



Selección de Resúmenes de Menopausia

Semana del 13 al 19 de Agosto de 2014

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J Korean Med Sci. 2014 Aug;29(8):1152-60. doi: 10.3346/jkms.2014.29.8.1152. Epub 2014 Jul 30.

Association between Bone Mineral Density and Clinical Consequences: Cross-Sectional Study of Korean Postmenopausal Women in an Orthopaedic Outpatient Clinic.

Lee JH1, Lee YH2, Moon SH3; TOP Study Group.

This study is to identify the characteristics of BMD and the related clinical consequences through a nationwide, consecutive, cross-sectional study. A total of 1,281 postmenopausal women was enrolled nationwide and underwent measurement for BMD using dual energy x-ray absorptiometry. Following the T-spine and L-spine plane radiography, they were evaluated for vertebral fracture by a semi-quantitative method using the Genant's method. Relationship between BMD and osteoporotic fracture and a degree of deformity in vertebral fracture, treatment history in osteoporosis and the EQ-5D was analyzed. The distribution of the normal, osteopenia and osteoporosis group was 25.9%, 37.0%, and 37.2% in lumbar spine, and 31.4%, 45.3%, and 23.3% in femur neck, respectively. BMD in subjects with symptomatic or asymptomatic vertebral fracture was significantly lower than those without fracture. The femur neck and total hip BMDs were significantly lower in hip fracture group (0.646 g/cm²) and 0.643 g/cm², respectively) and wrist fracture group (0.661 g/cm²) and 0.712 g/cm², respectively) than in subjects without fracture (0.721 g/cm²) and 0.712 g/cm², respectively). The BMD was significantly lower with more severe degree of deformity in vertebral fracture and lower scores in mobility, usual activities and pain/discomfort of the EQ-5D. In Korean postmenopausal women, the prevalence of osteoporosis and vertebral, hip and wrist fracture increase and quality of life decreases with lower BMD.

Calcif Tissue Int. 2014 Aug 15. [Epub ahead of print]

Osteoporosis and the Risk of Symptomatic Nephrolithiasis: A Population-Based 5-Year Follow-Up Study in Taiwan.

Chou PS1, Kuo CN, Hung KS, Chang WC, Liao YC, Chi YC, Chou WP, et al.

This study estimates the risk of symptomatic nephrolithiasis within 5 years of newly diagnosed osteoporosis in a Taiwan population. This cohort study consisted of patients with a diagnosis of osteoporosis between Jan. 2003 and Dec. 2005 (N = 1634). Four age- and gender- matched patients for every patient in the study cohort were selected using random sampling as the comparison cohort (N = 6536). All patients were tracked for 5 years from the date of cohort entry to identify whether they developed symptomatic nephrolithiasis. Cox proportional hazard regressions were performed to evaluate the 5-year nephrolithiasis-free survival rates. During the 5-year follow-up period, 60 osteoporosis patients (3.7 %) and 165 non- osteoporosis patients (2.5 %) developed symptomatic nephrolithiasis. The adjusted HR of symptomatic nephrolithiasis was 1.38 times greater risk for patients with osteoporosis than for the comparison cohort (95% confidence interval (CI) 1.03-1.86; P < .05). Osteoporosis is very likely to be an independent risk factor for subsequent diagnosis of symptomatic nephrolithiasis.

Menopause. 2014 Aug 11. [Epub ahead of print]

Dietary isoflavones and bone mineral density during midlife and the menopausal transition: cross-sectional and longitudinal results from the Study of Women's Health Across the Nation Phytoestrogen Study.

Greendale GA1, Tseng CH, Han W, Huang MH, Leung K, Crawford S, Gold EB, Waetjen LE, Karlamangla AS.

