Selección de Resúmenes de Menopausia

Semana del 8 a 14 de octubre, 2025

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Menopause. 2025 Oct 7. doi: 10.1097/GME.0000000000002645. Online ahead of print.

Association of menopausal symptoms on work performance in midlife Latin American women

Konstantinos Tserotas 1, Juan E Blümel 2, Peter Chedraui 3, María S Vallejo 4, Mónica Ñañez 5, Eliana Ojeda 6,et al. Objective: To explore the association between the severity of menopausal symptoms and work-related outcomes and performance. Methods: This cross-sectional study involved 3,523 women aged 40-60 from 30 health care centres across 12 Latin American countries. The severity of menopausal symptoms was assessed with the Menopause Rating Scale (MRS). Work-related outcomes were surveyed, including absenteeism, medical visits, perceived reduced work performance, impact of menopause on work performance, and job loss. Comparisons employed suitable tests based on data distribution, and logistic regression was used to assess associations, adjusting for covariates such as menopausal symptoms, comorbidities, age, and education. Results: Women with severe menopausal symptoms (total MRS score ≥14 points) were significantly older (51.1 ± 5.1 vs 49.7 ± 5.6y), had a higher body mass index (27.4 ± 4.8 vs 26.7 ± 4.6 kg/m2), were postmenopausal in a higher proportion (69.9% vs 52.2%), had more comorbidities (42.8% vs 27.6%), higher smoking prevalence, and lower educational attainment. In addition, these women significantly reported more medical leaves (42.4% vs 29.5%), more medical visits (mean: 3.9 vs 2.5 visits), and a more significant perceived reduction of work performance (82.1% vs 56.7%). They also were more likely to believe that menopause significantly reduced their work capacity (67.0% vs 24.0%), had a higher prevalence of job dismissals (6.9% vs 2.0%), and more voluntary resignations or early retirements (8.1% vs 4.7%). Binary logistic regression determined that severe menopausal symptoms, subsequently adjusted for covariates, were primarily associated with more work absenteeism (aOR: 1.64; 95% CI: 1.41-1.90), more medical visits (aOR: 2.45; 95% CI: 1.97-3.05), decreased work performance (aOR: 3.13; CI 95%: 2.65-3.69), the perception of menopause negatively impacting their work performance (aOR: 5.84; 95% CI: 5.01-6.80), more job dismissals (aOR: 3.23; 95% CI: 2.21-4.72), and more voluntary resignations or early retirements (aOR: 1.44; 95% CI: 1.08-1.93). Conclusion: In this large sample of midlife Latin American women, severe menopausal symptoms were associated with reduced work capacity and adverse work-related outcomes.

Sci Rep. 2025 Oct 9;15(1):35271. doi: 10.1038/s41598-025-17063-5. **-35**

Dairy products consumption linked to decreased risk of endometrial cancer: A case-control study

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Evidence remains inconsistent regarding the relationship between dairy products consumption and endometrial cancer (EC) risk. This study aimed to investigate the association between dairy products intake and EC risk in Iranian women. In this hospital-based case-control study, 136 patients with histologically confirmed EC and 272 age- and BMI-matched controls were included. Dietary intake was assessed by a validated 168-item food frequency questionnaire. Conditional logistic regression models were applied to estimate odds ratios (ORs) and 95% confidence intervals (CIs) for EC risk across tertiles of energy-adjusted dairy consumption, adjusting for relevant dietary, reproductive, and lifestyle confounders. Higher intake of total dairy, low-fat dairy, and high-fat dairy was significantly associated with a lower risk of EC in fully adjusted models. The strongest inverse associations were observed at moderate intake levels. No significant association was found between butter consumption and EC risk. Sensitivity analyses among postmenopausal women confirmed consistent inverse associations for total and subtypes of dairy products. Our study indicated that higher dairy product consumption is associated with a reduced risk of EC. These findings suggest a potential protective role of dairy in EC prevention. Additional research, particularly in larger and more diverse populations, is needed to explore this further.

Psychol Aging. 2025 Oct 9. doi: 10.1037/pag0000946. Online ahead of print.

