Selección de Resúmenes de Menopausia

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Effect of Vitamin D3 supplementation in combination with weight loss on inflammatory biomarkers in postmenopausal women: a randomized controlled trial.

Duggan C, Tapsoba JD, Mason C, Imayama I, Korde LA, Wang CY, McTiernan A.

Obesity and vitamin D deficiency are associated with risk for several cancers, possibly through inflammation and adipokine-related pathways. 218 postmenopausal women with BMI>25 kg/m2 and low serum 25-hydroxyvitamin D (25(OH)D; ≥10-<32 ng/mL), were randomized to 12-months of either (i)weight-loss intervention + 2000 IU/day oral vitamin D3 or (ii)weight-loss intervention + daily placebo. Serum adiponectin, leptin, tumor necrosis factor-alpha (TNF-α), Interleukin (IL)-6; IL-1β; IL-8 and IL-10, were measured by immunoassay, and a composite inflammatory biomarker score calculated. Using generalized estimating equations, mean changes in outcomes were compared between arms (intent-to-treat), adjusted for possible confounders. Analyses were also stratified by weight-loss (gained/no weight-loss; <5%; 5-10%; >10%). At 12-months, there were no significant differences in analyte changes between arms. In stratified analyses, participants randomized to vitamin D3 who lost 5-10% of baseline weight, vs. participants who gained weight/had no weight-loss, had significantly greater decreases in levels of IL-6 compared to those randomized to placebo: absolute change -0.75 pg/mL (-17.2%) Placebo vs. -1.77 pg/mL (-37.3%) Vitamin D, P=0.004. Similar but attenuated results were observed for participants who lost >10% of baseline weight: -0.41 pg/mL (-13.6%) Placebo vs. -0.67 pg/mL (-17.3%) Vitamin D, P=0.02. Effects of vitamin D3 supplementation on levels of IL-1β were inconsistent when stratified by weight loss. There were no intervention effects on IL-10, TNF-α, IL-8, the composite score, adiponectin or leptin, when stratified by weight-loss. In conclusion, Vitamin D3 supplementation in combination with weight-loss of at least 5% of baseline weight was associated with significant reductions in levels of IL-6.

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Hormone replacement therapy and venous thromboembolism.

Pavičić Baldani D, Skrgatić L, Simunić V, Elvedi Gasparović V, Geršak B.

Venous thromboembolism (VTE) is the most important side effect of using hormone replacement therapy (HRT). Biological and epidemiological studies have shown that oral administration of estrogen is associated with an increased risk of VTE compared to transdermal route of administration. Addition of progestogen to estrogen further increases the risk of VTE. Different pharmacological classes of progestogens differently contribute to the risk of VTE. Observational studies observed that the application of micronized progesterone and didrogesteron are safer regarding the risk of VTE compared to other progestins. These results should be further confirmed in the randomized studies. A personal or family history of VTE, existence of hereditary thrombophilia or/and multiple risk factors for VTE represent a strong contraindication to oral HRT use. In such persons the application of transdermal estrogen can be considered after careful individual evaluation of the benefits and risks. Transdermal estrogen should be also the first choice in overweight/obese women requiring HRT.

Rockville (MD): Agency for Healthcare Research and Quality (US); 2015 Mar. Report No.: 15-EHC005-EF.

Menopausal Symptoms: Comparative Effectiveness of Therapies [Internet].

Grant MD, Marbella A, Wang AT, Pines E, Hoag J, Bonnell C, Ziegler KM, Aronson N.

