

Selección de Resúmenes de Menopausia

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Womens Health (Lond). 2025 Jan-Dec;21:17455057251376883. doi: 10.1177/17455057251376883. Epub Relationship between MASLD and women's health: A review

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Metabolic dysfunction-associated steatotic liver disease (MASLD; formerly non-alcoholic fatty liver disease, NAFLD) is a common chronic liver disease strongly linked to obesity, metabolic syndrome (MetS), and type 2 diabetes. It starts as benign hepatic steatosis, but may progress to severe fibrosis, cirrhosis, or hepatocellular carcinoma. Today, MASLD represents one of the leading indications for liver transplantation. This review summarizes current knowledge on MASLD, including its pathogenesis, management strategies, regional disparities, and its specific relevance to women's health. The influence of sex hormones on MASLD has been documented. Polycystic ovary syndrome (PCOS) and the menopause increase MASLD prevalence by more than twofold. Moreover, PCOS increases the risk and severity of MASLD, independent of BMI. The role of menopausal hormone replacement therapy in MASLD remains controversial. However, transdermal estrogen and micronized progesterone or dydrogesterone seem to be more appropriate options. In pregnancy, MASLD is associated with >3-fold increased risk of gestational diabetes and preeclampsia. It may also increase the risk of MASLD development in the offspring—an effect that appears to be mitigated by breastfeeding for longer than six months. Given these findings, it is essential that clinicians involved in women's healthcare are aware of MASLD and its implications across the female lifespan.

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Comparison of estradiol hemihydrate 10 µg vaginal tablets versus estradiol hemihydrate 10 µg vaginal gel in postmenopausal women with vaginal atrophy: a randomized crossover study

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Aim: This randomized crossover study evaluated the 12 week efficacy of a 10 µg estradiol hemihydrate vaginal tablet versus a vaginal gel (available at Siriraj Hospital, Thailand) in postmenopausal women with vaginal atrophy. **Secondary endpoints** included the most bothersome symptom, vaginal health index (VHI), vaginal pH, female sexual function index, serum estradiol, endometrial thickness, ease of use, comfort, and satisfaction. **Methods:** Ninety participants were randomized to receive either the 10 µg estradiol tablet or the gel daily for 2 weeks, followed by twice-weekly application for 10 weeks. Afterward, they switched to the alternate treatment for another 12 weeks using the same dosing regimen. Assessments of VHI, pH, vaginal maturation value (VMV), female sexual function index, endometrial thickness, and estradiol levels were conducted at baseline, 12 weeks, and 24 weeks. **Results:** Eighty-five participants completed the study. At 12 weeks (intention-to-treat analysis), the gel significantly increased VMV compared with the tablet (60.16 ± 12.00 vs 51.62 ± 23.77 ; $P = 0.035$; 95% CI 0.54 to 16.46), although the 95% CI included the noninferiority margin of 15. Per-protocol analysis showed no significant difference between groups. VHI improved, and pH decreased more markedly with the gel at 12 weeks. By 24 weeks, there were no significant between-group differences in VMV, pH, or most bothersome symptom. Acceptability was high for both treatments, although 55.3% of participants indicated a preference for continued gel use. **Conclusions:** Noninferiority of the 10 µg estradiol hemihydrate tablet relative to the gel could not be established. However, both treatments exhibited clinical benefits and high patient satisfaction, providing valuable insights for therapeutic decision-making in postmenopausal vaginal atrophy.

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Unveiling the link between menopausal age and cognitive decline in Chinese women: The role of depressive symptoms

