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1 Vasomotor symptoms: natural history, physiology, and links with cardiovascular health.

Thurston, R.C. Vol. 21 Nr. 2 Página: 96 - 100 Fecha de publicación: 01/04/2018

Resumen:
Vasomotor symptoms (VMS), or hot flushes and night sweats, are the classic symptom of menopause. Recent years have brought key advances in the knowledge about VMS. VMS last longer than previously thought, on average 7-10 years for frequent or moderate to severe VMS. Although VMS have long been understood to be important to women's quality of life, research has also linked VMS to indicators of cardiovascular disease (CVD) risk, such as an adverse CVD risk factor profile, greater subclinical CVD and, in emerging work, CVD events. Relations between VMS and CVD are not typically accounted for by CVD risk factors. In newer work, VMS-CVD risk relations are demonstrated with state-of-the-art subjective and objective measures of VMS. Some research indicates that VMS-CVD risk relations may be sensitive to the timing or duration of VMS. Thus, research collectively supports relations between VMS and CVD independent of known CVD risk factors. Next steps include identifying the mechanisms linking VMS and CVD risk indicators, understanding any timing effects, and clarifying the precise nature of relations between VMS and CVD risk. Clinical implications are discussed.

2 Experiences of menopause, self-management strategies for menopausal symptoms and perceptions of health care among immigrant women: a systematic review.

Stanzel, K.A.; Hammarberg, K.; Fisher, J.
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Resumen:
OBJECTIVE: To systematically review the published literature relating to experiences of menopause, self-management strategies for menopausal symptoms and health-care needs among immigrant women. METHODS: A systematic literature search of English-language publications was performed using MEDLINE, Embase, PsycInfo, Cinahl and Scopus. Twenty-four papers reporting on 19 studies met our inclusion criteria and investigated immigrant women's experiences of menopause and/or their self-management strategies for menopausal symptoms and/or their perceptions of menopause-specific health care. FINDINGS: Of the 19 studies, 15 reported symptoms experienced during the menopausal transition. Three studies included questions regarding self-management strategies for menopausal symptoms and four enquired about perceptions of menopause-specific health care. Although the heterogeneity of the studies makes comparison difficult, their findings are broadly consistent. Immigrant women reported more vasomotor symptoms and other physical symptoms and poorer mental health than non-immigrant women. The few studies that investigated self-management strategies for menopausal symptoms found that these were influenced by culture and those that assessed perceptions of menopause-specific health care found that they were mostly dissatisfied with the care they had received. CONCLUSION: More research is needed to improve understanding of how immigrant women manage the menopausal transition and how to provide culturally relevant menopause-specific health care.

3 The impact of micronized progesterone on breast cancer risk: a systematic review.

Stute, P.; Wildt, L.; Neulen, J.
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Resumen:
Postmenopausal women with an intact uterus using estrogen therapy should receive a progestogen for endometrial protection. The debate on bioidentical hormones including micronized progesterone has increased in recent years. Based on a systematic literature review on the impact of menopausal hormone therapy (MHT) containing micronized progesterone on the mammary gland, an international expert panel's recommendations are as follows: (1) estrogens combined with oral (approved) or vaginal (off-label use) micronized progesterone do not increase breast cancer risk for up to 5 years of treatment duration; (2) there is limited evidence that estrogens combined with oral micronized progesterone applied for more than 5 years are associated with an increased breast cancer risk; and (3) counseling on combined MHT should cover breast cancer risk - regardless of the progestogen chosen. Yet, women should also be counseled on other modifiable and non-modifiable breast cancer risk factors in order to balance the impact of combined MHT on the breast.

