe and may confer a favourable benefit with regard to bone health.

**J Clin Endocrinol Metab. 2015 Oct 7;jc20152236. [Epub ahead of print]**

### **Treatment of Symptoms of the Menopause: An Endocrine Society Clinical Practice Guideline.**

Stuenkel CA, Davis SR, Gompel A, Lumsden MA, Murad MH, Pinkerton JV, Santen RJ.

**OBJECTIVE:** The objective of this document is to generate a practice guideline for the management and treatment of symptoms of the menopause. **PARTICIPANTS:** The Treatment of Symptoms of the Menopause Task Force included six experts, a methodologist, and a medical writer, all appointed by The Endocrine Society. **EVIDENCE:** The Task Force developed this evidenced-based guideline using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) system to describe the strength of recommendations and the quality of evidence. The Task Force commissioned three systematic reviews of published data and considered several other existing meta-analyses and trials. **CONSENSUS PROCESS:** Multiple e-mail communications, conference calls, and one face-to-face meeting determined consensus. Committees of The Endocrine Society, representatives from endorsing societies, and members of The Endocrine Society reviewed and commented on the drafts of the guidelines. The Australasian Menopause Society, the British Menopause Society, European Menopause and Andropause Society, the European Society of Endocrinology, and the International Menopause Society (co-sponsors of the guideline) reviewed and commented on the draft. **CONCLUSIONS:** Menopausal hormone therapy (MHT) is the most effective treatment for vasomotor symptoms and other symptoms of the climacteric. Benefits may exceed risks for the majority of symptomatic postmenopausal women who are under age 60 or under 10 years since the onset of menopause. Health care professionals should individualize therapy based on clinical factors and patient preference. They should screen women before initiating MHT for cardiovascular and breast cancer risk and recommend the most appropriate therapy depending on risk/benefit considerations. Current evidence does not justify the use of MHT to prevent coronary heart disease, breast cancer, or dementia. Other options are available for those with vasomotor symptoms who prefer not to use MHT or who have contraindications because these patients should not use MHT. Low-dose vaginal estrogen and ospemifene provide effective therapy for the genitourinary syndrome of menopause, and vaginal moisturizers and lubricants are available for those not choosing hormonal therapy. All postmenopausal women should embrace appropriate lifestyle measures.

**Int J Obes (Lond). 2015 Oct 7. doi: 10.1038/ijo.2015.205. [Epub ahead of print]**

### **Body mass index and breast cancer: analysis of a nationwide population-based prospective cohort study on 1 393 985 Taiwanese women.**

Chen MJ, Wu WY, Yen AF, Fann JY5, Chen SS, Chiu SH, Chen HH, Chiou ST.

**BACKGROUND** Asian women have a younger age at onset of breast cancer and a lower body mass index (BMI) than Western women. The link between obesity and risk of breast cancer in Asian women is still elusive. We aimed to investigate the effect of BMI on the risk of incident breast cancer in Taiwanese women. **METHODS** A total of 1 393 985 women who had been cancer-free before recruitment and attended a nationwide Taiwanese breast cancer screening program between 1999 and 2009 were enrolled using a prospective cohort study. Obesity and other relevant variables (such as menopause status and other biochemical markers) were collected through in-person interviews, anthropometric measurements and blood samples at first screen. Incident breast cancers during follow-up were ascertained through the linkage of the cohort with the National Cancer Registry and the National Death Certification System. **RESULTS** A total of 6969 and 7039 incident breast cancer cases were identified among women enrolled before- and after-menopause, respectively. Compared with a BMI range of 18.5-23.9 kg/m<sup>2</sup>, the incremental level of BMI in the enrolled women before menopause revealed a lack of statistically significant association with the risk of incident breast cancer (adjusted HR=0.94, 0.98, 1.02, 1.01 and 0.82 for BMI<18.5, 24-26.9, 27-29.9, 30-34.9 and ≥35, respectively), but the incremental level of BMI in the enrolled women after menopause led to a statistically significant incremental increase in the risk of breast cancer (adjusted HR=0.78, 1.19, 1.31, 1.53 and 1.65 for BMI<18.5, 24-26.9, 27-29.9, 30-34.9 and ≥35, respectively) after adjusting for other explanatory risk factors. **CONCLUSIONS** Obesity acts mainly as an influential promoter of the development of late-onset breast cancer after menopause in Taiwanese women.

