Selección de Resúmenes de Menopausia

Semana del 11 al 17 de octubre de 2017

Juan Enrique Blümel. Departamento Medicina Sur. Universidad de Chile

Bone Res. 2017 Oct 10;5:17021. doi: 10.1038/boneres.2017.21. eCollection 2017.

Vitamin D and calcium are required at the time of denosumab administration during osteoporosis treatment.

Nakamura Y, Suzuki T, Kamimura M, Murakami K, Ikegami S, Uchiyama S, Kato H.

To evaluate the differences in outcomes of treatment with denosumab alone or denosumab combined with vitamin D and calcium supplementation in patients with primary osteoporosis. Patients were split into a denosumab monotherapy group (18 cases) or a denosumab plus vitamin D supplementation group (combination group; 23 cases). We measured serum bone alkaline phosphatase (BAP), tartrate-resistant acid phosphatase (TRACP)-5b and urinary N-terminal telopeptide of type-I collagen (NTX) at baseline, 1 week, as well as at 1 month and 2, 4, 8 and 12 months. We also measured bone mineral density (BMD) of L1-4 lumbar vertebrae (L)-BMD and bilateral hips (H)-BMD at baseline and at 4, 8 and 12 months. There was no significant difference in patient background. TRACP-5b and urinary NTX were significantly suppressed in both groups from 1 week to 12 months (except at 12 months for NTX). In the combination group, TRACP-5b was significantly decreased compared with the denosumab monotherapy group at 2 and 4 months ($P<0.05$). BAP was significantly suppressed in both groups at 2-12 months. L-BMD significantly increased at 8 and 12 months (8.9%) in the combination group and at 4, 8 and 12 months (6.0%) in the denosumab monotherapy group, compared with those before treatment. H-BMD was significantly increased in the combination group (3.6%) compared with the denosumab group (1.2%) at 12 months ($P<0.05$). Compared with denosumab monotherapy, combination therapy of denosumab with vitamin D and calcium stopped the decrease in calcium caused by denosumab, inhibited bone metabolism to a greater extent, and increased BMD (especially at the hips).

Cytojournal. 2017 Sep 25;14:22. doi: 10.4103/cytojournal.cytojournal_16_17. eCollection 2017.

Significance of finding benign endometrial cells in women 40-45 versus 46 years or older on Papanicolaou tests and histologic follow-up.

Colletti SM, Tranesh GA, Nassar A.

BACKGROUND: The 2014 Bethesda System recommends reporting the finding of benign-appearing, exfoliated endometrial cells on Papanicolaou (Pap) tests in women aged 45 years and older. We aimed to determine the significance of normal endometrial cells on liquid-based Pap tests in women aged 40 years and older and to correlate this finding with clinical factors and cytologic/histologic follow-up. MATERIALS AND METHODS: We retrospectively identified all women aged 40 years and older who had benign endometrial cells (BECs) on Pap tests at our institution during a 6-year period. Histologic follow-up and outcomes were evaluated. RESULTS: Among 18,850 Pap tests during the study period, 255 (1.4%) had findings of BECs and 159 (62.4%) of these women had follow-up Pap tests or subsequent tissue sampling by surgical procedures. Of the 159 cases, only 4 (2.5%) had significant endometrial pathologic processes, all endometrial endometrioid adenocarcinoma (three women had postmenopausal bleeding and 1 was perimenopausal with menorrhagia). No women between ages 40 and 45 years had significant pathologic findings and only one woman between 46 and 50 years (47 years) had an endometrial endometrioid carcinoma (1.5%). Women older than 47 years have higher odds (5.38) of having a significant endometrial lesion ($P = 0.029$) than those who are ≤47. CONCLUSION: Clinically significant endometrial lesions occurred predominantly in women older than 50 years (4.6%) and in only one woman between ages 46 and 50 years (1.5%). Therefore, endometrial sampling should be performed in women aged 47 years and older with BECs, especially when additional clinical indicators (e.g., postmenopausal bleeding) are recognized.

Ceska Gynekol. 2017 Fall;82(5):383-389.

What is the risk of pelvic organ prolapse recurrence after vaginal hysterectomy with colporrhaphy?

Nováčková M, Pastor Z, Brtnický T, Chmel R.

