 **Selección de Resúmenes de Menopausia**

Semana del 9 al 16 de Diciembre de 2014

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[**Rev Bras Ginecol Obstet.**](http://www.ncbi.nlm.nih.gov/pubmed/25493401) **2014 Nov;36(11):497-502.**

**Sexual function and factors associated with sexual dysfunction in climacteric women.**

[Cavalcanti IF](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cavalcanti%20IF%5BAuthor%5D&cauthor=true&cauthor_uid=25493401)1, [Farias PD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Farias%20PD%5BAuthor%5D&cauthor=true&cauthor_uid=25493401)2, [Ithamar L](http://www.ncbi.nlm.nih.gov/pubmed/?term=Ithamar%20L%5BAuthor%5D&cauthor=true&cauthor_uid=25493401)2, [Silva VM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Silva%20VM%5BAuthor%5D&cauthor=true&cauthor_uid=25493401)1, [Lemos A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lemos%20A%5BAuthor%5D&cauthor=true&cauthor_uid=25493401)2.

PURPOSE: To evaluate the sexual function and factors associated with sexual dysfunction in climacteric women. METHODS: A cross-sectional study was conducted on 173 women aged 35 to 65 years old, with a steady partner during the last 6 months, who are literate, without cognitive impairment, and with sexual activity for at least 6 months. The instrument used to assess sexual performance was the Sexual Quotient, female version. The association between sexual dysfunction and sociodemographic data, personal, obstetric and sexual history was determined by Pearson's χ2 test and strength of association by the odds ratio (OR) with a 95% confidence interval (95%CI). RESULTS: In this study, 46.2% of the women reported sexual dysfunction. There was a decrease in the chance of sexual dysfunction for the age group between 35 and 49 years old (OR=0.3; 95%CI 0.2-0.6) and for women who felt comfortable talking about sex (OR=0.5; 95%CI 0.2-0.8). However, the presence of osteoporosis (OR=3.3; 95%CI 1.5-7.6), urinary incontinence (OR=2.0; 95%CI 1.1-3.7), and surgical corrections of the pelvic floor (OR=2.2; 95%CI 1.1-4.5) increased this chance. CONCLUSIONS: The frequency of sexual dysfunction in women aged 35 to 65 years old was 46.2% and factors such as osteoporosis, urinary incontinence and surgical corrections of the pelvic floor increased the chance of sexual dysfunction.

[**Endocrinol Metab (Seoul).**](http://www.ncbi.nlm.nih.gov/pubmed/25491782) **2014 Dec 9. [Epub ahead of print]**

**Efficacy of a Once-Monthly Pill Containing Ibandronate and Cholecalciferol on the Levels of 25-Hydroxyvitamin D and Bone Markers in Postmenopausal Women with Osteoporosis.**

[Cho IJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Cho%20IJ%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Chung HY](http://www.ncbi.nlm.nih.gov/pubmed/?term=Chung%20HY%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Kim SW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kim%20SW%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Lee JW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lee%20JW%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Lee TW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lee%20TW%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Kim HS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kim%20HS%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Kim SG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kim%20SG%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Choi HS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Choi%20HS%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Choi SH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Choi%20SH%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Shin CS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shin%20CS%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Oh KW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Oh%20KW%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Min YK](http://www.ncbi.nlm.nih.gov/pubmed/?term=Min%20YK%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Koh JM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Koh%20JM%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Rhee Y](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rhee%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Byun DW](http://www.ncbi.nlm.nih.gov/pubmed/?term=Byun%20DW%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Chung YS](http://www.ncbi.nlm.nih.gov/pubmed/?term=Chung%20YS%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Park JH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Park%20JH%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Chung DJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Chung%20DJ%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Shong M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Shong%20M%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Hong EG](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hong%20EG%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Lee CB](http://www.ncbi.nlm.nih.gov/pubmed/?term=Lee%20CB%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Baek KH](http://www.ncbi.nlm.nih.gov/pubmed/?term=Baek%20KH%5BAuthor%5D&cauthor=true&cauthor_uid=25491782), [Kang MI](http://www.ncbi.nlm.nih.gov/pubmed/?term=Kang%20MI%5BAuthor%5D&cauthor=true&cauthor_uid=25491782).

