



## Selección de Resúmenes de Menopausia

Semana del 8 al 14 de Abril de 2015

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### Do premenopausal hypothyroid women on levothyroxine therapy need bone status monitoring?

Babu RP, Christy A, Hegde A, Manjrekar P, D'Souza V.

**BACKGROUND:** Suppressive doses of levothyroxine therapy are reported to reduce bone mineral density (BMD) in women. Data on bone changes in premenopausal hypothyroid women with replacement therapy are limited. Hence, this study was undertaken to evaluate bone changes in this group using bone markers and BMD. **MATERIALS AND METHODS:** A hospital-based case-control study including 75 premenopausal women aged 30-45 years was conducted. The subjects were categorized based on their thyroid function and history into three groups of 25 euthyroid, 25 newly diagnosed hypothyroid, and 25 hypothyroid women on 100-200 µg of levothyroxine for a minimum of 5 years. The bone changes were evaluated and compared among the groups biochemically by estimating their plasma osteocalcin and serum calcium and phosphorus and radiologically by measuring their BMD by quantitative ultrasonography. Statistical analysis was conducted by using analysis of variance, Tukey's test, and Pearson's correlation using IBM SPSS Statistics 20. **RESULTS:** Levels of plasma osteocalcin, serum calcium, and serum phosphorus in patients on long-term levothyroxine therapy were significantly higher than those in newly diagnosed hypothyroid women and in the euthyroid group. BMD showed definite features of osteopenia (T-score:  $-2.26 \pm 0.5$ ) among the women in the treatment group, while it was well within the normal range in the newly diagnosed and euthyroid women. A significant correlation was found between the osteocalcin levels and T-score. **CONCLUSION:** Hypothyroid women on long-term levothyroxine therapy showed signs of increased bone turnover and increased resorptive changes, though not frank osteoporosis. Hence, it may be important to evaluate the bone status of patients on levothyroxine for >5 years.

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### Use of Oral Bisphosphonates in Primary Prevention of Fractures in Postmenopausal Women: A Population-Based Cohort Study.

Real J, Galindo G, Galván L, Lafarga MA, Rodrigo MD, Ortega M.

**OBJECTIVE:** To compare incidence of first osteoporotic fracture in two cohorts of postmenopausal women, one treated with bisphosphonates and the other only with calcium and vitamin D. **DESIGN:** Retrospective population cohort study with paired matching based on data from electronic health records. **SETTING:** Women aged 60 years and older in 2005, from 21 primary care centers in a healthcare region of Spain. **PARTICIPANTS:** Two groups of women aged 60 years and older (n = 1208), prescribed either calcium and vitamin D (CalVitD) or bisphosphonates (BIPHOS) with or without calcium and vitamin D, were compared for the end point of first recorded osteoporotic-related fracture, with 5-years follow-up. **MAIN OUTCOME MEASURE:** Incidence of first fracture: Vertebral fracture, osteoporosis with pathological fracture, fracture of the upper humeral epiphysis, fracture of the lower radial epiphysis, or femur fracture. **RESULTS:** Estimated 10-year risk of fracture was 11.4% (95% confidence interval: 9.6 to 13.2), 11.8% (9.2 to 14.3) in the BIPHOS group and 11.1% (8.6 to 13.6) in the CalVitD group. No significant differences were found between groups in total fractures (Hazard ratio = 0.934 (0.67 to 1.31)) or location (vertebral, femoral, radial or humeral). **CONCLUSIONS:** In postmenopausal women, bisphosphonates have not been shown to better decrease risk of first fracture compared with calcium and vitamin D therapy alone.

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### The role of depressive symptomatology in peri- and post-menopause.

Borkoles E, Reynolds N, Thompson DR, Ski CF, Stojanovska L, Polman RC.

**OBJECTIVES:** There is evidence that menopausal symptoms manifested at peri-menopause occur less frequently when compared to the symptoms experienced at post-menopause. The aim of this study was to investigate this and to

test the hypothesis that depressive symptomatology mediates the relationship between menopausal stage and symptom frequency. **METHODS:** This cross-sectional study included 213 women (M age=52 years), of whom 125 were peri- and 88 post-menopausal. Measures comprised the Center for Epidemiologic Studies-Depression scale (CES-D) and the Women's Health Questionnaire (WHQ) vasomotor symptoms and somatic symptoms subscales. **RESULTS:** Multiple mediated regression analyses provided evidence that somatic symptoms and vasomotor symptoms were less frequent at post- compared to peri-menopause, and that these differences were mediated by depressive symptomatology. Multivariate effect sizes ranged from small to moderate, and univariate effect sizes were uniformly small with wide confidence intervals. **CONCLUSIONS:** The frequency of vasomotor and somatic symptoms appears to increase with depressed affect. The management of symptoms could include interventions of a psychotherapeutic nature, which may offset this effect, particularly in women for whom depressive symptoms are a feature of the climacteric syndrome. The extent to which depression and the climacteric syndrome may be causally related to one another remains unclear and longitudinal research should further examine the mechanisms of this association.

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### **Discontinuation rates of menopausal hormone therapy among postmenopausal women in the Post-WHI Study ERA.**

Kyvernitakis I, Kostev K, Hars O, Albert US, Hadji P.

