 **Selección de Resúmenes de Menopausia**

Semana del 12 al 18 de Noviembre de 2014

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**Post Reprod Health. 2014 Nov 14. pii: 2053369114557883. [Epub ahead of print]**

**Hormone therapy for reproductive depression in women.**

Studd J.

An email survey of patient attending a PMS and Menopause Centre produced 238 patients whose principal presenting symptom was depression. Seventy-seven percent claimed to have had severe or moderate depression, 17% had had at least one psychotic episode and 14% had attempted suicide. Fifty-eight percent had seen a psychiatrist. Seventy-one percent had received antidepressants and 17% had received mood stabilising drugs. Twelve percent had been admitted to a psychiatric hospital and 3.8% had received electroconvulsive therapy. Sixty-eight percent had premenstrual syndrome as a teenager and 145 women (89%) out of 165 women who had been pregnant had no depression during pregnancy but 110 (66%) developed postnatal depression. Ninety-seven women (58%) who had been pregnant had suffered both premenstrual depression and postnatal depression. All were treated with transdermal estrogens and 93% also had transdermal testosterone. One hundred and seventy-one patients had a uterus and received cyclical progestogen to protect the endometrium and 63% of these developed the premenstrual syndrome-type symptoms of progesterone intolerance during the progestogen days. Thirty-five percent of patients claimed to be cured and 55% had a considerable improvement with estrogen therapy. Only 3.7% reported that there was no improvement. For 94%, the hormone therapy was a life-changing event for the better. None were worse. Forty patients had hysterectomy and bilateral oophorectomy for progesterone intolerance or heavy uterine bleeding and 38 replied that it was life changing for the better with less or no depression. It is concluded that premenstrual and postnatal depressions appear in the same vulnerable women. These women are typically well during pregnancy and are a sub group of reproductive depression which also develops climacteric depression in the transition phase. These types of depression are the product of hormonal changes and respond well to transdermal hormone therapy.

**Climacteric. 2014 Nov 14:1-19. [Epub ahead of print]**

**Effects of omega-3 on metabolic markers in postmenopausal women with metabolic syndrome.**

Tardivo AP, Nahas-Neto J, Orsatti CL, Dias FB, Poloni PF, Schmitt EB, Nahas EA.

Abstract Objective. The aim of this study was to evaluate the effect of diet alone or combined with omega-3 supplementation on metabolic and inflammatory markers in postmenopausal women with MetS. Methods. This randomized controlled trial included 87 Brazilian women (age ≥45years and amenorrhea ≥12months). Exclusion criteria were: cardiovascular disease, insulin-dependent diabetes, cancer, autoimmune diseases and use of either statins or hormone therapy. Participants were randomized to diet alone (n=43, control) or diet plus omega-3 supplementation, 900mg/day orally (n=44). All women were provided with an individualized dietary prescription. Clinical, anthropometrical (body mass index, BMI and waist circumference, WC), and biochemical variables were measured. Inflammatory profile included C-reactive protein (CRP), tumor necrosis factor alpha (TNF-α) and interleukins (IL-1β and IL-6). The intervention time was six months, with assessments at initiation and completion. Data were analyzes according to intention-to-treat, using Independent t test and ANOVA. Results. There were significant reductions in BMI and WC in both groups (P<0.05) without significant changes in body fat or muscle mass. Intervention with diet plus omega-3 was associated with significant reduction in systolic (-12.2%) and diastolic (-8.2%) blood pressure, serum triglycerides concentration (-21.4%), and insulin resistance (-13.1%) (P<0.05), as well as a reduction in serum IL-6 concentration (-28.5%) (P=0.034). Conclusion. In postmenopausal women with MetS, dietary intervention plus supplementation of omega-3 resulted in a further decrease in triglycerides and blood pressure and also in an improvement in insulin resistance and inflammatory marker, important components of MetS.

**Int Urogynecol J. 2014 Nov 13. [Epub ahead of print]**

**Vaginal estrogen use in postmenopausal women with pelvic floor disorders: systematic review and practice guidelines.**

Rahn DD1, Ward RM, Sanses TV, Carberry C, Mamik MM, Meriwether KV, Olivera CK, Abed H, Balk EM, Murphy M; for the Society of Gynecologic Surgeons Systematic Review Group.

