 **Selección de Resúmenes de Menopausia**

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[**United European Gastroenterol J.**](http://www.ncbi.nlm.nih.gov/pubmed/25360315) **2014 Oct;2(5):374-82. doi: 10.1177/2050640614543736.**

**Is hormone replacement therapy in post-menopausal women associated with a reduced risk of oesophageal cancer?**

[Menon S](http://www.ncbi.nlm.nih.gov/pubmed?term=Menon%20S%5BAuthor%5D&cauthor=true&cauthor_uid=25360315), [Nightingale P](http://www.ncbi.nlm.nih.gov/pubmed?term=Nightingale%20P%5BAuthor%5D&cauthor=true&cauthor_uid=25360315), [Trudgill N](http://www.ncbi.nlm.nih.gov/pubmed?term=Trudgill%20N%5BAuthor%5D&cauthor=true&cauthor_uid=25360315).

PURPOSE: The rise in oesophageal adenocarcinoma incidence in women with age is delayed compared with men until the post-menopausal period. A matched cohort study was therefore undertaken of post-menopausal women on hormone replacement therapy (HRT) to examine the association between HRT, oesophageal cancer and the potentially associated conditions, reflux oesophagitis and Barrett's oesophagus. METHODS: Women aged over 50 years within the UK General Practice Research Database with a history of HRT exposure were matched by age and general practice with controls without HRT exposure (1:1). Matched Cox-regression analysis was performed to estimate adjusted hazard ratios. RESULTS: 51,851 HRT users and controls were studied. Prolonged HRT use for 5-10 years (hazard ratio 0.25 (95% CI 0.07-0.95)) and time-dependent covariates for increasing duration of HRT use (0.06 (0.01-0.43)) were associated with a reduced oesophageal cancer risk. HRT use was associated with reflux oesophagitis (1.27 (1.12-1.43)), but when analysis was confined to women with codes for both reflux oesophagitis and endoscopy there was no association (1.1 (0.81-1.44)), suggesting increased reporting of reflux symptoms among HRT users rather than an association with endoscopic reflux oesophagitis. CONCLUSION: Long-term post-menopausal HRT may be associated with a reduced risk of oesophageal cancer.

[**J Gerontol B Psychol Sci Soc Sci.**](http://www.ncbi.nlm.nih.gov/pubmed/25360022) **2014 Nov;69 Suppl 2:S205-14. doi: 10.1093/geronb/gbu105.**

**Prevalence of Bacterial Vaginosis and Candida among Postmenopausal Women in the United States.**

[Hoffmann JN](http://www.ncbi.nlm.nih.gov/pubmed?term=Hoffmann%20JN%5BAuthor%5D&cauthor=true&cauthor_uid=25360022), [You HM](http://www.ncbi.nlm.nih.gov/pubmed?term=You%20HM%5BAuthor%5D&cauthor=true&cauthor_uid=25360022), [Hedberg EC](http://www.ncbi.nlm.nih.gov/pubmed?term=Hedberg%20EC%5BAuthor%5D&cauthor=true&cauthor_uid=25360022), [Jordan JA](http://www.ncbi.nlm.nih.gov/pubmed?term=Jordan%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=25360022), [McClintock MK](http://www.ncbi.nlm.nih.gov/pubmed?term=McClintock%20MK%5BAuthor%5D&cauthor=true&cauthor_uid=25360022).

OBJECTIVES: To describe the prevalence of bacterial vaginosis (BV) and Candida among community-dwelling postmenopausal women in the United States and determine their change with age, using estimates based on Waves 1 and 2 of the National Social Life, Health and Aging Project (NSHAP). METHOD: Self-administered vaginal swabs were collected in-home from women aged 57-85 (n = 1,016) in Wave 1 and again 5 years later in Wave 2 (n = 883). Gram-stained specimens were evaluated for BV using the Nugent score as well as presence of Candida. RESULTS: BV was prevalent in 23% and 38% of postmenopausal women in Waves 1 and 2 and increased with age. Women initially categorized with BV in Wave 1 were more than 10 times as likely to be categorized with BV in Wave 2, relative risk ratio (RRR) = 10.5; 95% confidence interval (CI) (4.45-24.7); p < .001, whereas women initially categorized as intermediate in Wave 1 were five times more likely to have a BV categorization, RRR = 5.0; 95% CI (2.56-9.75); p < .001. Although the presence of Candida was similar in both waves (6% and 5%), its relationship with age only became evident in Wave 2, with odds of detecting Candida decreasing by 7% with each year of age, OR = 0.93, 95% CI (0.88, 0.98); p = .010. DISCUSSION: In Wave 2, the prevalence of BV was higher and increased with age while the prevalence of Candida was low and declined with age. A 5-year age increase contributed to the prevalence change across waves. Methods refinements in Wave 2 improved the detection of BV and Candida and clarified their relationship with age.

