XIII Congreso Colombiano de Menopausia

GRUPO DE INVESTIGACIÓN "SALUD DE LA MUJER"

Pereira 2019 | 21 al 23 marzo

Hotel Movich de Pereira

ASOCIACIÓN COLOMBIANA DE MENOPAUSIA

25 años

XIII Congreso Colombiano de Menopausia

¿Existen Riesgos al No Usar Terapia Hormonal en la Mujer en Climaterio?

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Facultad de Medicina
Universidad de Cartagena – Colombia
Ex-presidente Asociación Colombiana de Menopausia

Pereira 2019 | 21 al 23 marzo
Hotel Movich de Pereira

ASOCIACIÓN COLOMBIANA DE MENOPAUSIA 25 años

CONFLICTOS DE INTERESES:

El Autor de la Presentación es Explorador de la Terapéutica hormonal en Toda su Dimensión. Tiene Publicaciones sobre Diferentes Moléculas Disponibles y Sobre Hormonoterapia en General. No Ha tenido ni Tiene Compromisos con la Industria Farmacéutica que le Limiten su Libre Pensamiento y Actuación.

EL INCREMENTO EN LA EXPECTATIVA DE VIDA

- Déficit Hormonal de Larga Duración
- Alteración del Ecosistema Orgánico
- Compromiso de la Homeostasis
- Manifestaciones Clínicas Metabólicas
- Deterioro de la Salud
- Disminución de la Calidad de vida

Monterrosa A. 10 Reflexiones sobre Menopausia y Climaterio. 2005.

SÍNTOMAS MENOPAÚSICOS

****

TRATAMIENTO MÁS ADECUADO

Di Zhao. Menopause. 2019;26(3):233-239

TERAPIA HORMONAL MENOPAÚSICA

Rutas de Administración
Sistémica - Local
Consideraciones Seguridad
Dosis del estrógeno
¿Cuando TE o TEP?
¿Cuando la Progestina?
Complejo estrógeno tejido Selectivo (E+SERM)
EEC+Bazedoxifene
Contraindicaciones
Efectos secundarios
Indicaciones

Mann C. MMW. Fortschr Med. 2019 Feb;161(3):50-57

60s 70s	Estrógenos	Cáncer endometrial	Muy Valorada
	PEPI: Terapia Estrógenos Terapia Estrógenos y Progestinas		
70s 90s	“Femina por Siempre”, “Nunca es Tarde”, “Bueno es de por Vida”, “Uso Prolongado es Mejor”, “Siempre Preventiva”, “A Todas las Mujeres”, “Prevenir el Envejecimiento”, “Siempre Hay Beneficios”, “Protección General”		
2000	WHI: Riesgos sobre beneficios Abandono – Pánico - Desinformación.		Muy Desvalorada
Hoy	Individualización, Menor dosis, Menor Tiempo, Indicaciones, Edad de la mujer, tiempo desde menopausia-		En Revalorización (*)

(*)Devolución a algo del valor o estimación que había perdido. Word Reference

INDICACIONES APROBADAS POR EL FDA PARA TH

- Síntomas Vasomotores
- Prevención de la Pérdida Ósea
- Insuficiencia Ovárica Prematura
- Síndrome Genitourinario de la Menopausia

Existen otros beneficios derivados del efecto hormonal sobre diferentes órganos y tejidos pero a la fecha no son indicaciones terapéuticas

Carencia de Uso del Mejor Abordaje Terapéutico Disponible

RIESGOS

- Más Síntomas Vasomotores
- Menor Prevención de la Pérdida Ósea
- Más Deterioro Relacionado con la Insuficiencia Ovárica Prematura
- Mayor Presencia del Síndrome Genitourinario de la Menopausia

Revista Colombiana de Obstetricia y Ginecología Vol. 63 No. 1 • Enero-Marzo 2012 • (36-45)

INVESTIGACIÓN ORIGINAL

PREVALENCIA DE INSOMNIO Y DETERIORO DE LA CALIDAD DE VIDA EN POSMENOPÁUSICAS QUE PRESENTAN OLEADAS DE CALOR RESIDENTES EN EL CARIBE COLOMBIANO

Prevalence of insomnia and quality of life for post-menopausal women suffering hot flushes living in the Colombian Caribbean region

Álvaro Monterrosa-Castro, MD[*], *Sol María Carriazo-Julio*[**], *Liezel Ulloque-Caamaño*[**]