OBJECTIVES: To systematically review and synthesize evidence evaluating the comparative effectiveness of treatments for menopausal symptoms, along with potential long-term benefits and harms of those treatments. DATA SOURCES: The following electronic databases were searched through January 2014: MEDLINE®, Embase®, Cochrane Controlled Trials Register, and AMED Allied and Complementary Medicine. Gray literature searches included clinicaltrials.gov, the Food and Drug Administration Web site, and relevant conference abstracts. REVIEW METHODS: Menopausal symptom outcomes included: vasomotor, quality of life, psychological, sexual function,

urogenital, and sleep disturbance. Randomized controlled trials provided the evidence base for symptom relief. Standardized mean differences were calculated to allow pooling of outcomes from varied measures. Network meta-analyses were performed when possible, along with pairwise comparisons. Systematic reviews, cohort studies, and case-control studies provided evidence for the following long-term benefits and harms: breast, colon, endometrial, and ovarian cancer; coronary heart disease and venous thromboembolic events; gallbladder disease; and osteoporotic fractures. RESULTS: Evidence from 283 trials provided results for vasomotor symptoms (211 trials), quality of life (125 trials), psychological symptoms (108 trials), sexual function (94 trials), urogenital atrophy (71 trials), and sleep disturbance (56 trials). The most commonly studied agents were estrogens, isoflavones, and selective serotonin reuptake inhibitors/serotonin-norepinephrine reuptake inhibitors (SSRIs/SNRIs). Estrogens appeared to be the most effective treatment in relieving vasomotor symptoms and were accompanied by better quality-of-life scores. SSRIs/SNRIs relieve vasomotor symptoms less effectively than estrogens but were accompanied by the largest improvement in global measures of psychological well-being. Estrogens administered vaginally diminished pain during sex and testosterone increased sexual activity. Measures of urogenital atrophy were improved with ospemifene and vaginal or oral estrogens. Estrogens also improved sleep, but the effect appeared to be modest. Over the long term, estrogen combined with progestogen has both beneficial effects (fewer osteoporotic fractures) and harmful effects (increased risk of breast cancer, gallbladder disease, venous thromboembolic events, and stroke). Estrogens given alone do not appear to increase breast cancer risk, although endometrial cancer risk is increased. There is limited evidence on the long-term effects of most nonhormone treatments. No studies were identified that examined the efficacy or safety of compounding practices for hormone therapies. CONCLUSIONS: Women experiencing symptoms of menopause can consider a number of potential treatments of varying efficacy. From a large body of evidence, there is considerable certainty that estrogens are the most effective treatment for relieving vasomotor symptoms and are accompanied by the greatest improvement in quality-of-life measures. For other common symptoms—psychological, urogenital, and sleep disturbance—although estrogens are effective, some nonhormonal agents compare favorably. Estrogens are accompanied by potential long-term harms that require consideration. There is limited evidence on the potential consequences of long-term use of nonhormonal agents when those agents are used to treat menopausal symptoms.

Eur J Pain. 2015 Apr 21. doi: 10.1002/ejp.714. [Epub ahead of print]

Does pain vary across the menstrual cycle? A review.

Iacovides S, Avidon I, Baker FC.

Reproductive hormones are implicated in moderating pain. Animal studies support both pronociceptive and antinociceptive actions of oestradiol and progesterone suggesting that the net effect of these hormones on pain is complex and likely depends on the interaction between hormones and the extent of fluctuation rather than absolute hormone levels. Several clinical pain conditions show variation in symptom severity across the menstrual cycle. Though, there is still no consensus on whether the menstrual cycle influences experimental pain sensitivity in healthy individuals. Comprehensive literature searches on clinical and experimental pain across the menstrual cycle, as well as gonadal hormones and pain were performed using the electronic databases PubMed, Google Scholar and the Cochrane Library. Full-text manuscripts were reviewed for relevancy and reference lists were cross-checked for additional relevant studies. Most of the more recent, well-controlled studies show that menstrual cycle phase has no effect on the perception of pain in healthy, pain-free women. Although recent studies investigating pain-related brain activation have shown differential activation patterns across the menstrual cycle in regions involved with cognitive and motor function, even in the absence of a behavioural pain response, suggesting that cognitive pain and bodily awareness systems are sensitive to menstrual cycle phase. The interaction between the gonadal hormones and pain perception is intricate and not entirely understood. We suggest further investigations on the association between female reproductive hormones and pain sensitivity by exploring the interaction between clinical and experimental pain and the hormone changes that characterize puberty, post-partum and the menopause transition.

J Aging Gerontol. 2014 Dec;2(2):60-71.