BACKGROUND: The present study evaluated the efficacy of a combination of ibandronate and cholecalciferol on the restoration of the levels of 25-hydroxyvitamin D (25[OH]D) and various bone markers in postmenopausal women with osteoporosis. METHODS: This was a randomized, double-blind, active-controlled, prospective 16-week clinical trial conducted in 20 different hospitals. A total of 201 postmenopausal women with osteoporosis were assigned randomly to one of two groups: the IBN group, which received a once-monthly pill containing 150 mg ibandronate (n=99), or the IBN+ group, which received a once-monthly pill containing 150 mg ibandronate and 24,000 IU cholecalciferol (n=102). Serum levels of 25(OH)D, parathyroid hormone (PTH), and various bone markers were assessed at baseline and at the end of a 16-week treatment period. RESULTS: After 16 weeks of treatment, the mean serum levels of 25(OH)D significantly increased from 21.0 to 25.3 ng/mL in the IBN+ group but significantly decreased from 20.6 to 17.4 ng/mL in the IBN group. Additionally, both groups exhibited significant increases in mean serum levels of PTH but significant decreases in serum levels of bone-specific alkaline phosphatase and C-telopeptide of type 1 collagen (CTX) at 16 weeks; no significant differences were observed between the groups. However, in subjects with a vitamin D deficiency, IBN+ treatment resulted in a significant decrease in serum CTX levels compared with IBN treatment. CONCLUSION: The present findings demonstrate that a once-monthly pill containing ibandronate and cholecalciferol may be useful for the amelioration of vitamin D deficiency in patients with postmenopausal osteoporosis. Moreover, this treatment combination effectively decreased serum levels of resorption markers, especially in subjects with a vitamin D deficiency, over the 16-week treatment period.

[**J Cell Biochem.**](http://www.ncbi.nlm.nih.gov/pubmed/25491763) **2014 Dec 10. doi: 10.1002/jcb.25028. [Epub ahead of print]**

**Cardiovascular Complications of Calcium Supplements.**

[Reid IR](http://www.ncbi.nlm.nih.gov/pubmed/?term=Reid%20IR%5BAuthor%5D&cauthor=true&cauthor_uid=25491763), [Bristow SM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bristow%20SM%5BAuthor%5D&cauthor=true&cauthor_uid=25491763), [Bolland MJ](http://www.ncbi.nlm.nih.gov/pubmed/?term=Bolland%20MJ%5BAuthor%5D&cauthor=true&cauthor_uid=25491763).

There is longstanding concern that calcium supplements might increase cardiovascular risk in patients with renal impairment. The Auckland Calcium Study suggested that the same problem occurs in older people taking these supplements for prevention of osteoporosis. Our subsequent meta-analyses, (which followed protocols finalized before the data was available) confirmed that calcium supplements, with or without vitamin D, adversely affected risk of myocardial infarction and, possibly, stroke. Several groups have re-visited these data, consistently finding an adverse effect of calcium on myocardial infarction, not always statistically significant because some meta-analyses have been under-powered. Whether or not an adverse effect of calcium plus vitamin D on myocardial infarction is found depends on whether two specific groups of subjects are included - those in the Women's Health Initiative who were already taking calcium at the time of randomization, and subjects from an open, cluster-randomized study in which baseline cardiovascular risk was different between groups. Vitamin D alone does not affect vascular risk, so it is unlikely that differences between calcium alone and calcium plus vitamin D are real, and they are more likely to result from the inclusion of studies at high risk of bias. The mechanisms of the adverse cardiovascular effects are uncertain but may be mediated by the increase in serum calcium following supplement ingestion, and the effects of this on vascular function and coagulation. Available evidence suggests the risks of calcium supplements outweigh any small benefits on fracture incidence, so the case for their use is weak.

[**Menopause.**](http://www.ncbi.nlm.nih.gov/pubmed/25490112) **2014 Dec 8. [Epub ahead of print]**

**Does menopausal hormone therapy reduce myocardial infarction risk if initiated early after menopause? A population-based case-control study.**

[Carrasquilla GD](http://www.ncbi.nlm.nih.gov/pubmed/?term=Carrasquilla%20GD%5BAuthor%5D&cauthor=true&cauthor_uid=25490112)1, [Berglund A](http://www.ncbi.nlm.nih.gov/pubmed/?term=Berglund%20A%5BAuthor%5D&cauthor=true&cauthor_uid=25490112), [Gigante B](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gigante%20B%5BAuthor%5D&cauthor=true&cauthor_uid=25490112), [Landgren BM](http://www.ncbi.nlm.nih.gov/pubmed/?term=Landgren%20BM%5BAuthor%5D&cauthor=true&cauthor_uid=25490112), [de Faire U](http://www.ncbi.nlm.nih.gov/pubmed/?term=de%20Faire%20U%5BAuthor%5D&cauthor=true&cauthor_uid=25490112), [Hallqvist J](http://www.ncbi.nlm.nih.gov/pubmed/?term=Hallqvist%20J%5BAuthor%5D&cauthor=true&cauthor_uid=25490112), [Leander K](http://www.ncbi.nlm.nih.gov/pubmed/?term=Leander%20K%5BAuthor%5D&cauthor=true&cauthor_uid=25490112).