4 Female hormonal factors and osteoarthritis of the knee, hip and hand: a narrative review.

Hussain, S.M.; Cicuttini, F.M.; Alyousef, B.; Wang, Y.
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Resumen:
Osteoarthritis is a leading cause of disability with no cure. The incidence of osteoarthritis is sexually dimorphic: women have a higher rate of osteoarthritis than men after the age of 50. Research has investigated the contribution of sex hormones, reproductive factors and hormone supplementation to osteoarthritis. It has been recognized that different joints are susceptible to different risk factors for osteoarthritis. We reviewed the evidence for the effect of endogenous sex hormones, reproductive factors and hormone supplementation on joint-specific osteoarthritis of the knee, hip and hand. Although the role of these hormonal factors in the pathogenesis of osteoarthritis is complex, data suggest that endogenous hormones and reproductive factors have a role in the pathogenesis of osteoarthritis, especially knee osteoarthritis, with uncertainty for the effect of exogenous hormones. From the available data, it is hard to conclude whether this is a direct effect of hormonal factors, or whether other factors related to these hormonal factors, i.e. obesity and inflammation, have a role in this association. Further studies should consider the mediation effect of body weight and inflammation, change in body weight throughout life, circulatory levels of all endogenous hormones and circulatory levels of hormones under hormone supplementation in this complex relationship.

5 Treatment of vaginal atrophy with estriol and lactobacilli combination: a clinical review.

Mueck, A.O.; Ruan, X.; Prasadskas, V.; Grob, P.; Ortmann, O.
Vol. 21 Nr. 2 Página: 140 - 147 Fecha de publicación: 01/04/2018

Resumen:
In recent years, a vast quantity of clinical data has been accumulated on the pathophysiology of symptomatic vulvovaginal atrophy (VVA)/genitourinary syndrome of menopause (GSM) in peri- and postmenopausal women and on the treatment options for these conditions. Guidelines from several societies have recently been updated in favor of VVA/GSM vaginal therapy with the lowest possible doses of estrogens. The combination of a vaginal ultra-low dose of 0.03 mg of estriol (E3) and lyophilized, viable Lactobacillus acidophilus KS400 (0.03 mg-E3/L) is a unique product with a dual mechanism of action supporting not only the proliferation and maturation of the vaginal epithelium, but also restoration of the lactobacillary microflora. It has been demonstrated efficiently to establish and maintain a healthy vaginal ecosystem. Use of this combination considerably improves the clinical signs and symptoms as well as the quality of life of menopausal women suffering from vaginal atrophy. This combination therapy is well tolerated with a low overall incidence of side-effects and negligible estriol absorption. Based on recent scientific evidence and current treatment guidelines, the 0.03 mg-E3/L combination could be considered one of the options for the treatment of symptomatic vaginal atrophy in aging menopausal women.

6 Long-term effects of vaginal erbium laser in the treatment of genitourinary syndrome of menopause.

Gambacciani, M.; Levancini, M.; Russo, E.; Vacca, L.; Simoncini, T.; Cervigni, M.
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Resumen:
OBJECTIVES: To evaluate the long-term efficacy of a second generation of vaginal laser treatment, the vaginal erbium laser, as a non-ablative photothermal therapy for the management of genitourinary syndrome of menopause. METHODS: The study was performed using an erbium laser crystal yttrium-aluminum-garnet (XS Fotona SmoothT, Fotona, Ljubljana, Slovenia) with a wavelength of 2940 nm. Postmenopausal women (n = 205) were treated with three laser applications at 30-day intervals. Symptoms were assessed before and after treatment throughout 24 months, using the subjective visual analog scale (VAS) and the objective vaginal health index score (VHIS). In addition, postmenopausal women suffering from stress urinary incontinence were evaluated with the International Consultation on Incontinence Questionnaire-Urinary Incontinence Short Form (ICIQ-UI SF). RESULTS: Vaginal erbium laser treatment induced a significant (p < 0.01) decrease in VAS for both vaginal dryness and dyspareunia, as well as an increase in VHIS (p < 0.01) up to the 12th month after the last laser treatment. The values returned to levels similar to the baseline after 18 and 24 months. In addition, vaginal erbium laser treatment improved mild-moderate stress urinary incontinence in 114 postmenopausal women. Less than 3% of patients discontinued treatment due to adverse events. CONCLUSIONS: These results suggest that vaginal erbium laser may be effective and safe for the treatment of genitourinary syndrome of menopause.

7 Genitourinary syndrome of menopause. Prevalence and quality of life in Spanish postmenopausal women. The GENISSE study.