**Objectives.** Many women are reluctant against Menopausal Hormone Therapy (MHT) and discontinue the treatment within 12 months. The aim of this study was to investigate the persistence rates of combined MHT in the last decade, reflecting changes in the post-WHI era. **Methods.** We analyzed 17,020 patients receiving combined MHT from 2004 to 2013 using the Disease Analyzer database. **Results.** After 12 months of follow-up, 44.6% and 33.5% of patients receiving 1 mg and 2 mg respectively of oral combined MHT were still on treatment ( $p < 0.0001$ ). The persistence rates of patients receiving  $< 50 \mu\text{g}$  of transdermal MHT were 39.1% after one year of treatment and presented no differences compared to patients receiving  $> 50 \mu\text{g}$  of transdermal MHT with a persistence rate of 38.2%. MHT start in the years 2007-2009 was associated with higher discontinuation rates (HR 1.04,  $p = 0.0709$ ) than MHT start in the years 2010-2013 (HR 0.90,  $p = 0.0001$ ). **Conclusions.** Our results indicate that patients beginning their treatments in the years 2010-2013 were more treatment persistent than patients beginning with MHT in the early years after publication of the WHI study (2004-2009). Administration of low-dose oral MHT and transdermal MHT are associated with increased persistency compared to higher doses of oral MHT.

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### **Long-term health consequences of premature or early menopause and considerations for management.**

Faubion SS, Kuhle CL, Shuster LT, Rocca WA.

**Aim.** To review the current evidence concerning the long-term harmful effects of premature or early menopause, and to discuss some of the clinical implications. **Material and methods.** Narrative review of the literature. **Results.** Women undergoing premature or early menopause, either following bilateral salpingo-oophorectomy or because of primary ovarian insufficiency, experience the early loss of estrogen and other ovarian hormones. The long-term consequences of premature or early menopause include adverse effects on cognition, mood, cardiovascular, bone, and sexual health, as well as an increased risk of early mortality. The use of hormone therapy has been shown to lessen some, although not all of these risks. Therefore, multiple medical societies recommend providing hormone therapy at least until the natural age of menopause. It is important to individualize hormone therapy for women with early estrogen deficiency, and higher dosages may be needed to approximate physiological concentrations found in premenopausal women. It is also important to address the psychological impact of early menopause and to review the options for fertility and the potential need for contraception, if the ovaries are intact. **Conclusions.** Women who undergo premature or early menopause should receive individualized hormone therapy and counseling.

**Srp Arh Celok Lek. 2015 Jan-Feb;143(1-2):28-34.**

### **Osteoporosis--a risk factor for cardiovascular diseases: a follow-up study.**

Tasić I, Popović MR, Stojanović S, Stamenković B, Kostić S, Popović D, Lazarević G, Bogdanović D, Stefanović V.

**INTRODUCTION:** Cardiovascular (CV) diseases and bone fractures due to osteoporosis are the leading causes of death in the elderly. **OBJECTIVE:** The aim of this study was to demonstrate a correlation between the overall risk for CV events, and low bone density in postmenopausal women, and its impact on the incidence of serious CV events. **METHODS:** Our prospective study involved 300 postmenopausal women. All the examinees were divided into three groups based on their measured bone density: Group I--84 examinees with osteoporosis; Group II--115 examinees with osteopenia; and Group III--101 examinees with normal bone density. In all examinees the overall ten-year risk for a fatal CV event was calculated using the SCORE system tables. **RESULTS:** After a 36-month follow-up, CV events occurred in 19 (6.3%) examinees. Significant differences in the incidence of CV events were demonstrated between the patients with osteoporosis, osteopenia, and normal bone density ( $\chi^2 = 28.7$ ;  $p < 0.001$ ), as well as between those with a high and low CV risk ( $\chi^2 = 22.6$ ;  $p < 0.001$ ). Multivariate logistic regression analysis showed that smoking (OR: 2.23; 95% CI: 1.02 to 6.19;  $p = 0.035$ ), and increase of overall CV score (OR: 1.36; 95% CI: 1.17 to 1.58;  $p < 0.001$ ) are associated with increased CV event risk, while the increase of T score value is associated with decreased risk of CV event (OR: 0.42; 95% CI: 0.25 to 0.73;  $p = 0.002$ ). **CONCLUSION:** Measurement of bone density with a standard assessment of the total CV risk could be useful for selecting women who need intensive prevention and treatment of atherosclerosis.

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## **Primary prevention of cardiovascular disease with hormonal replacement therapy.**

Schierbeck L.

Many peri- and postmenopausal women suffer from a reduced quality of life due to menopausal symptoms and preventable diseases. The importance of cardiovascular disease in women must be emphasized, as it is the leading cause of mortality and morbidity in women. It is well-known that female hormones contribute to the later onset of cardiovascular disease in women. The effect of estrogens has for decades been understood from observational studies of postmenopausal women treated with hormonal replacement therapy (HRT). Later, treatment with HRT was disregarded due to the fear of side effects and an ambiguity of the cardiovascular advantages. Accumulating knowledge from the large number of trials and studies has elucidated the cause for the disparity in results. In this paper, the beneficial effects of HRT, with emphasis on CVD are explained, and the relative and absolute risks of side effects are discussed.