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OBJECTIVE: This study aims to assess whether the timing of menopausal hormone therapy initiation in relation to onset of menopause and hormone therapy duration is associated with myocardial infarction risk. METHODS: This study was based on the Stockholm Heart Epidemiology Program, a population-based case-control study including 347 postmenopausal women who had experienced a nonfatal myocardial infarction and 499 female control individuals matched for age and residential area. Odds ratios (with 95% CIs) for myocardial infarction were calculated using logistic regression. RESULTS: Early initiation of hormone therapy (within 10 y of onset of menopause or before age 60 y), compared with never use, was associated with an odds ratio of 0.87 (95% CI, 0.58-1.30) after adjustments for lifestyle factors, body mass index, and socioeconomic status. For late initiation of hormone therapy, the corresponding odds ratio was 0.97 (95% CI, 0.53-1.76). For hormone therapy duration of 5 years or more, compared with never use, the adjusted odds ratio was 0.64 (95% CI, 0.35-1.18). For hormone therapy duration of less than 5 years, the odds ratio was 0.97 (95% CI, 0.63-1.48). CONCLUSIONS: Neither the timing of hormone therapy initiation nor the duration of therapy is significantly associated with myocardial infarction risk.

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**The effect of monthly 50 000 IU or 100 000 IU vitamin D supplements on vitamin D status in premenopausal Middle Eastern women living in Auckland.**

Mazahery H1, Stonehouse W2, von Hurst PR1.

Background/Objectives:Middle Eastern female immigrants are at an increased risk of vitamin D deficiency and their response to prescribed vitamin D dosages may not be adequate and affected by other factors. The objectives were to determine vitamin D deficiency and its determinants in Middle Eastern women living in Auckland, New Zealand (Part-I), and to determine serum 25-hydroxyvitamin D (serum-25(OH)D) response to two prescribed vitamin D dosages (Part-II) in this population.Participants/Methods:Women aged ⩾20 (n=43) participated in a cross-sectional pilot study during winter (Part-I). In Part-II, women aged 20-50 years (n=62) participated in a randomised, double-blind placebo-controlled trial consuming monthly either 50 000, 100 000 IU vitamin D3 or placebo for 6 months (winter to summer).Results:All women in Part-I and 60% women in Part-II had serum-25(OH)D<50 nmol/l. Serum-25(OH)D was higher in prescribed vitamin D users than nonusers (P=0.001) and in Iranians than Arab women (P=0.001; Part-I). Mean (s.d.) serum-25(OH)D increased in all groups (time effect, P<0.001) and differed between groups (time × dosage interaction, P<0.001; 50 000 IU: from 44.0±16.0 to 70.0±15.0 nmol/l; 100 000 IU: 48.0±11.0 to 82.0±17.0 nmol/l; placebo: 45.0±18.0 to 54.0±18.0 nmol/l). Only 32% and 67% achieved serum-25(OH)D⩾75 nmol/l with 50 000 and 100 000 IU/month, respectively. Predictors of 6-month change in serum-25(OH)D were dose (B-coefficient±s.e.; 14.1±2.4, P<0.001), baseline serum-25(OH)D (-0.6±0.1, P<0.001) and body fat percentage (-0.7±0.3, P=0.01).Conclusions:Vitamin D deficiency/insufficiency is highly prevalent in this population. Monthly 100 000 IU vitamin D for 6 months is more effective than 50 000 IU in achieving serum-25(OH)D ⩾75 nmol/l; however, a third of women still did not achieve these levels.

**Int J Environ Res Public Health. 2014 Dec 5;11(12):12623-31. doi: 10.3390/ijerph111212623.**

**Effect of a brief heat exposure on blood pressure and physical performance of older women living in the community-a pilot-study.**

Stotz A, Rapp K, Oksa J, Skelton DA, Beyer N, Klenk 6, Becker C, Lindemann U.

Global climate change is affecting health and mortality, particularly in vulnerable populations. High ambient temperatures decrease blood pressure (BP) in young and middle aged adults and may lead to orthostatic hypotension, increasing the risk of falls in older adults. The aim of this study was to evaluate the feasibility of a test protocol to investigate BP response and aerobic capacity of older adults in a hot indoor environment. BP response and aerobic capacity were assessed in 26 community-dwelling older women (median age 75.5 years) at a room temperature of either 20 °C or 30 °C. The protocol was well tolerated by all participants. In the 30 °C condition systolic and diastolic BP (median difference 10 and 8 mmHg, respectively) and distance walked in 6 min (median difference 29.3 m) were lower than in the 20 °C condition (all p < 0.01). Systolic BP decreased after standing up from a lying position in the 30 °C (17.4 mmHg) and 20 °C (14.2 mmHg) condition (both p < 0.001). In conclusion, the protocol is feasible in this cohort and should be repeated in older adults with poor physical performance and impaired cardio-vascular response mechanisms. Furthermore, aerobic capacity was reduced after exposure to hot environmental temperatures, which should be considered when recommending exercise to older people during the summer months.