Selección de Resúmenes de Menopausia

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Probiotic Supplementation and Bone Health Parameters in Adults: A Systematic Review and Meta-Analysis

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Purpose: Gut microbiota has been implicated in bone health. However, the extent of the skeletal benefits of probiotic supplementation in humans remains unclear. A systematic review and meta-analysis was performed to appraise the efficacy of probiotic supplementation in improving bone health through a comprehensive qualitative and quantitative synthesis of the available randomized controlled trials. Methods: The PubMed, Web of Science, and China National Knowledge Infrastructure databases were searched for RCTs reporting the effects of probiotic supplementation on bone mineral density (BMD), C-terminal telopeptide of type 1 collagen (CTX), or procollagen type 1 N-propeptide (P1NP). A random-effects model was used to generate the pooled weighted mean differences and 95% confidence intervals. Results: Probiotic supplementation significantly increased lumbar spine aBMD (areal BMD) (+ 0.010; n = 16) and hip aBMD (+ 0.022 g/cm2; n = 9) but had no significant effect on femoral neck aBMD (n = 7), P1NP (n = 10), and CTX (n = 11). Moderate-to-high heterogeneity was present in all analyses, likely due to differences in participant characteristics and intervention characteristics. A tendency toward increased lumbar spine aBMD was observed across subgroups, although statistical significance was not always reached, while findings for other outcomes varied. Most trials included postmenopausal women, and restricting the analyses to this population yielded results consistent with the main analyses. The increase in lumbar spine aBMD remained significant regardless of trial exclusion, whereas the effect on hip aBMD became non-significant when key trials were omitted. Conclusion: Based on the evidence from the currently available RCTs, probiotic supplementation appears to lead to modest but statistically significant improvement in lumbar spine BMD and, to a lesser extent, hip BMD in postmenopausal women.

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Platelet-rich plasma in the management of vulvovaginal disorders: a systematic review

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Introduction: Platelet-rich plasma (PRP) is an innovative tool in regenerative medicine. It is defined as an autologous product obtained by density gradient centrifugation of blood, resulting in a platelet concentrate rich in growth factors. In gynecology, PRP has been used to treat vaginal atrophy, sexual dysfunction, and inflammatory conditions such as vulvar lichen sclerosus. PRP injection into the vulvo-vaginal area is a potential treatment for several conditions; however, treatment methods and applications vary widely across the published literature. Objective: To provide an updated synthesis of current evidence on the administration of PRP to the vulva and vagina as a stand-alone technique in a non-surgical outpatient setting, and to identify its main clinical indications. Methods: A systematic search of PubMed and Embase was conducted for studies published up to October 2024 using the terms "platelet rich plasma" AND "vaginal" and "platelet rich plasma" AND "vulvar." Eligible studies included human case reports, prospective, and retrospective cohort studies, as well as randomized and non-randomized controlled trials, assessing PRP injections as a stand-alone technique in the vulvo-vaginal area. Extracted data included study design, patient characteristics, indications, PRP preparation and administration protocols, number of sessions, outcomes, and adverse events. Results: Eighteen studies met the inclusion criteria: two randomized controlled trials, 10 single-arm clinical trials, one retrospective cross-sectional study, and five case reports, comprising 480 patients (401 treated with PRP). The most frequent indication was vulvar lichen sclerosus (n = 179), followed by sexual dysfunction (n = 133) and vulvovaginal atrophy (n = 87). Protocols varied in preparation methods, injection techniques, and treatment schedules. Across studies, PRP injections were associated with improvements in symptoms, sexual function, and vaginal health, with few and mild adverse events. Conclusion: Current evidence suggests that PRP injections in the vulvo-vaginal area may offer clinical benefits across several indications, with a favorable safety profile. However, the high variability in

protocols, small sample sizes, and methodological limitations preclude definitive conclusions. Further high-quality randomized controlled trials are required to establish standardized protocols and confirm efficacy.

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Lifestyle behaviors do not moderate the association between menopausal symptoms and need for recovery after work

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Objective: To examine the moderating role of lifestyle behaviors (physical activity, alcohol use, smoking, and body mass index) in the association between menopausal symptoms and need for recovery after work in perimenopausal and postmenopausal women. Study design: This study used cross-sectional survey data from 9942 perimenopausal and postmenopausal women participating in the Dutch Lifelines cohort in 2024. Measures included menopausal symptoms (measured with the Greene Climacteric Scale, GCS), lifestyle behaviors, need for recovery, and sociodemographic and work-related characteristics. Methods: The association between menopausal symptoms and need for recovery was examined using logistic regression. Interaction terms between menopausal symptoms and lifestyle behaviors (physical activity, alcohol use, smoking, BMI) were added to test for moderation. Results: Women with a 10-point higher GCS score had 4.51 times (95 %-CI = 4.17-4.87) greater odds of reporting a high need for recovery than women with a lower score. More hours of moderate-intensity (OR = 0.99, 95 %-CI = 0.98-0.996) and vigorous-intensity (OR = 0.91, 95 %-CI = 0.87-0.95) activity were associated with lower odds of high need for recovery, whereas higher BMI was associated with higher odds (OR = 1.02, 95 %-CI = 1.01-1.03). None of the lifestyle behaviors moderated the association between menopausal symptoms and need for recovery (all interaction terms $p > 0.10$. Conclusions: Menopausal symptoms were strongly associated with need for recovery after work. The findings suggest that high-risk groups based on physical activity, alcohol use, smoking, and BMI cannot be identified. The substantial impact of menopausal symptoms on need for recovery after work calls for prevention strategies targeting all perimenopausal and postmenopausal women, regardless of their lifestyle behaviors.