CAVIMEC

589 postmenopáusicas caribe colombiano

290 con Oleadas de Calor

299 sin Oleadas de Calor

Menopause Rating Scale

Escala de Insomnio de Atenas

	CON OLEADAS DE CALOR	SIN OLEADAS DE CALOR	RAZONES DE PREVALENCIA
Insomnio	45.5% [IC95:39.7%-51.4%]	24.4% [IC95%:19.7%-29.2%]	2.07 [IC95%:1.7-2.9]
Deterioro severo de la calidad de vida	17.2% [IC95%:13.2-51.4]	1.7% [IC95%:0.5%-3.9%]	10.1 [IC95%:4.0-25.0]

Monterrosa-Castro A, et al. Rev. Colomb. Obst Ginecol. 2012;36(1):36-45

ORIGINAL ARTICLE

Sleep Science

Insomnia and sexual dysfunction associated with severe worsening of the quality of life in sexually active hysterectomized women

Alvaro Monterrosa-Castro [1]
Angélica Monterrosa-Blanco [2]
Teresa Beltrán-Barrios [1]

ABSTRACT

Introduction: Hysterectomy is a common gynecologic surgery carried out to remove the pathologic uterus. **Objective:** To establish if sleep disorders and sexual function are associated with de-

CAVIMEC

522 histerectomizadas caribe colombiano

390 con Actividad sexual

Menopause Rating Scale

Escala de Insomnio de Atenas

Índice de Función Sexual

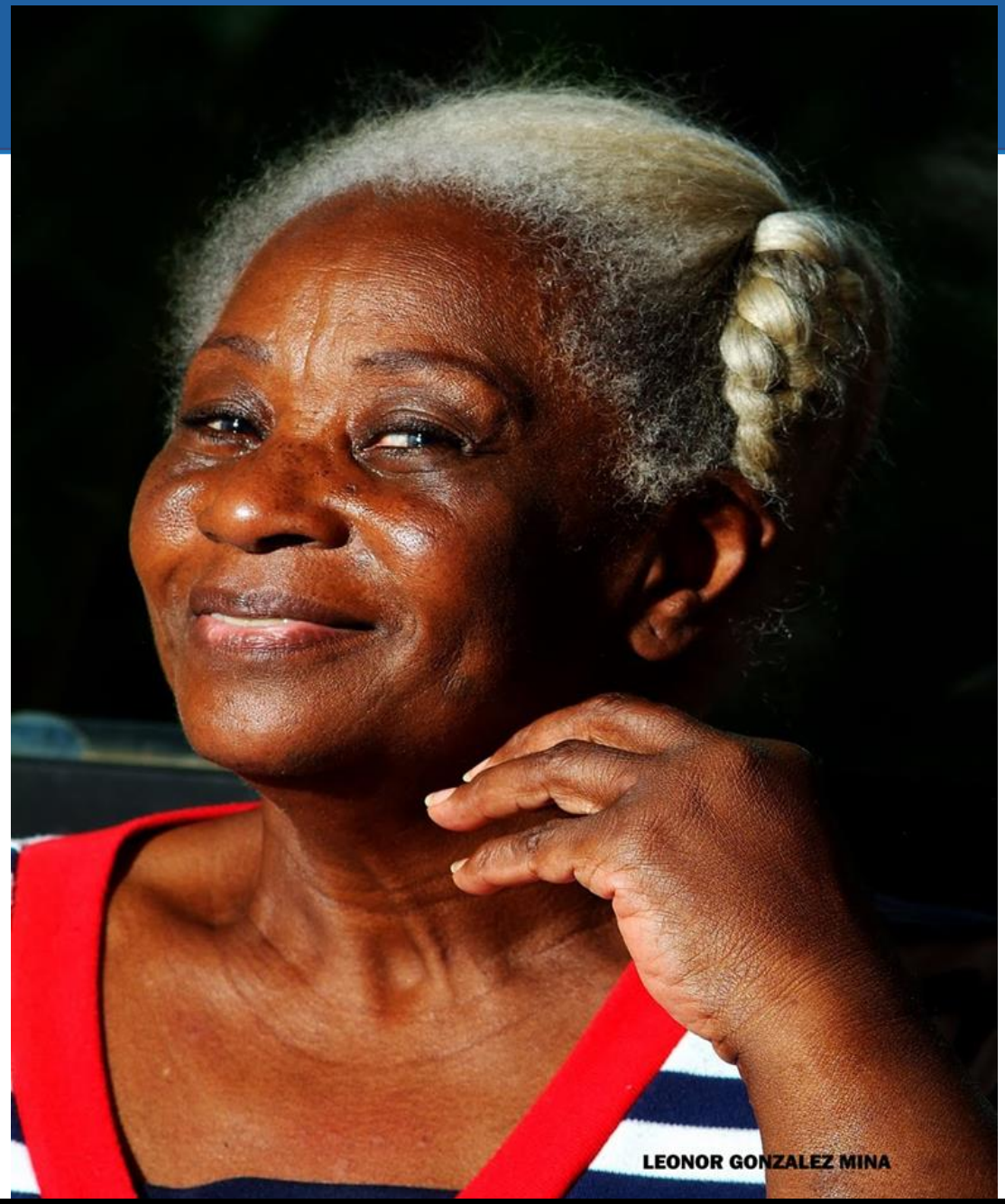
Factores Asociados a Deterioro Severo de Calidad de Vida	aOR [IC95%]	p
Disfunción Sexual	3.53[2.01-6.17]	<0.001
Insomnio	3.05[1.86-4.99]	<0.001
Insatisfacción con la sexualidad	4.77[2.08-10.93]	0.0002
Disminución en el binestar diario	3.18[1.79-5.64]	0.0001
Somnolencia diurna	3.15[1.59-6,24]	0.0010
Deseo sexual bajo o ausente	2.94[1.65-5.25]	0.0003
Presencia de lubricación genital	0.44[0.21-0,93]	0.0332