[**J Bone Miner Res.**](http://www.ncbi.nlm.nih.gov/pubmed/25359586) **2014 Oct 31. doi: 10.1002/jbmr.2393. [Epub ahead of print]**

**Risk of Subsequent Fractures and Mortality in Elderly Women and Men With Fragility Fractures With and Without Osteoporotic Bone Density: The Dubbo Osteoporosis Epidemiology Study.**

[Bliuc D](http://www.ncbi.nlm.nih.gov/pubmed?term=Bliuc%20D%5BAuthor%5D&cauthor=true&cauthor_uid=25359586), [Alarkawi D](http://www.ncbi.nlm.nih.gov/pubmed?term=Alarkawi%20D%5BAuthor%5D&cauthor=true&cauthor_uid=25359586), [Nguyen TV](http://www.ncbi.nlm.nih.gov/pubmed?term=Nguyen%20TV%5BAuthor%5D&cauthor=true&cauthor_uid=25359586), [Eisman JA](http://www.ncbi.nlm.nih.gov/pubmed?term=Eisman%20JA%5BAuthor%5D&cauthor=true&cauthor_uid=25359586), [Center JR](http://www.ncbi.nlm.nih.gov/pubmed?term=Center%20JR%5BAuthor%5D&cauthor=true&cauthor_uid=25359586).

CONTEXT: Half of fragility fractures occur in individuals with non-osteoporotic BMD (BMD T-score >-2.5), however there is no information on post-fracture adverse events of subsequent fracture and mortality for different BMD levels. OBJECTIVES: To determine the risk and predictors of subsequent fracture and excess mortality following initial fracture according to BMD. DESIGN: Community dwelling participants aged 60+ from Dubbo Osteoporosis Epidemiology Study with incident fractures followed from1989-2011. OUTCOME MEASUREMENTS: Risk of subsequent fracture and mortality according to BMD categorised as normal (T-score <-1), osteopenia (T-score≤ -1 and > -2.5) and osteoporosis (T-score ≤-2.5). RESULTS: There were 528 low-trauma fractures in women and 187 in men. Of these, 12% occurred in individuals with normal BMD (38 women, 50 men) and 42% in individuals with osteopenia (221 women, 76 men). The RR of subsequent fracture was >2.0 fold for all levels of BMD (normal BMD: 2.0 (1.2- 3.3) for women and 2.1 (1.2- 3.8) for men, osteopenia: 2.1 (1.7- 2.6) for women and 2.5 (1.6- 4.1) for men and osteoporosis 3.2 (2.7- 3.9) for women and 2.1 (1.4- 3.1) for men. The likelihood of falling and reduced quadriceps strength contributed to subsequent fracture risk in women with normal BMD. By contrast with subsequent fracture risk, post-fracture mortality was increased particularly in individuals with low BMD [age-adjusted SMR for osteopenia 1.3 (1.1- 1.7) and 2.2 (1.7- 2.9) for women and men, respectively and osteoporosis 1.7 (1.5- 2.0) and 2.7 (2,0- 3.6) for women and men, respectively]. CONCLUSION: This study demonstrates the high burden of subsequent fracture in individuals with normal BMD and osteopenia, and excess mortality particularly for those with osteopenia (and osteoporosis). These findings highlight the importance of these fractures and underscore the gap in evidence for benefit of anti-osteoporotic treatment for fragility fracture, in those with only mildly low BMD

[**Calcif Tissue Int.**](http://www.ncbi.nlm.nih.gov/pubmed/25359124) **2014 Oct 31. [Epub ahead of print]**

**Estrogen Influences on Neuromuscular Function in Postmenopausal Women.**

[Sipilä S](http://www.ncbi.nlm.nih.gov/pubmed?term=Sipil%C3%A4%20S%5BAuthor%5D&cauthor=true&cauthor_uid=25359124), [Finni T](http://www.ncbi.nlm.nih.gov/pubmed?term=Finni%20T%5BAuthor%5D&cauthor=true&cauthor_uid=25359124), [Kovanen V](http://www.ncbi.nlm.nih.gov/pubmed?term=Kovanen%20V%5BAuthor%5D&cauthor=true&cauthor_uid=25359124).

