



Selección de Resúmenes de Menopausia

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Vulvo-vaginal atrophy: A new treatment modality using thermo-ablative fractional CO2 laser.

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OBJECTIVE: To evaluate the efficacy and feasibility of thermo-ablative fractional CO2 laser for the treatment of symptoms related to vulvo-vaginal atrophy (VVA) in post-menopausal women. **METHODS:** From April 2013 to December 2013, post-menopausal patients who complained of one or more VVA-related symptoms and who underwent vaginal treatment with fractional CO2 laser were enrolled in the study. At baseline (T0) and 30 days post-treatment (T1), vaginal status of the women was evaluated using the Vaginal Health Index (VHI), and subjective intensity of VVA symptoms was evaluated using a visual analog scale (VAS). At T1, treatment satisfaction was evaluated using a 5-point Likert scale. **RESULTS:** During the study period, a total of 48 patients were enrolled. Data indicated a significant improvement in VVA symptoms (vaginal dryness, burning, itching and dyspareunia) ($P < 0.0001$) in patients who had undergone 3 sessions of vaginal fractional CO2 laser treatment. Moreover, VHI scores were significantly higher at T1 ($P < 0.0001$). Overall, 91.7% of patients were satisfied or very satisfied with the procedure and experienced considerable improvement in quality of life (QoL). No adverse events due to fractional CO2 laser treatment occurred. **CONCLUSION:** Thermo-ablative fractional CO2 laser could be a safe, effective and feasible option for the treatment of VVA symptoms in post-menopausal women.

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Breast cancer risk in metabolically healthy but overweight postmenopausal women.

Gunter MJ, Xie X, Xue X, Kabat GC, Rohan TE, Wassertheil-Smoller S, Ho GY, Wylie-Rosett J, Greco T, Yu H, Beasley J, Strickler HD.

Adiposity is an established risk factor for postmenopausal breast cancer. Recent data suggest that high insulin levels in overweight women may play a major role in this relationship, due to insulin's mitogenic/antiapoptotic activity. However, whether overweight women who are metabolically healthy (i.e., normal insulin sensitivity) have elevated risk of breast cancer is unknown. We investigated whether overweight women with normal insulin sensitivity [i.e., homeostasis model assessment of insulin resistance (HOMA-IR) index, or fasting insulin level, within the lowest quartile (q1)] have increased breast cancer risk. Subjects were incident breast cancer cases ($N = 497$) and a subcohort ($N = 2,830$) of Women's Health Initiative (WHI) participants with available fasting insulin and glucose levels. In multivariate Cox models, metabolically healthy overweight women, defined using HOMA-IR, were not at elevated risk of breast cancer compared with metabolically healthy normal weight women [HRHOMA-IR, 0.96; 95% confidence interval (CI), 0.64-1.42]. In contrast, the risk among women with high (q3-4) HOMA-IRs was elevated whether they were overweight (HRHOMA-IR, 1.76; 95% CI, 1.19-2.60) or normal weight (HRHOMA-IR, 1.80; 95% CI, 0.88-3.70). Similarly, using fasting insulin to define metabolic health, metabolically unhealthy women (insulin q3-4) were at higher risk of breast cancer regardless of whether they were normal weight (HRinsulin, 2.06; 95% CI, 1.01-4.22) or overweight (HRinsulin, 2.01; 95% CI, 1.35-2.99), whereas metabolically healthy overweight women did not have significantly increased risk of breast cancer (HRinsulin, 0.96; 95% CI, 0.64-1.42) relative to metabolically healthy normal weight women. Metabolic health (e.g., HOMA-IR or fasting insulin) may be more biologically relevant and more useful for breast cancer risk stratification than adiposity per se.

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Are climacteric complaints associated with risk factors of cardiovascular disease in peri-menopausal women?

Cagnacci AI, Palma F, Romani C, Xholli A, Bellafrente M, Di Carlo C.

Abstract Recent studies indicate that metabolic risk for cardiovascular disease is increased in post-menopausal women suffering from disturbances, such as hot flushes. In order to evaluate whether this is also true in peri-menopausal women, we performed an observational study on 590 peri-menopausal women of an outpatient center at a University Hospital. Each cardiovascular risk factor, such as blood pressure, fasting glucose, fasting lipids and the 10-year risk for cardiovascular disease was tested for its relation to climacteric complaints. Greene's climacteric scale, and its subscales were used to evaluate climacteric symptoms. Analyses were corrected for confounders derived by personal history and anthropometric measures. When corrected for confounders, Greene's score was a positive determinant of triglycerides ($R^2=0.249$; $p=0.0001$), triglycerides/HDL-cholesterol ($R^2=0.316$; $p=0.0001$), glucose ($R^2=0.101$; $p=0.0003$), and the 10-year risk for cardiovascular disease, calculated by the Framingham formula ($R^2=0.081$; $p=0.0001$). Greene's vasomotor sub-score was an independent determinant of LDL-cholesterol ($R^2=0.025$; $p=0.01$), and LDL/HDL-cholesterol ($R^2=0.143$; $p=0.0001$), while Greene's depression sub-score was a negative determinant of HDL-cholesterol ($R^2=0.179$; $p=0.0001$). The data also indicate that in peri-menopausal women, menopausal symptoms evaluated by a validated climacteric scale are associated with biochemical risk factors for atherosclerosis and cardiovascular disease.