Monterrosa-Castro A, et al.
Sleep Science 2018;11(2);99-105

TABLA N° 5

Riesgo relativo de incidencia de fracturas en usuarias actuales y nunca usuarias de diferentes tipos de terapia hormonal Resultados del estudio del millón de mujeres

Terapia	Duración Años	Usuarias actual Casos/población	RR (IC)
Estrógenos solos	6.8	513/19189	0.65 (0.58 - 0.71)
Estrógenos equinos	7.5	219/8460	0.62 (0.54 – 0.71)
Menor de 0.625	7.4	158/6025	0.62 (0.53 – 0.73)
Mayor de 0.625	7.9	61/2412	0.61 (0.47 – 0.78)
Todo Estradiol	6.0	244/8706	0.68 (0.59 – 0.77)
Menor 1 mg/día oral	5.9	23/1037	0.55 (0.36 – 0.81)
Mayor 1 mg/día oral	6.4	16/844	0.47 (0.29 – 0.77)
Menor 50 ug transdérmica	5.8	151/4921	0.74 (0.62 – 0.87)
Mayor 50 ug transdérmica	6.7	36/1072	0.83 (0.60 – 1.15)
Vía oral	7.3	290/11546	0.60 (0.53 - 0.68)
Vía transdérmica	6.0	197/6360	0.75 (0.65 – 0.86)
Todos estrógenos/Progestina	5.4	539/22472	0.58 (0.53 – 0.64)
Esquema secuencial	5.9	364/15192	0.58 (0.52 – 0.65)
Esquema continuo	4.4	149/6411	0.56 (0.48 – 0.67)
Vía Vaginal	1.0	6/221	0.62 (0.28 – 1.39)
Todos uso terapia hormonal	5.9	1179/46122	0.62 (0.58 – 0.66)



Monterrosa A. 10 Reflexiones sobre Menopausia y Climaterio. 2005.

Menopause: The Journal of The North American Menopause Society
Vol. 25, No. 11, pp. 1362-1387
DOI: 10.1097/GME.0000000000000921

Celebrating 25 Years of Publishing Excellence

POSITION STATEMENT

The 2017 hormone therapy position statement of The North American Menopause Society

Abstract

The 2017 Hormone Therapy Position Statement of The North American Menopause Society (NAMS) updates the 2012 Hormone Therapy Position Statement of The North American Menopause Society and identifies future research needs. An Advisory Panel of clinicians and researchers expert in the field of women's health and menopause was recruited by NAMS to review the 2012 Position Statement, evaluate new literature, assess the evidence, and reach consensus on recommendations, using the level of evidence to identify the strength of recommendations and the quality of the evidence. The Panel's recommendations were reviewed and approved by the NAMS Board of Trustees.

Hormone therapy (HT) remains the most effective treatment for vasomotor symptoms (VMS) and the genito-urinary syndrome of menopause (GSM) and has been shown to prevent bone loss and fracture. The risks of HT differ depending on type, dose, duration of use, route of administration, timing of initiation, and whether a progestogen is used. Treatment should be individualized to identify the most appropriate HT type, dose, formulation, route of administration, and duration of use, using the best available evidence to maximize benefits and minimize risks, with periodic reevaluation of the benefits and risks of continuing or discontinuing HT.

