Publicaciones Seleccionadas Abril 2017

CLIMATERIO

Aporte Dres Lorusso & Foderé

Volumen 2 Nro 1

Solo Información Médica

ABSTRACTS DE MATURITAS—MAYO 2017

1

Preventing urinary tract infections after menopause without antibiotics.

Caretto, M.; Giannini, A.; Russo, E.; Simoncini, T.

Vol. 99 Nr. Página: 43 - 46 Fecha de publicación: 01/05/2017

Resumen:

Urinary tract infections (UTIs) are the most common bacterial infections in women, and increase in incidence after the menopause. It is important to uncover underlying abnormalities or modifiable risk factors. Several risk factors for recurrent UTIs have been identified, including the frequency of sexual intercourse, spermicide use and abnormal pelvic anatomy. In postmenopausal women UTIs often accompany the symptoms and signs of the genitourinary syndrome of menopause (GSM). Antimicrobial prophylaxis has been demonstrated to be effective in reducing the risk of recurrent UTIs in women, but this may lead to drug resistance of both the causative microorganisms and the indigenous flora. The increasing prevalence of Escherichia coli (the most prevalent uropathogen) that is resistant to antimicrobial agents has stimulated interest in novel non-antibiotic methods for the prevention of UTIs. Evidence shows that topical estrogens normalize vaginal flora and greatly reduce the risk of UTIs. The use of intravaginal estrogens may be reasonable in postmenopausal women not taking oral estrogens. A number of other strategies have been used to prevent recurrent UTIs: probiotics, cranberry juice and d-mannose have been studied. Oral immunostimulants, vaginal vaccines and bladder instillations with hyaluronic acid and chondroitin sulfate are newer strategies proposed to improve urinary symptoms and quality of life. This review provides an overview of UTIs' prophylaxis without antibiotics, focusing on a practical clinical approach to women with UTIs.

2

Sex differences in the presentation of stroke.

Berglund, A.; Schenck-Gustafsson, K.; von Euler, M.

Vol. 99 Nr. Página: 47 - 50 Fecha de publicación: 01/05/2017

Resumen:

Stroke affects both men and women of all ages, although the condition is more common among the elderly. Stroke occurs at an older age among women than among men; although the incidence is lower among women than among men, as women have a longer life expectancy their lifetime risk is slightly higher. Ischemic stroke is the most common type of stroke; and reperfusion treatment is possible if the patient reaches hospital early enough. Thrombolysis and thrombectomy are time-sensitive treatments - the earlier they are initiated the better is the chance of a positive outcome. It is therefore important to identify a stroke as soon as possible. Medical personnel can readily identify typical stroke symptoms but the presentation of non-traditional stroke symptoms, such as impaired consciousness and altered mental status, is often associated with a significant delay in the identification of stroke and thus delay in or inability to provide treatment. Non-traditional stroke symptoms are reported to be more common in women, who are thereby at risk of delayed recognition of stroke and treatment delay.

3

Association between pelvic organ prolapse and climacteric symptoms in postmenopausal women.

Cagnacci, A.; Palma, F.; Napolitano, A.; Xholli, A.

Vol. 99 Nr. Página: 73 - 78 Fecha de publicación: 01/05/2017

Resumen:

OBJECTIVE: To evaluate whether climacteric symptoms are related to pelvic organ prolapse (POP) in postmenopausal women. STUDY DESIGN: A cross-sectional investigation was performed on 1382 postmenopausal women attending an outpatient service for menopause at a university hospital. MAIN OUTCOME MEASURES: Data regarding climacteric symptoms, as captured by the Greene Climacteric Scale, and objective POP were retrieved from an electronic database. Additional data retrieved were age, anthropometric measures, personal and reproductive history, use of medication or drugs, coffee, smoking, state of anxiety (STAI scale score) and depression (Zung scale score). RESULTS: The score of Greene Climacteric Scale was higher (p=0.02) in women with (n=538) than in those without (n=844) POP (29.6±13.6 vs. 27.8±13.; p=0.02). In multiple logistic regression models, the score was independently related to POP as a whole (OR 1.012; 95%CI 1.003,1.022; p=0.009), and to bladder prolapse (OR 1.011; 95%CI 1.007,1.07; p=0.02) or to uterus prolapse (OR 1.003; 95%CI 0.99,1.016; p=0.63) or rectum prolapse (rectocele) (OR 1.004; 95%CI 0.988,1.02; p=0.62). CONCLUSIONS: In postmenopausal women, a higher burden of climacteric symptoms, is associated with POP. Underlying mechanisms were not assessed and deserve further investigation.