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Objectives: Previous studies on the relationship between menopausal age and cognitive function have reported inconsistent findings. We aim to investigate the impact of menopausal age on cognitive function in Chinese women, and whether depressive symptoms partially mediate this relationship. **Method:** Postmenopausal women from the China Health and Retirement Longitudinal Study (CHARLS) were included. Cognitive function was evaluated using the Telephone Interview for Cognitive Status (TICS) and depressive symptoms were assessed using the Center for Epidemiological Studies Depression (CES-D) scale in all waves. We examine the association between menopausal age and cognitive function using linear mixed-effects model (LMM) and further estimate the mediating role of depressive symptoms on this relationship. **Results:** A total of 7768 postmenopausal women were included, with the median follow-up time of 7.17 years (ranges from 2 to 9 years). Overall, 5.9 % of the participants experienced menopause before age 40, 12.4 % experienced menopause between 41 and 45, and 81.7 % experienced menopause after age 46. The results showed that premature menopausal age (≤ 40 years) ($\beta = -0.433$, 95 %CI: -0.743, -0.123) and early menopausal age (41-45 years) ($\beta = -0.822$, 95 %CI: -1.260, -0.383) were associated with poorer average cognitive function. Moreover, depressive symptoms mediated the association between premature menopausal age and cognitive function (8.72 %, indirect effect = -0.072, 95 %CI: -0.122, -0.021). **Discussion:** We found that both premature and early menopause were associated with poorer average cognitive function in Chinese postmenopausal women. Additionally, depressive symptoms partially mediated this relationship.

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Neurokinin Antagonists to Treat Vasomotor Symptoms-Possible Implications for Long-Term Health and Disease

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In women in post-menopause, the presence of severe vasomotor symptoms is associated with sleep disorders and a depressive mood. Vasomotor symptoms, sleep disorders, and a depressive mood are all related to an increased risk of cardiovascular events and bone fractures. The association is still elusive, but some mechanisms may sustain a hypothetical causal relation. During flush, the heart rate increases, augmenting blood turbulence and possibly posing a risk for endothelial damage. Altered sleep is associated with a reduced nocturnal blood pressure decline, which represents a risk factor for cardiovascular disease. Cortisol levels rise during each flush but also following sleep deprivation or in individuals with depression. Increased cortisol was found in women with menopausal symptoms and can induce insulin resistance, metabolic syndrome, cardiovascular disease, and bone demineralization. An elevated oxidative state is associated with vasomotor symptoms, sleep disturbances, and depression and increases the risk of cardiovascular events and osteoporosis. The use of non-hormonal remedies for symptom management leads to a decrease in blood pressure and a reduction of 24 h urinary cortisol, contingent upon the extent of symptom alleviation. Recent evidence indicates that fezolinetant, a neurokinin-3 receptor antagonist and elinzanetant, a neurokinin-1-3 receptor antagonist, diminish the frequency and severity of vasomotor symptoms. As the secondary endpoint of these studies, some amelioration of patients reported that sleep disturbance was observed during fezolinetant and more consistently during elinzanetant. Some improvement in the quality of life and depressive mood were also observed during elinzanetant. The causal relation of symptoms with cortisol levels and oxidative stress, and the reduction in cortisol and blood pressure by symptom improvements, support the possibility that neurokinin antagonists may decrease those factors linking menopausal symptoms with cardiovascular disease and osteoporosis. Dedicated studies are needed to test the hypothetical possibility that neurokinin receptor antagonists contribute to reduce the long-term burden of cardiovascular disease and osteoporosis of symptomatic women in post-menopause unwilling or with contraindication to the use of menopause hormone therapy.

Womens Health Nurs. 2025 Sep;31(3):227-240. doi: 10.4069/whn.2025.08.12. Epub 2025 Sep 30.

Exploring the relative importance of the factors associated with menopausal symptoms using a random forest model: a cross-sectional study

Meejung Chin 1 2, Sowon Hahn 3, Yeon Soo Kim 4 5, Young Hye Kwon, Yeon-Hwan Park, Younghwan Choi, et al. **Purpose:** This study aimed to identify key factors associated with menopausal symptoms among middle-aged women by examining a comprehensive set of physical, psychological, and lifestyle variables. **Methods:** A cross-sectional study was conducted with 94 women aged 45 to 55 years in Seoul, South Korea. Data were collected through physical assessments, self-reported questionnaires, and monitoring using a wearable device (Fitbit Charge 5, Fitbit Inc.). The Menopause Rating Scale was used to assess symptom severity, with scores dichotomized into no/mild