For women aged younger than 60 years or who are within 10 years of menopause onset and have no contraindications, the benefit-risk ratio is most favorable for treatment of bothersome VMS and for those at elevated risk for bone loss or fracture. For women who initiate HT more than 10 or 20 years from menopause onset or are aged 60 years or older, the benefit-risk ratio appears less favorable because of the greater absolute risks of coronary heart disease, stroke, venous thromboembolism, and dementia. Longer durations of therapy should be for documented indications such as persistent VMS or bone loss, with shared decision making and periodic reevaluation. For bothersome GSM symptoms not relieved with over-the-counter therapies and without indications for use of systemic HT, low-dose vaginal estrogen therapy or other therapies are recommended.

Key Words: Breast cancer – Cardiovascular disease – Cognition – Estrogen – Hormone therapy – Menopause – Position Statement – Vaginal atrophy – Vasomotor symptoms

This NAMS position statement has been endorsed by Academy of Women's Health, American Association of Clinical Endocrinologists, American Association of Nurse Practitioners, American Medical Women's Association, American Society for Reproductive Medicine, Asociación Mexicana para el Estudio del Climaterio, Association of Reproductive Health Professionals, Australasian Menopause Society, Chinese Menopause Society, Colegio Mexicano de Especialistas en Ginecologia y Obstetricia, Czech Menopause and Andropause Society, Dominican Menopause Society, European Menopause and Andropause Society, German Menopause Society, Groupe d'études de la ménopause et du vieillissement Hormonal, HealthyWomen, Indian Menopause Society, International Menopause Society, International Osteoporosis Foundation, International Society for the Study of Women's Sexual Health, Israeli Menopause Society, Japan Society of Menopause and Women's Health, Korean Society of Menopause, Menopause Research Society of Singapore, National Association of Nurse Practitioners in Women's Health, SOBRAC and FEBRASGO, SIGMA Canadian Menopause Society, Società Italiana della Menopausa, Society of Obstetricians and Gynaecologists of Canada, South African Menopause Society, Taiwanese Menopause Society, and the Thai Menopause Society. The American College of Obstetricians and Gynecologists supports the value of this clinical document as an educational tool, June 2017. The British Menopause Society supports this Position Statement.

Received April 5, 2017; revised and accepted April 6, 2017.
This position statement was developed by The North American Menopause Society 2017 Hormone Therapy Position Statement Advisory Panel consisting of representatives of the NAMS Board of Trustees and other experts in women's health: JoAnn V. Pinkerton, MD, NCMP, Chair; Dr. Fernando Sánchez Aguirre; Jennifer Blake, MD, MSC, FRCSC; Felicia Cosman, MD; Howard Hodis, MD; Susan Hoffstetter, PhD, WHNP-BC, FAANP; Andrew M. Kaunitz, MD, FACOG, NCMP; Sheryl A. Ki… DrPH… MD; … Todd …

Phillip M. Sarrel, MD; Jan L. Shifren, MD, NCMP; Cynthia A. Stuenkel, MD, NCMP; and Wulf H. Utian, MD, PhD, DSc (Med). The Board of Trustees conducted an independent review and revision and approved the position statement.

This position statement was made possible by donations to the NAMS Education & Research Fund. There was no commercial support.

Address correspondence to: The North American Menopause Society; … 44124. …opause.org. …ission.

Nams. Menopause 2018;25(11):1362-1387

- La TH es el tratamiento más efectivo para el SVM y SGM y previene la pérdida de hueso y las fracturas.
- Para <60 años o <10 años de menopausia y sin contraindicaciones, parece favorable para el tratamiento de SVM, riesgos elevados de pérdida ósea o fractura. Mayor duración puede ser más favorable con TE que TEP.
- Tratamiento se debe individualizado utilizando los mejores disponibles.
- Reevaluación periódica de los beneficios/riesgos establece la continuación.

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…ission.