4

Broadening our perspectives on complementary and alternative medicine for menopause: A narrative review.

Tonob, D.; Melby, M.K.

Vol. 99 Nr. Página: 79 - 85 Fecha de publicación: 01/05/2017

Resumen:

Complementary and alternative medicine (CAM) is widely used for menopause, although not all women disclose use to their healthcare providers. This narrative review aims to expand providers' understanding of cross-cultural approaches to treating and managing menopause by providing an overarching framework and perspective on CAM treatments. Increased provider understanding and awareness may improve not only provider-patient communication but also effectiveness of treatments. The distinction between illness (what patients suffer) and disease (what physicians treat) highlights the gap between what patients seek and doctors provide, and may help clarify why many women seek CAM at menopause. For example, CAM is often sought by women for whom biomedicine has been unsuccessful or inaccessible. We review the relevance to menopause of three CAM categories: natural products, mind-body practices including meditation, and other complementary health approaches including traditional Chinese medicine (TCM) and Japanese Kampo. Assessing the effectiveness of CAM is challenging because of the individualized nature of illness patterns and associated treatments, which complicate the design of randomized controlled trials. Because many women seek CAM due to inefficacy of biomedical treatments, or cultural or economic marginalization, biomedical practitioners who make an effort to learn about CAM and ask patients about their CAM use or interest may dramatically improve the patient-provider relationship and rapport, as well as harnessing the 'meaning response' (Moerman, 2002) imbued in the clinical encounter. By working with women to integrate their CAM-related health-seeking behaviors and treatments, providers may also boost the efficacy of their own biomedical treatments.

5

Sleep patterns, sleep disorders and mammographic density in spanish women: The DDM-Spain/Var-DDM study.

Pedraza-Flechas, A.M.; Lope, V.; Moreo, P.; Ascunce, N.; Miranda-García, J.; Vidal, C.; Sánchez-Contador, C.; Santamariña, C.; Pedraz-Pingarrón, C.; Llobet, R.; Aragonés, N.; Salas-Trejo, D.; Pollán, M.; Pérez-Gómez, B.;

Vol. 99 Nr. Página: 105 - 108 Fecha de publicación: 01/05/2017

Resumen:

We explored the relationship between sleep patterns and sleep disorders and mammographic density (MD), a marker of breast cancer risk. Participants in the DDM-Spain/var-DDM study, which included 2878 middle-aged Spanish women, were interviewed via telephone and asked questions on sleep characteristics. Two radiologists assessed MD in their left craneo-caudal mammogram, assisted by a validated semiautomatic-computer tool (DM-scan). We used log-transformed percentage MD as the dependent variable and fitted mixed linear regression models, including known confounding variables. Our results showed that neither sleeping patterns nor sleep disorders were associated with MD. However, women with frequent changes in their bedtime due to anxiety or depression had higher MD (e(ß):1.53;95%CI:1.04-2.26).

6

Laser therapy for the restoration of vaginal function.

Gambacciani, M.; Palacios, S.