Exposure to ovarian sex steroids during different life phases has long-term effects on women's health and wellbeing. Menopause is characterized by rapid decline in ovarian sex steroids already during mid-life, between the ages of 46 and 52. Due to the menopause-related hormonal changes, women in most western countries live more than one-third of their lives in postmenopausal status. The role of ovarian steroids on neuromuscular function in middle-aged and older women has been investigated since the 1980s with increasing volume of research during the last decades. This review considers how different components of the neuromuscular system may be influenced by estrogens and so affects neuromuscular function in postmenopausal women. The main focus is on muscle strength and power, which are closely associated with mobility and functional capacity among older populations. In the end of the review, we summarize recent findings on the underlying biological mechanisms in skeletal muscle that could explain the association between hormone replacement therapy and neuromuscular function among postmenopausal women.

[**Iran J Reprod Med.**](http://www.ncbi.nlm.nih.gov/pubmed/25356082) **2011 Winter;9(1):47-9.**

**A case report of spontaneous pregnancy during hormonal replacement therapy for premature ovarian failure.**

[Akbari Asbagh F](http://www.ncbi.nlm.nih.gov/pubmed?term=Akbari%20Asbagh%20F%5BAuthor%5D&cauthor=true&cauthor_uid=25356082), [Ebrahimi M](http://www.ncbi.nlm.nih.gov/pubmed?term=Ebrahimi%20M%5BAuthor%5D&cauthor=true&cauthor_uid=25356082).

BACKGROUND: Premature ovarian failure (POF) is a common condition; its incidence is estimated to be as great as 1 in 100 by the age of 40 years. Physiologic replacement of ovarian steroid hormones seems rational until the age of normal menopause. Temporary return of ovarian function and pregnancy may occur rarely in women with POF. We report a case of POF who conceived during hormone replacement therapy. CASE: A 30 years-old woman with confirmed POF after pelvic surgery and sever emotional stress conceived spontaneously. CONCLUSION: Return of ovarian function and achievement of pregnancy is possible in women with POF.

[**Curr Osteoporos Rep.**](http://www.ncbi.nlm.nih.gov/pubmed/25341476) **2014 Dec;12(4):385-95. doi: 10.1007/s11914-014-0237-9.**

**Anabolic and antiresorptive therapy for osteoporosis: combination and sequential approaches.**

[Cosman F](http://www.ncbi.nlm.nih.gov/pubmed?term=Cosman%20F%5BAuthor%5D&cauthor=true&cauthor_uid=25341476).

In the recent Bone Key Reports review, it was noted that combinations of anabolic and antiresorptive agents have potential to improve bone density and bone strength more than either agent as monotherapy. Small clinical trials have been performed evaluating combinations of PTH1-34 (TPTD) or PTH1-84 (PTH) with a variety of antiresorptives including hormone/estrogen therapy, raloxifene, alendronate, risedronate, ibandronate, zoledronic acid, and denosumab. Most of the studies evaluate dual-energy X-ray absorptiometry outcomes, and a few trials report volumetric mineral density (BMD) by quantitative computed tomography, followed by finite element modeling to calculate bone strength. None of the studies has been powered to assess differences in fracture incidence between combination therapy and monotherapy. BMD outcomes vary based on the timing of introduction of the anabolic agent (before, during, or after antiresorptive treatment), as well as the specific anabolic and antiresorptive used. Furthermore, effects of combination therapies are site-dependent. The most consistent effect of combining antiresorptive agents with PTH or TPTD is a superior hip BMD outcome compared with TPTD/PTH alone. This is most evident when TPTD/PTH is combined with a bisphosphonate or denosumab. In contrast to findings in the hip, in the majority of studies, there is no benefit to spine BMD with combination therapy vs monotherapy. The 2 exceptions to this are when TPTD is combined with denosumab and when TPTD is given as monotherapy first for 9 months, followed by the addition of alendronate (with continuation administration of TPTD). Based on what we now know, in patients previously treated with bisphosphonates who suffer hip fractures or who have very low or declining hip BMD, strong consideration should be given to starting TPTD and continuing a potent antiresorptive agent (possibly switching to zoledronic acid or denosumab) to improve hip BMD and strength quickly. Furthermore, in treatment naïve individuals with very severe osteoporosis, such as those with spine and hip fractures, combination therapy with TPTD and denosumab or TPTD followed by combination treatment with a potent bisphosphonate or denosumab should be considered to maximize early increases in BMD throughout the skeleton.