Nams. Menopause 2018;25(11):1362-1387

CARENCIA DE GENERAR POTENCIALES BENEFICIOS - SIN INDICACIÓN TERAPÉUTICA

- Menor Riesgo Cataratas - Glaucoma
- Mejor Balance Postural
- Menor Frecuencia de Vértigos
- Menor Riesgo de Perdida Audición
- Menor Cambio Olfatorio
- Conservación Masa y Fuerza Muscular
- Menor Dolor Articular
- Menor Diagnóstico de Diabetes Tipo 2
- Atenuación Adiposidad Abdominal
- Reducción del Riesgo Cáncer Colo-rectal
- Beneficios Fármaco-económicos

Carencia de uso de la Terapia Hormonal y Aspectos Fármaco-económicos

A mayor Severidad de Síntomas Vasomotores

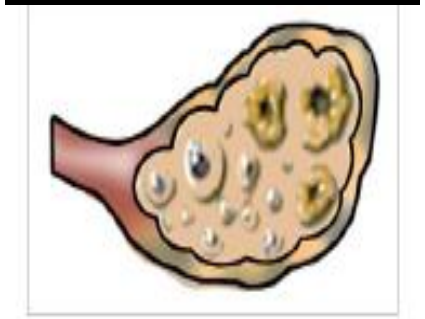
- Menor Nivel de Salud
- Menor Productividad Laboral (****)
- Gran Uso de Recursos en Atención Salud
- Incremento en Costos Directos/Indirectos Por No Tratamiento de SMV (*)
- Favorable Costo/Efectividad de la Terapia Hormonal (**)
- Mayor Carga Socioeconómica y Psicológica
- (***)

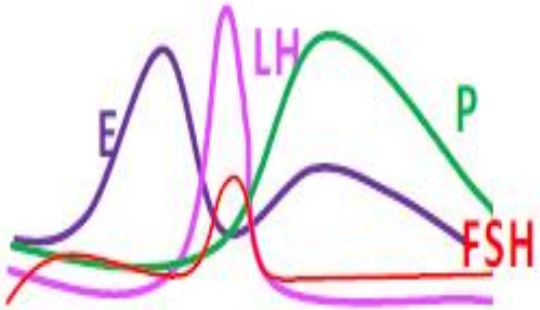
(*) Sarrel. Menopause. 2015;22:260-266.
(**) Salpeter. Am L Med. 2009;122:42-52
(***) Uthiam HQLO. 2005;3:47-58
(***) Goukes. Menopause. 2012;19:278-272.

TERAPIA HORMONAL Y ENFERMEDAD CARDIOVASCULAR

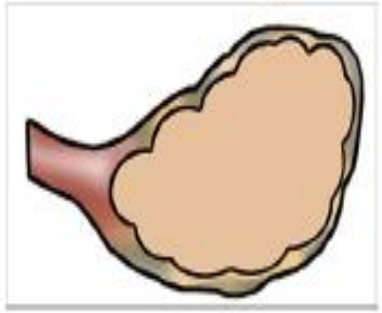
Antes de los 10 años	Enfermedad Cardiovascular	RR: 0.52 [0.29-0.96]
	Muerte por todas las causas	RR: 0.70 [0.52-0.95]
	Accidente Cerebrovascular	RR: 1.34 [0.84-2.13]
	Trombo embolismo venoso	RR: 1.70 [1.11-2.73]
Después de los 10 años	Enfermedad Cardiovascular	RR: 1.07 [0.96-1.20]
	Muerte por todas las causas	RR: 1.06 [0.95-1.18]
	Accidente cerebrovascular	RR:1.21 [1.06-1.38]
	Trombo embolismo venoso	RR:1.96 [1.37-2.80]