Vol. 99 Nr. Página: 10 - 15 Fecha de publicación: 01/05/2017

Resumen:

Laser therapy has a therapeutic role in various medical conditions and most recently has gained interest as a non-hormonal treatment for genitourinary syndrome of menopause (GSM) and as a non-invasive option for stress urinary incontinence (SUI). Several therapies are available to alleviate GSM symptoms, including hormonal and non-hormonal products. Both microablative fractional CO_2 laser and the non-ablative vaginal Er:YAG laser (VEL) induce morphological changes in the vaginal tissues, and data from non-randomized clinical trials suggest that laser therapy can alleviate vaginal dryness and dyspareunia. VEL has been reported to improve SUI as well as vaginal prolapse. Although large randomized trials have not been reported, the evidence suggests that VEL can be offered as a safe and efficacious alternative to hormone replacement therapy (HRT) for GSM, as well as a first-line treatment for mild to moderate SUI, before surgical procedures are resorted to. Randomized studies are needed to compare laser treatments with other therapies, as well as to assess the duration of the therapeutic effects and the safety of repeated applications. Research is presently evaluating both an automated robotic probe for VEL treatments and an intraurethral probe for the treatment of severe and type III SUI.

7

Breast cancer in ethnic minority groups in developed nations: Case studies of the United Kingdom and Australia.

Brennan, M.

Vol. 99 Nr. Página: 16 - 19 Fecha de publicación: 01/05/2017

Resumen:

Recent research from the United Kingdom (UK) has highlighted some of the differences in breast cancer presentations between women of different ethnic groups. Analysis of a large database showed that Black women of African or Caribbean heritage living in England and Wales are more likely to present with stage 3 or 4 cancer than White British women and less likely to have their cancer detected through screening. In many countries around the world, migrant and cultural minority groups experience social and economic disadvantage and this is reflected in their health outcomes. With world migration at record levels, it is timely to reflect on ethnic disparities and to consider how developed nations can care for their minority groups, which are increasing in number and diversity. These issues and challenges are discussed, using the UK's migrant population and Australia's Indigenous and migrant populations as case studies.

8

Evaluation of the efficacy and safety of Tribulus terrestris in male sexual dysfunction-A prospective, randomized, double-blind, placebo-controlled clinical trial.

Kamenov, Z.; Fileva, S.; Kalinov, K.; Jannini, E.A.

Vol. 99 Nr. Página: 20 - 26 Fecha de publicación: 01/05/2017

Resumen:

OBJECTIVE: The primary objectives were to compare the efficacy of extracts of the plant Tribulus terrestris (TT; marketed as Tribestan), in comparison with placebo, for the treatment of men with erectile dysfunction (ED) and with or without hypoactive sexual desire disorder (HSDD), as well as to monitor the safety profile of the drug. The secondary objective was to evaluate the level of lipids in blood during treatment. PARTICIPANTS AND DESIGN: Phase IV, prospective, randomized, double-blind, placebo-controlled clinical trial in parallel groups. This study included 180 males aged between 18 and 65 years with mild or moderate ED and with or without HSDD: 90 were randomized to TT and 90 to placebo. Patients with ED and hypertension, diabetes mellitus, and metabolic syndrome were included in the study. In the trial, an herbal medicine intervention of Bulgarian origin was used (Tribestan(®), Sopharma AD). Each Tribestan film-coated tablet contains the active substance Tribulus terrestris, herba extractum siccum (35-45:1) 250mg which is standardized to furostanol saponins (not less than 112.5mg). Each patient received orally 3×2 film-coated tablets daily after meals, during the 12-week treatment period. At the end of each month, participants' sexual function, including ED, was assessed by International Index of Erectile Function (IIEF) Questionnaire and Global Efficacy Question (GEQ). Several biochemical parameters were also determined. The primary outcome measure was the change in IIEF score after 12 weeks of treatment. Complete randomization (random sorting using maximum allowable% deviation) with an equal number of patients in each sequence was used. This randomization algorithm has the restriction that unequal treatment allocation is not allowed; that is, all groups must have the same target sample size. Patients, investigational staff, and data collectors were blinded to treatment. All outcome assessors were also blinded to group allocation. RESULTS: 86 patients in each group completed the study. The IIEF score improved significantly in the TT group compared with the placebo group (?<0.0001). For intention-to-treat (ITT) there was a statistically significant difference in change from baseline of IIEF scores. The difference between TT and placebo was 2.70 (95% CI 1.40, 4.01) for the ITT population. A statistically significant difference between TT and placebo was found for Intercourse Satisfaction (p=0.0005), Orgasmic Function (p=0.0325), Sexual Desire (p=0.0038), Overall Satisfaction (p=0.0028) as well as in GEQ responses (p<0.0001), in favour of TT. There were no differences in the incidence of adverse events (AEs) between the two groups and the therapy was well tolerated. There were no drug-related serious AEs. Following the 12-week treatment period, significant improvement in sexual function was observed with TT compared with placebo in men with mild to moderate ED. TT was generally well tolerated for the treatment of ED.