**Calcif Tissue Int. 2015 Oct 6. [Epub ahead of print]**

### **Effect of Milk Powder Supplementation with Different Calcium Contents on Bone Mineral Density of Postmenopausal Women in Northern China: A Randomized Controlled Double-Blind Trial.**

Chen Y, Xiao Y, Xie B, Zhang Q, Ma X, Li N, Liu M, Zhang Q.

The objective of this study is to examine the effect of milk powder supplementation with different calcium contents on bone mineral density (BMD) in postmenopausal Chinese women, and to determine a more appropriate dose of

calcium supplementation. A 2-year, randomized controlled double-blind trial. Postmenopausal women (n = 210) aged 50-65 years were recruited and assigned randomly into three calcium supplementation groups. All participants received milk powder supplementation with different calcium contents (300, 600, and 900 mg per day for groups A, B, and C, respectively) and all groups received 800 IU of vitamin D per day. During the follow-up period, BMD of the left hip and lumbar spine (as the main indicator) was measured using dual-energy X-ray absorptiometry at the baseline, 1 and 2 years. Both three BMD measures and the changes of BMD over 2 years were used to analyze. Before adjusting for covariates, BMD in group A of the lumbar spine and groups A and B of greater trochanter decreased significantly from the baseline over time but increased significantly in the rest groups of the lumbar spine and greater trochanter and in three groups of Ward's triangle. There were significant differences across the three groups for changes of BMD in the greater trochanter and Ward's triangle. When adjusting for covariates, there were significant decreases with time in group A of the spine (P = 0.001), groups A and B of greater trochanter (P = 0.0002 and P = 0.04, respectively) and increases in groups B and C of Ward's triangle (P = 0.03 and P = 0.004, respectively). BMD change in the greater trochanter was significantly different among three groups. For healthy postmenopausal women, high calcium milk powder supplementation was better in retarding bone loss than medium and low calcium in the greater trochanter. Considering the dietary calcium intake of postmenopausal women in north of China, a dose of 900 mg/day is considered as the most appropriate calcium supplementation for greater trochanter but not for other sites.

**Maturitas. 2015 Aug 11. doi: 10.1016/j.maturitas.2015.07.023. [Epub ahead of print]**

### **Verbal memory and menopause.**

Maki PM.

Midlife women frequently report memory problems during the menopausal transition. Recent studies validate those complaints by showing significant correlations between memory complaints and performance on validated memory tasks. Longitudinal studies demonstrate modest declines in verbal memory during the menopausal transition and a likely rebound during the postmenopausal stage. Clinical studies that examine changes in memory following hormonal withdrawal and add-back hormone therapy (HT) demonstrate that estradiol plays a critical role in memory. Although memory changes are frequently attributed to menopausal symptoms, studies show that the memory problems occur during the transition even after controlling for menopausal symptoms. It is well established that self-reported vasomotor symptoms (VMS) are unrelated to objective memory performance. However, emerging evidence suggests that objectively measured VMS significantly correlate with memory performance, brain activity during rest, and white matter hyperintensities. This evidence raises important questions about whether VMS and VMS treatments might affect memory during the menopausal transition. Unfortunately, there are no clinical trials to inform our understanding of how HT affects both memory and objectively measured VMS in women in whom HT is indicated for treatment of moderate to severe VMS. In clinical practice, it is helpful to normalize memory complaints, to note that evidence suggests that memory problems are temporary, and to counsel women with significant VMS that memory might improve with treatment.