OBJECTIVE: To determine the risk of prolapse recurrence in patients after vaginal hysterectomy with colporrhaphy.

DESIGN: Retrospective clinical study. SETTING:Department of Obstetrics and Gynaecology, Second Faculty of Medicine, Charles University and Motol University Hospital, Prague. METHODS: The trial involved 220 women who underwent vaginal hysterectomy with anterior and posterior kolporrhaphy at our department for uterine prolapse at least grade 2. It was the first vaginal surgery in all of the patients. Subjective feeling of pressure in the vagina and/or palpable mass in the vagina or in front of the vaginal entrance and/or objective finding decline of the vaginal walls or fundus at lest the second degree or repeated surgery for prolapse were considered as a prolapse recurrence. RESULTS: The mean age at the time of vaginal hysterectomy was 66.7 years (range 37-88). Only 11 patients were premenopausal (5%), the others were postmenopausal, a mean time of posmenopause was 16.9 years. The average parity rate of the study group was 2.1. The average duration of the surgery was 68 minutes. Postoperative urinary retention was observed in one patient (0.45%). 156 women were enrolled in the study. The average length of follow-up was 47 months (minimum 24 months). Recurrence of prolapse based on subjective assessment occured in 24 patients (15.4 %) with pressure and resistance in the vaginal introitus. According to objective criteria, the recurrence of prolapse was diagnosed in 33 (21.2%) patients, of which 16 had prolapse of the anterior vaginal wall, three of the posterior vaginal wall (two rectocoele, one rectoenterocoele), eight combination prolapse of anterior and posterior vaginal wall and vaginal vault prolapse was diagnosed in six women. Eight patients (5. 1%) underwent surgery because of prolapse recurrence. The mean interval from primary surgery to the time of reoperation was 24.4 months (range 6-62). CONCLUSION: Patients have to be preoperatively informed about the risk of the prolapse recurrence with the recommendation of appropriate preventive arrangements.

Am J Epidemiol. 2017 Aug 10. doi: 10.1093/aje/kwx292. [Epub ahead of print]

Cigarette Smoking and Risk of Early Natural Menopause.

Whitcomb BW, Purdue-Smithe AC, Szegda KL, Boutot ME, Hankinson SE, Manson JE, Rosner B, et al.

Menopause before age 45 affects roughly 5%-10% of women and is associated with higher risk of adverse health conditions. Smoking may increase early menopause risk; however, evidence is inconsistent, and data regarding smoking amount, duration, cessation and patterns over time and risk are scant. We used data from the Nurses' Health Study II of 116,429 nurses from 1989 through 2011 and Cox proportional hazards models to estimate hazard ratios (HR) adjusting for confounders. Compared to never-smokers, current smokers had a HR of 1.90 (95% CI: 1.71, 2.11); former smokers had a HR of 1.10 (95% CI: 1.00, 1.21). Increased risks were observed among women reporting current smoking with a HR = 1.72 (95% CI: 1.36, 2.18) for 11-15 pack-years; HR = 1.72 (95% CI: 1.38, 2.14) for 16-20 pack-years; and HR = 2.42 (95% CI: 2.11, 2.77) for >20 pack-years. Elevated risk was observed in former smokers reporting 11-15 (HR = 1.29, 95% CI: 1.07-1.55), 16-20 (HR = 1.42, 95% CI: 1.13, 1.79) or >20 pack-years (HR = 1.54, 95% CI: 1.23, 1.93). Women who smoked ≤10 cigarettes/day but quit by age 25 had comparable risk to never-smokers (HR = 1.03, 95% CI: 0.91, 1.17). A dose-response relation between smoking and early natural menopause risk, and reduced risk among quitters, may provide insights into the mechanisms of cigarette smoking on reproductive health.

Osteoporos Int. 2017 Oct 10. doi: 10.1007/s00198-017-4251-5. [Epub ahead of print]

Pro-inflammatory dietary pattern is associated with fractures in women: an eight-year longitudinal cohort study.

Veronese N, Stubbs B, Koyanagi A, Hébert JR, Cooper C, Caruso MG, Guglielmi G, Reginster JY, Rizzoli Ret al.