9

The effect of hormone replacement therapy and tibolone on lipoprotein (a) concentrations in postmenopausal women: A systematic review and meta-analysis.

Anagnostis, P.; Galanis, P.; Chatzistergiou, V.; Stevenson, J.C.; Godsland, I.F.; Lambrinoudaki, I.; Theodorou, M.; Goulis, D.G.

Vol. 99 Nr. Página: 27 - 36 Fecha de publicación: 01/05/2017

Resumen:

OBJECTIVE: Data on the effect of hormone replacement therapy (HRT) and tibolone on lipoprotein (a) [Lp(a)], an independent risk factor for cardiovascular disease, are heterogeneous and conflicting. Studies of the effect of HRT and tibolone on Lp(a) concentrations in post-menopausal women are reviewed in this meta-analysis. DESIGN AND METHODS: MEDLINE, Scopus, EMBASE and Cochrane databases were searched (up to February 10, 2017). Two researchers identified randomized controlled studies and extracted data. Potential controversies were resolved by a third reviewer. RESULTS: In 24 eligible studies, HRT caused a significant reduction in Lp(a) concentrations compared with placebo or no treatment [mean relative difference: -20.35%, 95% Confidence Interval (CI): -25.33% to -15.37%, p<0.0001], with significant heterogeneity between studies (I(2)=98.5%), but without evidence of publication bias. No significant effect was found for tibolone (n=7) (mean relative difference: -23.84%, 95% CI: -63.43% to 15.74%, p=0.238) (I(2)=98.7%, but without publication bias). Oral estrogen caused a greater reduction in Lp(a) concentrations than transdermal estrogen (n=10) (mean relative difference: 37.66%, 95% CI: 16.84% to 58.48%, p<0.0001), with significant heterogeneity between studies (I(2)=99%), but no evidence of publication bias. No difference was observed when continuous was compared with cyclical HRT, conventional with low-dose estrogen, and estrogen monotherapy with estrogen combined with progestogen. No difference was observed between HRT and tibolone regarding their effect on Lp(a). CONCLUSIONS: HRT significantly decreases Lp(a) concentrations, with oral being more effective than transdermal estradiol. The type of HRT, dose of estrogen and addition of progestogen do not seem to modify the Lp(a)-lowering effect of HRT.

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A vaginal estradiol softgel capsule, TX-004HR, has negligible to very low systemic absorption of estradiol: Efficacy and pharmacokinetic data review.

Simon, J.A.; Archer, D.F.; Constantine, G.D.; Pickar, J.H.; Amadio, J.M.; Bernick, B.; Graham, S.; Mirkin, S.

Vol. 99 Nr. Página: 51 - 58 Fecha de publicación: 01/05/2017

Resumen:

This paper reviews the efficacy, safety, and systemic absorption of estradiol with TX-004HR, an investigational, low-dose 17ß-estradiol vaginal softgel capsule, designed to treat vulvar and vaginal atrophy (VVA) in postmenopausal women, with an improved user experience. In phase 2 (NCT02449902) and phase 3 REJOICE (NCT02253173) studies, TX-004HR significantly improved the proportions of vaginal superficial and parabasal cells and vaginal pH, and in the phase 3 study decreased the severity of dyspareunia, vaginal dryness, and vulvar and/or vaginal itching or irritation. In two randomized, phase 1 trials, estradiol Cmax and AUC0-24 were significantly lower with 10µg and 25µg TX-004HR than with the same doses of an approved vaginal estradiol tablet. A substudy (n=72) of the REJOICE trial showed that estradiol Cavg and AUC0-24 with 4µg and 10µg TX-004HR were not different from placebo on days 1 and 14. While TX-004HR 25µg was associated with higher Cavg and AUC0-24 versus placebo on days 1 and 14, these levels remained within the postmenopausal range. Estradiol day-84 values for all three doses were not different from placebo, demonstrating no estradiol accumulation. All TX-004HR doses were well tolerated and had an acceptable safety profile in all reviewed studies. The local vaginal efficacy of TX-004HR was significantly better than that of placebo, while the overall safety profile was similar to that of placebo. Negligible to very low systemic estradiol absorption was observed whether given at 4, 10, or 25µg. If approved, TX-004HR may be an alternative option for women with symptomatic VVA without increasing mean systemic estradiol absorption above postmenopausal levels.

