

Selección de Resúmenes de Menopausia

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Systemic Exogenous Progestins With or Without Estrogens are Associated with Decreased Rates of Venous Procedures for Varicose Veins

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Objectives: Risk factors for varicose veins (VV) such as female sex, pregnancy, and obesity are high estrogen-states, yet the role of systemic progestins with or without estrogens (SPE) in VV management is not well characterized. This study investigates how SPE use affects rates of venous procedures for patients with VV. Methods: The TriNetX database was queried for subjects with ICD-10 diagnoses of asymptomatic VV, chronic venous insufficiency, and complicated VV (inflammation, ulceration). Patients were divided into a control cohort with no subsequent SPE use, a progestin-only cohort, and a combined estrogen-progestin (CEP) cohort. Further stratification by VV symptomology and premenopausal status (age<40) was also performed. Cohorts were 1:1 propensity-matched on known and theorized risk factors for VV including age, race, prior pregnancy, and BMI. The outcomes of interest were DVT, pregnancy, stab phlebectomy, endovenous ablation, and sclerotherapy. Results: Database query yielded 674838 controls, 7597 CEP patients, and 13758 progestin-only patients before matching. After propensity matching, compared to controls, the CEP cohort received fewer stab phlebectomies (RR=0.52, 95% CI 0.42-0.64, p<0.001), endovenous ablations (RR=0.50, 95% CI 0.43-0.59, p<0.001) or any venous interventions (RR=0.68, 95% CI= 0.61-0.76, p<0.001), with no difference in sclerotherapy (p=0.12). Similarly, the progestin-only cohort was less likely to receive stab phlebectomy (RR=0.37, 95% CI = 0.31-0.43, p<0.001), endovenous ablation (RR=0.35, 95% CI = 0.31-0.40, p<0.001), sclerotherapy (RR=0.65, 95% CI= 0.56-0.75, p<0.001) and any venous procedure (RR=0.57, 95% CI = 0.52-0.62, p<0.001). Compared to the progestin-only cohort, the CEP cohort had higher rates of sclerotherapy (RR=1.38, 95% CI- 1.12-1.72, p=0.003) and overall venous procedures (RR=1.16, 95% CI= 1.00-1.34, p= 0.048). When possible, analysis stratified by symptomatic status and menopausal status revealed similar findings for sub-cohorts. Finally, the CEP cohort had lower risk of pregnancy than controls during the first 1200 days of observation, but subsequently had greater risk of pregnancy (RR=1.38 (1.21-1.57), p<0.001). Kaplan-Meier analysis showed rates of venous intervention were lower throughout the observation period. Conclusions: This large, population-based cohort study demonstrated that despite variable risk of DVT and pregnancy for estrogen-progestin and progestin-only treatment cohorts, both SPE formulations were associated with significantly fewer venous procedures for VV than controls, with progestin-only cohorts undergoing the fewest procedures. This warrants further investigation into the role of SPE in VV disease progression and the utility of systemic progestins as an adjunct therapy for VV.

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The influence of ovarian activity and menopause on mental health: Evidence from animal models and women

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Hormonal variations occurring throughout the female reproductive cycle have a significant impact on physical and mental health, particularly due to the influence of estradiol (E2) and progesterone (P4). These changes are directly related to alterations in neurological systems, being associated with conditions such as premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), and mood disorders during hormonal transition phases, such as perimenopause and menopause. Studies conducted in humans and

animal models indicate that these fluctuations affect neurotransmitters, neural plasticity, and patterns of brain activity, ultimately influencing quality of life and mental health. Despite extensive research on the topic, the interactions between sex hormones, mental health, and reproductive aging still require further investigation, emphasizing approaches that simultaneously address experimental and behavioral aspects. Thus, this review aims to summarize findings about the influence of hormonal fluctuations throughout the female reproductive lifespan, including transitions such as perimenopause and menopause, on mental health. A comparative analysis of data from studies in animal models and humans was conducted, highlighting neuroendocrine, behavioral, and emotional mechanisms associated with hormonal changes and their impacts on female mental health.