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Simple physical performance measures and vascular health in late midlife women: the Study of Women's Health across the nation.

El Khoudary SR, Chen HY, Barinas-Mitchell E, McClure C, Selzer F, Karvonen-Gutierrez C, Jackson EA, Ylitalo KR, Sternfeld B.

BACKGROUND: Physical performance measures have been shown to predict mortality and incident cardiovascular disease (CVD) mainly in elderly populations. We evaluated whether physical performance measures are associated with vascular health indices (carotid intima-media thickness (cIMT), adventitial diameter (cAD) and carotid plaque) in a large sample of multi-ethnic, late midlife women. **METHODS:** Participants from the Study of Women's Health Across the Nation free of CVD and who had carotid ultrasound assessed at the 12th annual visit were evaluated. Physical function (PF) measures at visit 12 included: average 40-foot walking speed and average time needed for sit-to-stand assessment. **RESULTS:** A total of 1103 women (53.7% White, 30.5% Black, 15.9% Chinese) aged 59.6 ± 2.7 years at visit 12, were included. In models adjusted for study site, race, current age, menopausal status and systolic blood pressure, slower walking speed and longer time needed for sit-to-stand were significantly associated with wider cAD, thicker cIMT and a higher probability of a high level of carotid plaque burden (all P -values <0.05). Associations between walking speed and cAD, and between time needed for sit-to-stand and cAD, remained significant ($P=0.04$) or marginally significant ($P=0.07$), respectively, after additional adjustment for CVD risk factors, medications and physical activity. However, the associations between PF measures and cIMT and plaque burden were largely explained by traditional CVD risk factors. **CONCLUSIONS:** The current study suggests that worse performance in simple objective PF tests may be an early indicator of vascular structural changes that precede vascular disease among women at late midlife.

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Increased risk of osteoporosis in patients with depression: a population-based retrospective cohort study.

Lee CW, Liao CH, Lin CL, Liang JA, Sung FC, Kao CH.

OBJECTIVE: To investigate the relationship between depression and risk of subsequent osteoporosis development. **PARTICIPANTS AND METHODS:** A population-based retrospective cohort analysis was conducted using the Longitudinal Health Insurance Database 2000 of Taiwan. We included 32,978 patients in the depression cohort and 131,912 patients in the no-depression cohort between January 1, 1998, and December 31, 2008, and calculated the incidence rates of newly diagnosed osteoporosis. We used Cox proportional hazards models to assess the effects of depression. The Kaplan-Meier method was applied to estimate the cumulative osteoporosis incidence curves. **RESULTS:** Patients with depression were 1.30 times more likely to experience osteoporosis than those without depression. The risk was higher for patients with severe depression and mild depression than for those without depression. A greater hazard ratio magnitude was observed in patients aged 35 to 49 years. We also observed a significant decrease in osteoporosis risk in patients with depression treated with antidepressant agents.

CONCLUSION: The incidence of osteoporosis in Taiwan is associated with an a priori depression history. The risk was identified in both men and women, particularly in patients aged 35 to 49 years, and was inversely correlated with antidepressant drug treatment.

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Physical Activity, Walking, and Quality of Life in Women with Depressive Symptoms.

Heesch KC1, van Gellecum YR2, Burton NW2, van Uffelen JG3, Brown WJ2.

BACKGROUND: Physical activity (PA) has a positive association with health-related quality of life (HRQL) in the general population. The association between PA and HRQL in those with poor mental health is less clear.

PURPOSE: To examine the concurrent and prospective dose-response relationships between total PA (TPA) and walking only with HRQL in women aged 50-55 years with depressive symptoms in 2001. METHODS: Participants were 1,904 women born in 1946-1951 who completed mailed surveys for the Australian Longitudinal Study on Women's Health in 2001, 2004, 2007, and 2010, and reported depressive symptoms in 2001. At each time point, they reported their weekly minutes of walking, moderate PA, and vigorous PA. A summary TPA score was created that accounted for differences in energy expenditure among the three PA types. Mixed models were used to examine associations between TPA and HRQL (short form-36 [SF-36] component and subscale scores) and between walking and HRQL, for women who reported walking as their only PA. Analyses were conducted in 2013-2014. RESULTS: Concurrently, higher levels of TPA and walking were associated with better HRQL ($p < 0.05$). The strongest associations were found for physical functioning, vitality, and social functioning subscales. In prospective models, associations were attenuated, yet compared with women doing no TPA or walking, women doing "sufficient" TPA or walking had significantly better HRQL over time for most SF-36 scales. CONCLUSIONS: This study extends previous work by demonstrating trends between both TPA and walking and HRQL in women reporting depressive symptoms.