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Association Between Depressive Symptoms and Insulin Resistance and the Impact of the Menopausal Transition

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Context: Recent meta-analyses and cross-sectional studies propose that insulin resistance (IR) is not a lasting feature of depression. However, longitudinal evidence is lacking, particularly in midlife women across menopause and ethnically diverse cohorts. Objective: To assess the longitudinal association between depressive symptoms and IR among midlife women and determine if this association varies by menopausal status and ethnicity. Methods: The study population comprised 2,829 White, Black, Hispanic, Chinese, and Japanese women from the Study of Women's Health Across the Nation followed for approximately 20 years. Depressive symptoms were assessed with the Center for Epidemiologic Studies Depression (CES-D) scale, and IR was obtained from the Homeostatic Model Assessment for Insulin Resistance (HOMA-IR). Linear mixed-effects modeling was used to estimate the association between depressive symptoms (CES-D score ≥16, indicating risk for clinical depression) and HOMA-IR, adjusting for important confounders. Results: In multivariable analyses simultaneously including current depressive symptoms and depressive symptoms from the prior visit in the model, the estimated effect of current CES-D score ≥16, but not prior CES-D score ≥16, was statistically significantly associated with higher log-HOMA-IR levels ($\beta = 0.03$, 95% confidence interval [CI]: 0.01, 0.06). The relationship between current depressive symptoms and IR was strongest among Hispanic women (interaction $p = 0.005$; $\beta = 0.18$, 95% CI: 0.08, 0.27). Conclusion: Current reporting of CES-D score ≥16, but not prior reporting, was associated with elevated IR over time among midlife women. This study provides longitudinal evidence in support of IR as a temporary feature of depression. Moreover, the results suggest that Hispanic women with higher depressive symptoms may be particularly susceptible to IR.

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Sleep disturbances are associated with cognitive impairment in postmenopausal women

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To evaluate the association between severe sleep problems and mild cognitive impairment (MCI) in postmenopausal women, we conducted a sub-analysis of a cross-sectional, multinational investigation between January and November 2023 among postmenopausal women younger than 70 years attending gynecological consultations in nine Latin American countries. MCI was assessed using the Montreal Cognitive Assessment (MoCA) tool, and severe sleep problems were evaluated with two validated instruments: the third question of the Menopause Rating Scale (MRS, score ≥3) and the Jenkins Sleep Scale (JSS, total score ≥12). Two adjusted logistic regression models were used to examine the association between the two measures of severe sleep problems and MCI, adjusting for relevant covariates. The analysis included 1,185 postmenopausal women with a mean age of 56.9 years. Severe sleep problems were significantly more frequent among women with MCI compared to those without MCI, whether assessed by the MRS (28.3 percent vs. 16.6 percent) or the JSS (31.6 percent vs. 18.4 percent; both $p < .001$). In adjusted regression models, severe sleep problems remained independently associated with MCI (MRS: aOR = 1.81, 95 percent CI: 1.26-2.60; JSS: aOR = 1.88, 95 percent CI: 1.31-2.69). Additional factors associated with a higher likelihood of MCI included physical inactivity and greater parity, while ever-use of menopausal hormone therapy and higher educational attainment were associated with a reduced likelihood of MCI. In this sample of postmenopausal Latin American women, severe sleep problems were associated with a higher likelihood of MCI, and factors such as physical inactivity, educational attainment, parity, and ever use of menopausal hormone therapy were also independently related to this condition.

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The Association Between Breast Arterial Calcification and Subsequent Coronary Artery Calcification: A Systematic Review

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Cardiovascular disease (CVD) remains the leading cause of mortality globally. While coronary artery calcium (CAC) scoring is the current gold standard for detecting subclinical atherosclerosis, recent research has highlighted breast arterial calcification (BAC), often incidentally identified on screening mammograms, as a potential non-invasive marker of CVD risk. BAC has been significantly associated with an increased risk of adverse cardiovascular outcomes, including ischemic and hemorrhagic stroke, peripheral vascular disease, and heart failure. This systematic review comprises 14 studies aimed at better understanding the association between the presence of BAC and CAC. The studies consisted of 5,249 women who underwent both BAC and CAC scoring, primarily post-menopausal, with an average age of 57.8 years. The time interval between BAC and CAC assessment ranged from same-day imaging to 2.94 years (mean: 16.2 months; median: 12 months). Across all studies, a consistent positive correlation was observed between the presence of BAC and CAC. Notably, women with both BAC and CAC tended to be older and exhibited a higher burden of coronary artery stenosis, an increased number of affected vessels, and more extensive calcification distribution. The pooled sensitivity, specificity, positive predictive value, and negative predictive value of BAC for detecting CAC were 38.9%, 88%, 73%, and 57.2%, respectively. These findings suggest that the presence of BAC may serve as a useful tool for supporting the presence of CAC in at-risk patients. Given its accessibility, cost-effectiveness, and high specificity, BAC holds promise as a screening adjunct for early CVD detection in women. Standardized guidelines are needed to support radiologists in the consistent reporting of BAC on mammograms and to inform primary care providers on appropriate follow-up and cardiovascular screening for patients with positive BAC findings.