INTRODUCTION: Inflammation is a key risk factor for many adverse outcomes in older people. While diet is a potential source of inflammation, little is known about the impact of inflammatory diet on fractures. Thus, we investigated whether higher Dietary Inflammatory Index (DII)™ ® scores are associated with fractures in a cohort of North American people. METHODS: This longitudinal study with a follow-up of 8 years included 3648 participants (1577 males and 2071 females; mean age = 60.6 years) with/at risk of knee osteoarthritis participating with in the Osteoarthritis Initiative. DII scores were calculated using the validated Block Brief 2000 Food Frequency Questionnaire, categorized into sex-specific quintiles. Information on fractures was obtained through self-reported history of fractures at hip, spine, and forearm. The relationship between baseline DII score and incident fracture was assessed through a Cox's regression analysis, adjusted for potential baseline confounders, and reported as hazard ratios (HRs). RESULTS: During 8 years of follow-up, 560 individuals developed fractures (15.4%). Adjusting for 10 potential confounders, women in the highest DII score quintile (i.e., most pro-inflammatory diet) had a significantly higher risk for fractures (HR = 1.46; 95% CI = 1.02-2.11) compared to women in the lowest quintile. An increase in one standard deviation of DII scores significantly predicted fracture onset in women (adjusted HR = 1.14; 95% CI =

1.02-1.27). The association between DII score and fractures was not significant among men or in the sample as whole. CONCLUSION: Pro-inflammatory diet is associated with a higher incidence of fractures in women but not men.

Post Reprod Health. 2017 Jan 1:2053369117731172. doi: 10.1177/2053369117731172. [Epub ahead of print]

Migraine, menopause and hormone replacement therapy.

MacGregor EA.

Perimenopause marks a period of increased migraine prevalence in women and many women also report troublesome vasomotor symptoms. Migraine is affected by fluctuating estrogen levels with evidence to support estrogen 'withdrawal' as a trigger of menstrual attacks of migraine without aura, while high estrogen levels can trigger migraine aura. Maintaining a stable estrogen environment with estrogen replacement can benefit estrogen-withdrawal migraine particularly in women who would also benefit from relief of vasomotor symptoms. In contrast to contraceptive doses of ethinylestradiol, migraine aura does not contraindicate use of physiological doses of natural estrogen. In women with migraine with or without aura, using only the lowest doses of transdermal estrogen necessary to control vasomotor symptoms minimizes the risk of unwanted side effects. Cyclical progestogens can have an adverse effect on migraine so continuous progestogens, as provided by the levonorgestrel intrauterine system or in continuous combined transdermal preparation, are preferred. There are no data on the effect of micronized progesterone on migraine, either cyclical or continuous. Non-hormonal options for both conditions are limited but there is evidence of efficacy for escitalopram and venflaxine.

Am J Epidemiol. 2017 Jun 24. doi: 10.1093/aje/kwx256. [Epub ahead of print]

Dietary Protein Intake and Early Menopause in the Nurses' Health Study II.

Boutot ME, Purdue-Smithe A, Whitcomb BW, Szegda KL, Manson JE, Hankinson SE, Rosner BA, et al.

Early menopause, the cessation of ovarian function prior to age 45, affects 5-10% of Western women and is associated with an increased risk of adverse health outcomes. Literature suggests that high vegetable protein intake may prolong female reproductive function. We evaluated the relation of long-term intake of vegetable protein, animal protein, and specific protein-rich foods with incidence of early natural menopause in the Nurses' Health Study II cohort. Women included in analyses (n = 85,682) were premenopausal at baseline (1991) and followed until 2011 for onset of natural menopause. Protein intake was assessed via food frequency questionnaire. In Cox proportional hazard models adjusting for age, smoking, body mass index, and other factors, women in the highest quintile of cumulatively-averaged vegetable protein intake (median: 6.5% of calories) had a significant 16% lower risk of early menopause compared to women in the lowest quintile (3.9% of calories; 95% confidence interval: 0.73-0.98; P-trend: 0.02). Intakes of specific foods including pasta, dark bread and cold cereal were also associated with lower risk ($P < 0.05$). Conversely, animal protein intake was unrelated to risk. High consumption of vegetable protein, equivalent to 3-4 servings per day of protein-rich foods, is associated with lower incidence of early menopause in US women.