OBJECTIVE: This study aims to examine cross-sectional and longitudinal relations between dietary intake of isoflavones and bone mineral density (BMD) at the lumbar spine (LS) and femoral neck (FN) in black, white, Chinese, and Japanese women during the menopausal transition. **METHODS:** We tested whether tertiles of isoflavone intake were associated with baseline BMD when all women were premenopausal or early perimenopausal. To analyze whether isoflavone intake was associated with longitudinal BMD, we fitted piecewise linear models to repeated measurements of baseline-normalized LS or FN BMD as functions of time before or after the final menstrual period

(FMP) date. RESULTS: Multiply adjusted mean FN BMD values of premenopausal Japanese women were monotonically positively related to isoflavone consumption (P for trend = 0.0003). Otherwise, no statistically significant baseline associations were observed. During the period of 1 year before the FMP through 5 years after the FMP, all participants lost LS and FN BMD. Loss was unrelated to isoflavone intake, except for Japanese women during the period of 1 year before the FMP to 2 years after the FMP: higher tertiles of isoflavone intake were associated with greater annual LS BMD loss rates (P for trend = 0.01) and FN loss rates (P for trend = 0.04). CONCLUSIONS: In Japanese women, higher isoflavone intake is associated with higher peak FN BMD but also with greater rates of LS and FN BMD loss during the menopausal transition. Results for the other racial/ethnic groups did not support a relation between dietary intake of isoflavones and either peak BMD or BMD loss during the menopausal transition.

Ther Adv Drug Saf. 2013 Oct;4(5):199-210. doi: 10.1177/2042098613499790.

Calcium supplements and cardiovascular risk: 5 years on.

Bolland MJ1, Grey A2, Reid IR2.

Calcium supplements have been widely used by older men and women. However, in little more than a decade, authoritative recommendations have changed from encouraging the widespread use of calcium supplements to stating that they should not be used for primary prevention of fractures. This substantial shift in recommendations has occurred as a result of accumulated evidence of marginal antifracture efficacy, and important adverse effects from large randomized controlled trials of calcium or coadministered calcium and vitamin D supplements. In this review, we discuss this evidence, with a particular focus on increased cardiovascular risk with calcium supplements, which we first described 5 years ago. Calcium supplements with or without vitamin D marginally reduce total fractures but do not prevent hip fractures in community-dwelling individuals. They also cause kidney stones, acute gastrointestinal events, and increase the risk of myocardial infarction and stroke. Any benefit of calcium supplements on preventing fracture is outweighed by increased cardiovascular events. While there is little evidence to suggest that dietary calcium intake is associated with cardiovascular risk, there is also little evidence that it is associated with fracture risk. Therefore, for the majority of people, dietary calcium intake does not require close scrutiny. Because of the unfavorable risk/benefit profile, widespread prescribing of calcium supplements to prevent fractures should be abandoned. Patients at high risk of fracture should be encouraged to take agents with proven efficacy in preventing vertebral and nonvertebral fractures.

Cancer Epidemiol Biomarkers Prev. 2014 Aug 11. [Epub ahead of print]

Recent Recreational Physical Activity and Breast Cancer Risk in Postmenopausal Women in the E3N Cohort.

Fournier A1, Dos Santos G2, Guillas G1, Bertsch J3, Duclos M4, Boutron-Ruault MC1, Clavel-Chapelon F5, Mesrine
BACKGROUND: Physical activity probably protects against the risk of breast cancer after menopause, but questions remain about how rapidly and for how long this protective effect exists. METHODS: We analyzed data from 59,308 postmenopausal women (2,155 incident invasive breast cancers) followed between 1993 and 2005 (8.5 years postmenopause on average) through biennial questionnaires. Multivariable Cox models included time-varying exposure data, using levels of recreational physical activity self-reported in 1993, 1997, and 2002. RESULTS: Women with recent (within the previous 4 years) recreational physical activity levels ≥ 12 metabolic equivalent task-hours (MET-h)/week had a lower risk of invasive breast cancer than women with lower levels [HR, 0.90; 95% confidence interval (CI), 0.82-0.99], with no apparent dose-response relation beyond 12 MET-h/week. Associations did not vary significantly across ER/PR subtypes. Risk reductions were of the same magnitude order regardless of weight change, body mass index, waist circumference, or less recent (5-9 years earlier) physical activity levels. Among women with levels of physical activity ≥ 12 MET-h/week 5 to 9 years earlier, those who became less active (< 12 MET-h/week) had a significantly increased risk of breast cancer compared with those who did not (HR, 1.16; 95% CI, 1.01-1.35). And, compared with the least active women at both time points, they had no significantly decreased risk of breast cancer (HR, 1.06; 95% CI, 0.87-1.29). CONCLUSIONS: Our results suggest a decrease in risk associated with recent recreational physical activity even of modest levels. IMPACT: Starting or maintaining physical activity after menopause may be beneficial regarding breast cancer risk.