INTRODUCTION AND HYPOTHESIS: Risk of pelvic floor disorders increases after menopause and may be linked to estrogen deficiency. We aimed to systematically and critically assess the literature on vaginal estrogen in the management of pelvic floor disorders in postmenopausal women and provide evidence-based clinical practice guidelines. METHODS: MEDLINE and Cochrane databases were searched from inception to July 2014 for randomized controlled trials of commercially available vaginal estrogen products compared with placebo, no treatment, or any medication for overactive bladder or urinary incontinence. We double-screened 1,805 abstracts and identified 12 eligible papers. Studies were extracted for participant information, intervention, comparator, efficacy outcomes, and adverse events, and they were individually and collectively assessed for methodological quality and strength of evidence. RESULTS: Evidence was generally of poor to moderate quality. Vaginal estrogen application before pelvic organ prolapse surgery improved the vaginal maturation index and increased vaginal epithelial thickness. Postoperative vaginal estrogen use after a midurethral sling resulted in decreased urinary frequency and urgency. Vaginal estrogen and immediate-release oxybutynin were similar in improvement of urinary urgency, frequency, and urgency urinary incontinence in women with overactive bladder, but oxybutynin had higher rates of side effects and discontinuation. Conversely, the addition of vaginal estrogen to immediate or extended-release tolterodine did not improve urinary symptoms more than tolterodine alone. One study reported an improvement in stress urinary incontinence with use of vaginal estrogen. CONCLUSION: Vaginal estrogen application may play a useful role as an adjunct in the management of common pelvic floor disorders in postmenopausal women.

**Thyroid. 2014 Nov 11. [Epub ahead of print]**

**TSH Suppression increases the risk of osteoporosis without decreasing recurrence in ATA low and intermediate risk patients with differentiated thyroid carcinoma.**

Wang L1, Smith AW, Palmer FL, Tuttle RM Md, Mahrous A, Nixon IJ, Patel SG, Ganly I, Fagin JA, Boucai L.

Background: Levothyroxine suppression of thyroid stimulating hormone (TSH) is broadly applied to patients with thyroid cancer despite lack of consensus on the optimal TSH concentration necessary to reduce cancer recurrence while minimizing toxicity from subclinical hyperthyroidism. The objectives of this study were to examine the beneficial effects and the cardiac and skeletal toxicity of TSH suppression in well-differentiated thyroid carcinoma (DTC). Methods: A total of 771 patients (569 women, 202 men) at ATA low or intermediate risk of recurrence, mean age 48±14 years, undergoing total thyroidectomy at a tertiary care center between 2000-2006 were followed for a median of 6.5 years. We divided them into a suppressed TSH group (median TSH≤0.4 mU/L) and a non-suppressed group (median TSH>0.4 mU/L). Structural recurrence of thyroid cancer, postoperative atrial fibrillation (AF), and osteoporosis were examined in the two groups. Osteoporosis was only examined in women. Results: A total of 43/771 (5.6%) patients recurred, 29/739 (3.9%) patients were diagnosed with post-operative osteoporosis, and 17/756 (2.3 %) were diagnosed with postoperative atrial fibrillation. Despite similar rates of recurrence (HR: 1.02, p=0.956, 95%CI: 0.54-1.91), patients treated to a median TSH ≤ 0.4mU/L were at increased postoperative risk of a composite outcome of AF and osteoporosis (HR: 2.1, p=0.05, 95%CI: 1.001-4.3) compared to those not suppressed. We did not detect a differential risk of atrial fibrillation alone (HR: 0.78, p=0.63, 95%CI: 0.3-2.1), but postoperative osteoporosis was increased among women with a suppressed TSH compared to those not suppressed (HR: 3.5, p=0.023, 95%CI: 1.2-10.2). The increased risk of postoperative osteoporosis disappeared when the patient's median TSH was maintained around 1 mU/L. Conclusion TSH suppression significantly increases the risk of postoperative osteoporosis without changing tumor recurrence in ATA low and intermediate risk patients with DTC. Future interventions should focus on avoiding harm in indolent disease.

**World J Gastroenterol. 2014 Nov 7;20(41):15060-15069.**

**Primary prevention of colorectal cancer: Myth or reality?**

Crosara Teixeira M, Braghiroli MI, Sabbaga J, Hoff PM.

Colorectal cancer incidence has been rising strongly in parallel with economic development. In the past few decades, much has been learned about the lifestyle, dietary and medication risk factors for this malignancy. With respect to lifestyle, compelling evidence indicates that prevention of weight gain and maintenance of a reasonable level of physical activity can positively influence in lowering the risk. Although there is controversy about the role of specific nutritional factors, consideration of dietary pattern as a whole appears useful for formulating recommendations. Though quite often recommended, the role for many supplements, including omega-3, vitamin D, folate, and vitamin B6, remains unsettled. Only calcium and vitamin D supplementation appear to add a modest benefit, particularly in those with a low daily intake. With regard to chemoprevention, medications such as aspirin and nonsteroidal anti-inflammatory drugs, and postmenopausal hormonal replacement for women might be associated with substantial reductions in colorectal cancer risk, though their utility is affected by their side effect profile. However, the role of agents such as statins, bisphosphonates and antioxidants have yet to be determined. Ultimately, primary prevention strategies focusing on modifying environmental, lifestyle risk factors, and chemopreventive drugs are options that have already been tested, and may impact on colon cancer incidence.