Cognitive functioning in perimenopause: An updated systematic review and meta-analysis

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Perimenopause is a transitional stage of reproductive aging characterized by fluctuating hormone levels which impact cognition. Cognitive concerns (e.g., forgetfulness, difficulty concentrating) are frequently reported during this stage and can affect daily functioning, work, and relationships. Numerous studies have reported that perimenopause is associated with subjective cognitive complaints and objective cognitive deficits; however, findings have been inconsistent due to methodological variability including different comparison groups (premenopause/postmenopause) and different outcomes investigated (attention, memory, etc.). This systematic review and meta-analytic investigation therefore sought to provide clarity by exploring differences in cognition during perimenopause compared to both premenopause and postmenopause. Across 26 articles comprising 9,428 participants, group differences were examined between perimenopausal and premenopausal women (21 studies), and between perimenopausal and postmenopausal women (21 studies). Overall, perimenopausal women exhibited poorer cognitive outcomes than premenopausal women (moderate effect), though, notably, this negative effect was only found in studies utilizing the Stages of Reproductive Aging Workshop (STRAW+10) criteria to categorize menopausal/reproductive stages. In contrast, no differences were found between perimenopausal and postmenopausal women, though moderator analyses indicated that studies not utilizing the STRAW+10 criteria yielded significant effects (better cognition in perimenopausal than postmenopausal groups). Additionally, compared to postmenopausal women, perimenopausal women demonstrated better objective cognitive outcomes (accuracy, reaction time), with a trend for poorer self-reported outcomes. These findings highlight the importance of applying standardized reproductive staging (STRAW+10) and the inclusion of subjective and objective assessments in future research. A clearer understanding of cognitive changes during perimenopause may improve clinical assessment and inform interventions to support cognitive health in midlife women.

Womens Health (Lond). 2025 Jan-Dec:21:17455057251360517. doi: 10.1177/17455057251360517.

Menopause and suicide: A systematic review

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Background: The menopausal transition is a critical phase in a woman's life marked by hormonal fluctuations that can result in a wide variety of physical and psychological symptoms. These symptoms vary in strength and their negative impacts on women's health and well-being. One of the most severe impacts of (peri)menopause is increased vulnerability to suicidality in some women, yet no systematic review has examined the holistic relationship regarding this potential link. Objectives: To examine the relationship between the menopausal transition and suicidality, and identify menopause-related factors contributing to increased suicide risk. Design: A systematic review was conducted in accordance with PRISMA guidelines.D ata sources: MedLine, CINAHL, PsychINFO, Web of Science and Cochrane Library were searched for studies addressing both menopause and suicidality. Studies were screened independently by two reviewers. Data extraction focused on suicidal ideation, attempts, and completed suicide among menopausal women. The quality of included studies was assessed using the Mixed Methods Appraisal Tool.Results: Nineteen studies published between 1987 and 2025 met the inclusion criteria. Of the 19 studies, 16 (84%) reported an association between the menopausal transition and increased suicidality, with 7 studie s specifically noting this association in perimenopausal women. Hormonal changes, pre-existing mental health conditions, physical symptoms, and limited social support emerged as key factors associated with increased suicide risk. Three studies did not find a significant link. Conclusion: There is some evidence of an association between the menopausal transition and suicidality, particularly during perimenopause, though conclusions are limited by study design and heterogeneity. The review highlights the importance of integrating mental health support within menopause care and suggests further research to clarify the mechanisms underpinning suicide risk during the menopausal transition. Enhanced screening and supportive interventions may benefit menopausal women experiencing suicidality.

BMC Musculoskelet Disord. 2025 Oct 8;26(1):928. doi: 10.1186/s12891-025-09089-7.

The effects of combined calcium and vitamin D supplementation on bone mineral density and fracture risk in postmenopausal women with osteoporosis: a systematic review and meta-analysis of randomized controlled trials

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Purpose: This systematic review and meta-analysis assesses the efficacy of combined calcium and vitamin D supplementation on bone mineral density (BMD) and fracture risk among postmenopausal women with osteoporosis. Methods: We conducted a comprehensive search across multiple medical databases including PubMed, Embase, Cochrane Library, and Web of Science, collecting randomized controlled trials (RCTs) published from database inception to present. Data extraction and analysis were performed to calculate standardized mean differences (SMDs) or risk ratios (RRs) with 95% confidence intervals (CIs), which were then presented in forest plots. Results: Eleven RCTs with 43,869 participants were included. Combined supplementation modestly improved BMD at the pelvis (SMD = 0.20, 95% CI: 0.05–0.35, p = 0.01) without significant changes in BMD at the lumbar spine, femoral neck, or total hip. The overall fracture risk was not significantly reduced (RR = 0.98, 95% CI: 0.89–1.07, p = 0.68). Subgroup analyses revealed improvements in serum 25-hydroxyvitamin D levels (25OHD), especially in participants with baseline deficiencies (Z = 10.48, p < 0.001). No dose-response effect was noted for supplementation duration. Fracture outcomes from three large trials (> 42 000 participants) yielded a neutral effect on any clinical fracture (pooled RR = 0.95; 95% CI 0.85–1.07; Z = 1.08, P = 0.28; I^2 = 0%). Sensitivity analyses affirmed the findings' stability, with no evident publication bias. Conclusion: Combined calcium and vitamin D supplementation may improve pelvic BMD and correct serum 25OHD deficiencies in postmenopausal women with osteoporosis, but does not reduce clinical fracture risk in postmenopausal women with osteoporosis. Larger, highdose RCTs with rigorous adherence monitoring and adjudicated fracture endpoints are warranted.