The Role of Vitamin D in the Aging Adult.

Meehan M, Penckofer S.

The number of individuals aged 65 and older is expected to more than double from 2012 to 2060. The role of vitamin D in the prevention and treatment of diseases associated with aging has not been well studied. Traditionally, the role of vitamin D focused on the maintenance of skeletal health in the older adult. With the discovery of vitamin D

receptors in the nervous, cardiovascular and endocrine systems, the role of vitamin D and its impact on these systems has become an important area of research. Older adults are at risk for lower levels of vitamin D as a result of decreased cutaneous synthesis and dietary intake of vitamin D. Epidemiologic evidence indicates an association between low levels of vitamin D and diseases associated with aging such as cognitive decline, depression, osteoporosis, cardiovascular disease, hypertension, type 2 diabetes, and cancer. Clinical trials to determine the benefit of vitamin D supplementation in preventing and treating such diseases are in progress. This paper highlights current evidence regarding the role that vitamin D may play in diseases associated with aging and addresses the need for well-designed randomized trials to examine its benefit on health outcomes in the older adult.

Andrologia. 2015 Apr 19. doi: 10.1111/and.12419. [Epub ahead of print]

Hormone replacement therapy and longevity.

Comhaire F.

To assess whether hormone replacement therapy influences longevity, an analysis was made of published life tables allowing for the calculation of the relative benefit of hormone replacement therapy on longevity in men with late onset hypogonadism and in post-menopausal women. It was found that testosterone replacement therapy of men suffering from late onset hypogonadism increased survival rate by 9-10% in 5 years, similar to that of eugonadal, non-LOH men with normal endogenous testosterone secretion. Oestrogen replacement therapy resulted in increased survival by 2.6% in 5 years. It is concluded that hormone replacement therapy increases longevity.

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Hearing decline in menopausal women: a 10 year follow-up.

Svedbrant J, Bark R, Hultcrantz M, Hederstierna C.

CONCLUSIONS: An unexpected rapid hearing decline remained after the 10-year follow up, similar to the hearing decline in 70-year-old women in reference materials. No clear changes concerning hearing in the peri- and postmenopausal period were noted. OBJECTIVE: To assess whether hearing decline correlates with menopause and/or cortisol blood levels. METHODS: A prospective individual longitudinal study of peri-menopausal women followed for 10 years was performed at baseline, and after 2, 7 and 10 years, respectively. With a starting age of around 51 years, 100 women remained in the study after 10 years. Pure-tone audiometry and cortisol blood testing were performed at all visits. RESULTS: A continuous hearing decline, at all frequencies, was found during the follow-up time. The rate of decline during the menopausal period was higher than compared with reference materials for the same age group. The correlation with time for menopause is most apparent at 1 and 3 kHz where the hearing decline is more rapid after menopause than before. Serum cortisol levels did not correlate with rate of hearing decline. CONCLUSIONS: An unexpected rapid hearing decline remained after the 10-year follow up, similar to the hearing decline in 70-year-old women in reference materials. No clear changes concerning hearing in the peri- and postmenopausal period were noted.

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Ongoing data from the breast cancer prevention trials: opportunity for breast cancer risk reduction.

Vogel VG.

Selective estrogen receptor modulators (SERMs) reduce the risk of recurrence of invasive breast cancer and the incidence of first breast cancers in women who are at increased risk. Multiple, randomized clinical trials have shown both the efficacy and safety of SERMs in reducing the risk of breast cancer. Long-term follow-up as long as 20 years in the randomized trials shows persistent efficacy with acceptable safety. Hormone replacement therapy given concurrently with tamoxifen abrogates its preventive effect, but women with atypical hyperplasia derive particular benefit from SERM therapy. Aromatase inhibitors also reduce the risk of developing invasive breast cancer, but the experience with them for risk reduction is limited to few trials. National organizations have made recommendations to use SERMs and aromatase inhibitors to reduce the risk of breast cancer in high-risk women and additional efforts should be made to increase their use in clinical practice, where the number of women needed to treat to prevent one case of breast cancer conforms to accepted standards of preventive medicine.