Scand J Med Sci Sports. 2014 Aug 11. doi: 10.1111/sms.12305. [Epub ahead of print]

Exercise in youth: High bone mass, large bone size, and low fracture risk in old

age.

Tveit M1, Rosengren BE, Nilsson JA, Karlsson MK.

Physical activity is favorable for peak bone mass but if the skeletal benefits remain and influence fracture risk in old age is debated. In a cross-sectional controlled mixed model design, we compared dual X-ray absorptiometry-derived bone mineral density (BMD) and bone size in 193 active and retired male elite soccer players and 280 controls, with duplicate measurements of the same individual done a mean 5 years apart. To evaluate lifetime fractures, we used a retrospective controlled study design in 397 retired male elite soccer players and 1368 controls. Differences in bone traits were evaluated by Student's t-test and fracture risk assessments by Poisson regression and Cox regression. More than 30 years after retirement from sports, the soccer players had a Z-score for total body BMD of 0.4 (0.1 to 0.6), leg BMD of 0.5 (0.2 to 0.8), and femoral neck area of 0.3 (0.0 to 0.5). The rate ratio for fracture after career end was 0.6 (0.4 to 0.9) and for any fragility fracture 0.4 (0.2 to 0.9). Exercise-associated bone trait benefits are found long term after retirement from sports together with a lower fracture risk. This indicates that physical activity in youth could reduce the burden of fragility fractures.

Nutr Clin Pract. 2014 Aug 8. pii: 0884533614545404. [Epub ahead of print]

Dietary Protein Intake in Elderly Women: Association With Muscle and Bone Mass.

Genaro PD1, Pinheiro MD2, Szejnfeld VL2, Martini LA3.

Background: An inadequate food intake, mainly with regard to protein intake, seems to contribute to a reduction of skeletal muscle and bone mass in the elderly. This study was undertaken to evaluate differences in protein intake in women with or without sarcopenia and verify the intake level that is related to a better bone and muscle mass. Methods: Elderly women older than 65 years with sarcopenia (n = 35) and without sarcopenia (n = 165) participated in the study. Assessment of bone mineral density of the lumbar spine and femur was taken, body composition was evaluated by dual-energy x-ray absorptiometry, and an evaluation of protein intake was performed through 3-day dietary records. Results: Muscle, bone, and fat mass was significantly higher in women who had protein intake >1.2 g/kg/d. A lower intake of essential amino acids in women with sarcopenia was also observed. Protein and energy intake were significant predictors of muscle mass. The presence of osteoporosis was a predictor of muscle strength. In conclusion, the present study demonstrated that in elderly women, an adequate protein intake in terms of quality and quantity, without need of supplementation, could have a positive impact on bone mineral density, lean mass, and skeletal muscle mass.

J Womens Health (Larchmt). 2014 Aug 8. [Epub ahead of print]

Attitudinal Survey of Women Living with Low Sexual Desire.

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Abstract Introduction: Survey data provide evidence that low sexual desire is commonly reported among pre- and postmenopausal women. About 10% of women with low sexual desire experience related personal distress. This survey assessed women's attitudes toward the condition and how it affects personal relationships, along with level of awareness of low sexual desire as a medical condition and treatment-seeking history. Methods: The online survey was conducted in a convenience sample of 450 pre- and postmenopausal women aged 20 to 60 years with self-described low sexual desire and related distress. The percentage reported is the ratio of responses over number of respondents for each point on visual analogy scales or option(s) on multiple-choice questions. Results: Twenty-seven percent of premenopausal and 34% of postmenopausal women were very dissatisfied with their current sexual desire level. Over 70% attributed personal and interpersonal difficulties to low sexual desire, most often negative impacts on body image and self-confidence. Feeling "less connectedness" was the most frequently selected impact on partner relationships. Approximately 90% of respondents would like to have or desire sex more often; 95% believed that one or two more satisfying sexual experiences per month would be meaningful. Most respondents did not realize that distressing low sexual desire was a treatable medical condition and had never mentioned their low sexual desire to health care providers. Conclusions: Despite reporting negative impacts of low sexual desire and a desire for more frequent sex, most women had not sought medical help. These results add to the evolving recognition of the importance of sexual functioning in women's lives.