symptoms (0-8) and moderate/severe symptoms (9-44). Random forest analysis was applied to evaluate the relative importance of various factors in relation to menopausal symptoms. Results: Fourteen significant predictors were identified from an initial set of 57 variables using recursive feature elimination with cross-validation. The final random forest model achieved balanced predictive performance, with an accuracy of 74.1%, an area under the curve of 75.7%, sensitivity of 78.9%, and specificity of 62.5%. Age emerged as the most influential predictor, followed by psychological well-being and loneliness as the second and third most important factors. Among physical characteristics, relative grip strength (fourth) and body fat percentage (fifth) were significant predictors. Lifestyle factors, including moderate physical activity (sixth) and health-conscious dietary behaviors (seventh), showed moderate importance, while socioeconomic factors demonstrated lower importance. Conclusion: The findings highlight the multifaceted nature of menopausal symptoms and suggest that effective management strategies should incorporate physical, psychological, and lifestyle interventions. These results provide evidence for developing comprehensive digital healthcare applications that incorporate monitoring and intervention features across multiple domains for effective menopausal symptom management.

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Testosterone Pellets in Women: Revisiting Safety and Clinical Outcomes

Diogo Pinto da Costa Viana, Leonardo Jacobsen, Luiz Henrique Gabriel, Eline Lobo de Souza Correia, et al.

Testosterone is the most abundant biologically active gonadal steroid in women, yet its therapeutic role remains controversial. Current guidelines restrict its use to hypoactive sexual desire disorder (HSDD) with transdermal formulations, while subcutaneous pellets are used off-label in clinical practice despite unresolved concerns about pharmacokinetics, efficacy, and safety. The objective of this study is to critically evaluate the pharmacokinetics, clinical efficacy, and safety of subcutaneous testosterone pellets in peri- and postmenopausal women. A structured narrative review was conducted using PubMed/MEDLINE, covering studies published from January 1980 to August 2025. Other databases were not systematically searched. Search terms included "testosterone", "pellets", "implants", "subcutaneous", "women", and "menopause", combined with Boolean operators. Eligibility criteria comprised original pharmacokinetic or clinical studies in women, defined by STRAW+10 when available, reporting outcomes on pharmacokinetics, efficacy, or safety. Narrative synthesis was chosen due to heterogeneity in design, dosing, comparators, and outcome definitions. From 455 records, 38 studies were included. Pellets provided sustained release over four to six months with supraphysiologic early peaks (>100-250 ng/dL) and wide interindividual variability. The only randomized controlled trial showed improved sexual activity, orgasm, and satisfaction at 24 weeks with testosterone plus estradiol implants. Observational cohorts reported improvements in sexual function (Female Sexual Function Index, Female Sexual Distress Scale-Revised, and satisfying sexual events), mood, energy, and bone density, but findings are limited by non-randomized designs, lack of blinding, and conflicts of interest. Safety data, dominated by practice-based registries, indicated mild androgenic events (acne and hair growth) and rare transient voice changes; signals of reduced breast cancer incidence were reported but derive from cohorts without adequate adjustment for confounders, precluding causal inference. Data on cardiovascular, metabolic, and endometrial outcomes remain sparse and inconsistent. Testosterone pellets provide long-term delivery but at the cost of supraphysiologic peaks, dosing variability, and reliance on observational evidence. Reported benefits for sexual function and well-being are hypothesis-generating, while safety cannot be confirmed. Until adequately powered randomized trials with standardized formulations are conducted, pellet use should remain individualized, off-label, and accompanied by structured monitoring rather than routine adoption.

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European society of endocrinology clinical practice guideline for evaluation and management of menopause and the perimenopause

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Women make up 51% of the world's population, and the global population of postmenopausal women is growing. About 25% of these women experience debilitating menopausal symptoms. Since it is important that all health care professionals have a fundamental knowledge of managing women presenting with symptoms related to the menopause, this European Society of Endocrinology Clinical Practice Guideline was developed. It provides guidance on evaluation and optimal clinical management of women who go through the menopause in middle age, those with al. Ovarian Insufficiency (POI), Early Menopause and those for whom hormones are not appropriate, including women with, or at high risk of, breast cancer. This guideline discusses the benefits and risks of hormone therapy administration as well

as summarizing other treatments for menopausal symptoms. Further, the contentious issue of the impact of menopausal hormone therapy in the prevention of chronic disease is considered.