11

Risk of Alzheimer's disease among users of postmenopausal hormone therapy: A nationwide case-control study.

Imtiaz, B.; Taipale, H.; Tanskanen, A.; Tiihonen, M.; Kivipelto, M.; Heikkinen, A.M.; Tiihonen, J.; Soininen, H.; Hartikainen, S.; Tolppanen, A.M.

Vol. 98 Nr. Página: 7 - 13 Fecha de publicación: 01/04/2017

Resumen:

OBJECTIVE: To examine the association between postmenopausal hormone therapy (HT) and Alzheimer's disease (AD). METHODS: Medicine and Alzheimer's disease (MEDALZ) is a nested case-control study of the entire Finnish population with clinically verified AD from 2005 to 2011 and up to 4 matched controls per case. This study comprises 230,580 women (46,117 cases and 184,463 controls). Data on HT use from 1995 to 2011 was extracted from the national prescription register using following ATC codes: G03C (estrogen), G03D (progestogen) and G03F (estrogen and progestogen in combination). Only systemic HT (oral or transdermal) was considered. RESULTS: Use of systemic estrogen and progestogen was associated with an increased risk of AD, with ORs (95% CI) of 1.10 (1.06-1.12) and 1.13 (1.10-1.17) respectively, but use of systemic estrogen HT for >10years (OR, 95% CI: 0.91, 0.84-0.99) was protective against AD. Long-term (>10years) use of progestogen and combination HT was not related to AD risk (OR, 95% CI: 1.0, 0.90-1.2). CONCLUSION: Our findings do not suggest HT is an important determinant of AD risk.

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The association between anorexia of aging and physical frailty: Results from the national center for geriatrics and gerontology's study of geriatric syndromes.

Tsutsumimoto, K.; Doi, T.; Makizako, H.; Hotta, R.; Nakakubo, S.; Makino, K.; Suzuki, T.; Shimada, H.

Vol. 97 Nr. Página: 32 - 37 Fecha de publicación: 01/03/2017

Resumen:

OBJECTIVES: The present study examined the association between anorexia of aging and physical frailty among older people. STUDY DESIGN: An observational, cross-sectional cohort design was used with a sample of 4417 elderly Japanese citizens living in a community setting. MAIN OUTCOME MEASURES: Frailty was operationalized as the following frailty components: slowness, weakness, exhaustion, low level of physical activity, and weight loss. Participants were grouped as non-frail, pre-frail, and frail, and categorized as anorexic or not using questionnaire cutoff scores. Measured covariates were as follows: sociodemographic variables, medical history, life style, body mass index, blood nutrition data, self-rated health, depressive symptoms, and cognitive function. RESULTS: The prevalence of anorexia of aging in each group was as follows: non-frail, 7.9%; pre-frail, 14.8%; frail, 21.2% (P for trend<0.001). After adjusting for all covariates, independent associations were identified between anorexia of aging and slowness (OR 1.42, 95% CI: 1.14-1.75, P=0.002), exhaustion (OR 1.39, 95% CI: 1.11-1.74, P=0.004) and weight loss (OR 1.37, 95% CI: 1.05-1.79, P=0.019), but not weakness or low level of physical activity. CONCLUSIONS: Anorexia of aging is importantly associated with frailty and the following frailty components: slowness, exhaustion, and weight loss. Future research should prospectively examine frailty's causal connection with anorexia of aging.