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The association between depressive symptoms and ischemic heart disease in postmenopausal women: a cross-sectional study

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Background: The negative impact of depression on cardiovascular health has drawn much attention. However, the relationship between depressive symptoms and ischemic heart disease (IHD) in postmenopausal women has not been previously reported. **Methods:** This cross-sectional study analyzed data from the National Health and Nutrition Examination Survey (NHANES) spanning 2005 to 2018, including 6,538 postmenopausal women. Weighted multivariable logistic regression analyses were conducted to examine the independent association between depressive symptoms and IHD. **Results:** The fully adjusted model revealed a significant association between depressive symptoms and IHD (OR 1.97, 95% CI [1.24, 3.13]). Subgroup and interaction analyses revealed that depressive symptoms were more strongly linked to IHD risk among younger women, those with lower annual household incomes, non-Hispanic Black women, and individuals with comorbidities such as diabetes and hypercholesterolemia. Moreover, the presence of hypertension moderated the relationship between depressive symptoms and IHD.

Conclusion: Our findings indicate a significant association between depressive symptoms and increased IHD prevalence among postmenopausal women in the United States, with hypertension acting as a moderating factor. These results offer new insights and potential targets for improving cardiovascular health in this population.

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The Safety of Hormone Replacement Therapy in Gynecological Cancer Survivors

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Treatment of gynecological cancers often induces a premature menopause. Plus advancing treatments mean more gynecological cancer survivors are living to physiological menopause. Hormone replacement therapy (HRT) has proven substantial long-term benefits in physiological menopause and premature menopause particularly. We aimed to evaluate the current evidence on the safety of HRT in gynecological cancer survivors to help clinicians counsel these patients. HRT is not contraindicated in most gynecological cancer survivors, as evidence available often shows safety or even benefit with HRT use. However, HRT is contraindicated in a few cancers-in low-grade serous ovarian carcinoma, high-risk endometrial carcinoma, and some uterine sarcomas. Caution is advised in high-grade serous, late-stage endometrioid, and granulosa ovarian carcinomas when there is substandard evidence demonstrating safety, but also a theoretical harm present. Due to deficient large randomized controlled trials and methodological biases being present in most studies, HRT use needs to be individualized in most cancers-ovarian carcinomas, endometrial carcinomas, and cervical adenocarcinomas. Justification for HRT use is strong, and HRT is not contraindicated in most

gynecological cancers due to largely reassuring evidence. More robust long-term data are needed for further reliable guidance for clinicians and patients.

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Dietary patterns derived using reduced rank regression in postmenopausal women and risk of mortality: A population-based study

Mojgan Amiri, Hamidreza Raeisi-Dehkordi, Marinka Steur, Giorgia Grisotto, Fernando Rivadeneira, et al. Objectives: The menopause transition increases the risk of chronic conditions in women. Given the crucial role of diet in health, we identified dietary patterns that explain variations in factors related to major health concerns in postmenopausal women. Also, we explored their association with all-cause and cardiovascular mortality. Study design: This study was conducted on 1814 postmenopausal women from the population-based Rotterdam Study. Main outcome measures: Dietary patterns were identified using reduced rank regression. Response variables included bone mineral density, body composition parameters, lipid profile markers, insulin resistance, systolic blood pressure, cognitive function, depression, and sleep quality. The associations with risk of mortality were assessed using Cox proportional hazard models. Results: The first dietary pattern, characterized by higher intake of vegetables, whole grains, legumes, nuts, coffee, tea, alcoholic beverages, and cheese, explained 2.95 % of the variation in responses, accounted for 12.11 % of the variation in general cognitive function captured by G-factor, 5.62 % in systolic blood pressure, and 4.13 % in bone mineral density, and was correlated with less adiposity, lower blood pressure, lipid markers, and insulin resistance. The second dietary pattern, characterized by higher intakes of processed meat, unprocessed red meat, poultry, eggs, and coffee, and lower intakes of sweets and tea, explained 1.54 % of the variation in responses, accounted for 5.45 % of variation in fat mass percentage, 3.47 % in lean mass index, and 3.29 % in bone mineral density, and was correlated with higher adiposity, insulin resistance, and lipid markers. No associations with mortality risk were identified after adjusting for confounders such as demographics, socioeconomic status, lifestyle, disease history, and medication use. Conclusions: We identified dietary patterns explaining a range of variation in health factors related to postmenopausal health. While these dietary patterns explained a large variation in some of the individual factors, their combined explained variation across multiple risk factors simultaneously was limited and no significant association with mortality risk was observed. This study provides a foundation for future research aimed at identifying optimal dietary patterns, integrating diverse health aspects, to improve health in postmenopausal populations.