Moral, E.; Delgado, J.L.; Carmona, F.; Caballero, B.; Guillán, C.; González, P.M.; Suárez-Almaraz, J.; Velasco-Ortega, S.; Nieto, C.; as the writing group of the GENISSE, s.tudy.
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Resumen:
OBJECTIVE: To determine the prevalence of genitourinary syndrome of menopause (GSM) and urogynecological conditions associated with menopause, and to evaluate the impact of GSM on quality of life in a cohort of Spanish postmenopausal women. METHODS: Multicenter, cross-sectional, and observational study involving 430 women. RESULTS: The prevalence of GSM was 70%. GSM was diagnosed in 60.2% of women with no known diagnosis of vulvovaginal atrophy or GSM. Most prevalent symptoms were vaginal dryness (93.3%) and reduced lubrication with sexual activity (90.0%). Most prevalent signs were decreased moisture (93.7%) and loss of vaginal rugae (78.4%). GSM was significantly associated with stress or mixed urinary incontinence, overactive bladder, and vaginal prolapse. Symptoms showed a low-moderate impact on quality of life, mainly in sexual functioning and self-concept and body image. CONCLUSIONS: The GSM is very prevalent in Spanish postmenopausal women, affecting up to 70% of those consulting the gynecologist. Despite the high prevalence of symptoms and signs and its impact on the women's well-being, GSM remains underdiagnosed and undertreated. Given its relationship with urogynecological conditions, it seems necessary to provide an adequate evaluation of postmenopausal women for identifying potential co-morbidities and providing most adequate treatments. An adequate management of GSM will contribute to an improvement in the quality of life of these women.

9 Role of topical oxytocin in improving vaginal atrophy in postmenopausal women: a randomized, controlled trial.

Torky, H.A.; Taha, A.; Marie, H.; Al-Desouky, E.; Raslan, O.; Moussa, A.A.; Ahmad, A.M.; Abo-Louz, A.; Zaki, S.; Fares, T.; Eesa, A.
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Resumen:
OBJECTIVE AND DESIGN: Prospective randomized controlled trial to test the effectiveness of topical oxytocin gel to improve vaginal atrophy in postmenopausal women. PATIENTS AND METHODS: A total of 140 postmenopausal women presenting with vaginal atrophy and who satisfied the inclusion and exclusion criteria were randomized into two groups each of 70 patients; they received intravaginal oxytocin gel or placebo gel for 30 days. Serum estrogen level, visual, colposcopic and histological vaginal examination were performed before and after treatment. RESULTS: Forty-seven out of 70 women in the oxytocin gel group improved after treatment and none in the placebo group (p = 0.001). Forty-five participants in the oxytocin group and seven in the placebo group reported relief of dyspareunia (p = 0.001). Thirty-four participants in the oxytocin group and seven in the placebo group reported relief of soreness (p = 0.001). There was no significant difference between the circulating levels of estradiol in both groups before and after treatment (p = 0.4 and 0.6 for the oxytocin group and the placebo group, respectively). CONCLUSION: Oxytocin gel is useful in the restoration of the vaginal epithelium in cases of postmenopausal atrophic vaginitis. Further studies with a longer follow-up period are required to test the long-term effects of oxytocin as a treatment for vaginal atrophy.

10 Association of body composition with menopausal symptoms in (peri-)menopausal women.

Zhou, Y.; Zheng, Y.; Li, C.; Hu, J.; Zhou, Y.; Geng, L.; Tao, M.
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Resumen:
OBJECTIVE: To explore the correlation of body composition with the severity of menopausal symptoms, as well as each classic menopausal symptom. METHODS: A total of 758 (peri-)menopausal women were recruited (aged from 40 to 67 years) from the Menopause Clinic in the Shanghai Sixth People's Hospital. Different regions of fat mass, lean mass and fat-free mass were measured by bioelectrical impedance analysis, while menopausal symptoms were evaluated by valid modified Kupperman's index (KMI) in the Chinese version. RESULTS: After adjusting for potential confounders, logistic regression revealed that trunk lean mass (odds ratio 0.29, 95% confidence interval 0.09-0.99) was the independent determinant of moderate to severe menopausal symptoms (KMI = 16). In multiple regression analysis, significant relationships were found between body mass index and hot flushes/sweating and diabetes (p < 0.05). There was a significant relationship between lean mass and muscle/joint pain and sexual problems (p < 0.05). We also observed significant relationships between fat mass and hot flushes/sweating and muscle/joint pain. CONCLUSIONS: Our findings indicated that trunk lean mass was an independent protective factor for moderate to severe menopausal symptoms. Strengthening the trunk lean mass may alleviate menopausal symptom

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