Menopause. 2025 Oct 7. doi: 10.1097/GME.0000000000002640. Online ahead of print.

The associations of early and surgical menopause with 10-year employment trajectories bracketing final menstruation or surgery

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Objectives: This study examines the employment trajectories of women experiencing early and surgical menopause over a 10-year period bracketing their final menstruation or surgery, representing for most women the menopause transition. It also investigates the potential mediating role of hormone therapy in early postmenopause in these relationships.M ethods: We used data from 1,386 women in the English Longitudinal Study of Aging (ELSA) who had undergone natural menopause, premenopausal bilateral oophorectomy or hysterectomy. We used sequence analysis of employment histories to define 3 different 10-year employment trajectories. We then carried out regression analysis to assess associations between timing and type of menopause on employment, followed by mediation analysis. Sensitivity analysis was conducted by excluding cases with hysterectomy with preserved ovaries. Results: Women with early menopause, compared with those who undergo menopause at 45 or older, are less likely to have flexible working arrangements (part-time work or self-employment) compared with full-time work during this sensitive period (relative risk ratio [RRR], 0.70; 95% CI: 0.51-0.97). However, the likelihood of leaving the labor market compared with working full-time is similar in women with early and later menopause (RRR, 0.95; 95% CI: 0.62-1.41). Surgical menopause, compared with natural menopause, is associated with an increased risk of labor market exit (RRR, 1.45; 95% CI: 1.01-2.32), particularly for women aged 45 or older at the time of surgery (RRR, 1.50; 95% CI: 0.94-2.38). Hormone therapy use may help reduce the risk of labor market exit for women with both early (RRRNATURAL INDIRECT EFFECT [NIE], 0.79; 95% CIBIAS-CORRECTED [BC], 0.58-1.04) and surgical menopause (RRRNIE, 0.73; 95% CIBC, 0.53-1.01). Sensitivity analysis suggests that the potential reduction in labor market exit risk via hormone therapy for early menopausal women holds true only when women with hysterectomy with preserved ovaries are included. Conclusions: Our study highlights that early menopause and surgical menopause, including hysterectomy with preserved ovaries, impact women's labor market trajectories and suggests that hormone therapy within the early years of the final menstruation may help women remain employed. We advocate for further research on the impact of the timing and type of menopause on women's labor market circumstances and for workplace policies that consider their diverse experiences.

Front Psychiatry. 2025 Sep 19:16:1641082. doi: 10.3389/fpsyt.2025.1641082. eCollection 2025.

Exercise as a therapeutic strategy for depression in menopausal women: a metaanalysis of randomized trials

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Background: Menopause is a transitional phase in a woman's life marked by a heightened vulnerability to depressive symptoms. Exercise has emerged as a promising non-pharmacological strategy for alleviating depression, yet the extent

to which different intervention characteristics influence outcomes remains unclear. Objective: This meta-analysis aimed to evaluate the overall effectiveness of exercise interventions in reducing depressive symptoms among menopausal women and to examine potential moderators through detailed subgroup analyses. Methods: A comprehensive search of four databases identified 16 randomised controlled trials (RCTs) meeting the inclusion criteria. Standardised mean differences (SMDs) were calculated to quantify effect sizes. Subgroup analyses were conducted based on exercise format (individual vs. group), exercise type, session length, total intervention duration, and menopausal stage. Sensitivity analysis and Egger's test were used to assess result stability and publication bias, respectively. Results: Exercise interventions were associated with a significant reduction in depressive symptoms (SMD=-1.04, 95% CI: -1.46 to -0.63, $p < 0.00001$). Subgroup analyses indicated that individual-based formats, mind-body exercises (e.g., yoga, tai chi), longer sessions (60-90 min), extended intervention durations (>12 weeks), and interventions during the perimenopausal stage produced greater effects. Egger's test suggested no significant publication bias ($p=0.441$), and sensitivity analyses confirmed the robustness of the findings. Conclusion: Exercise is an effective intervention for reducing depressive symptoms in menopausal women. The magnitude of benefit varies by intervention characteristics, underscoring the need for personalised, phase-specific exercise prescriptions. These findings provide a strong evidence base for integrating structured exercise into mental health strategies targeting midlife women.