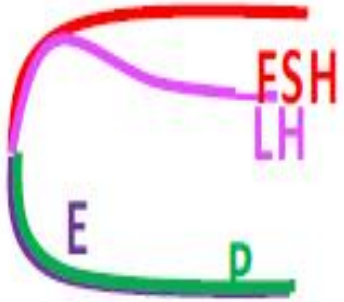
Edad Reproductiva



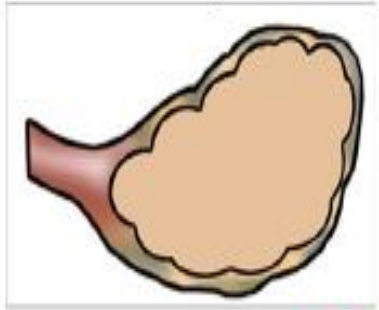


Estado posmenopausia





Terapia Hormonal



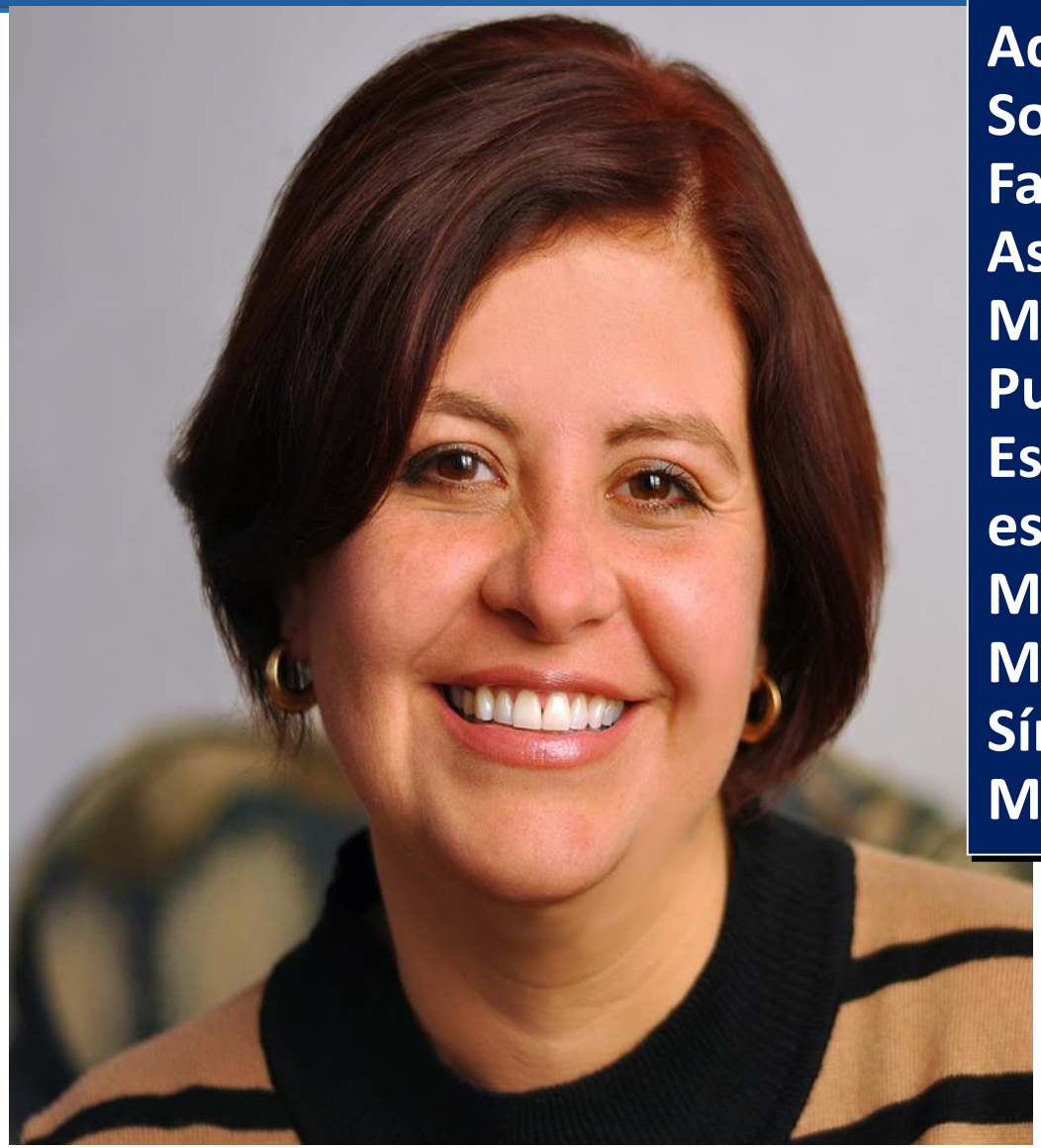
En edad reproductiva los ovarios liberan óvulos y secretan hormonas: estrógeno, progesterona, testosterona, activina, inhibina, hormona anti-Mülleriana (AMH) y factor de crecimiento similar a la insulina 1 (IGF-1), que tiene una importancia en la fisiología de la mujer

Int. J. Mol. Sci. 2018, 19, 3160

ENERGIA DEL CLIMATERIO

Seguir Jugando
Mantenerse Activa
Seguir Cuidándose
Seguir siendo Atractiva
Seguir siendo Libre
Seguir siendo Pareja
Seguir Dieta Saludable
Seguir los Ejercicios
Seguir sin Fumar
Seguir sin Alcohol
Seguir .....Viviendo

Monterrosa A. 10 Reflexiones sobre Menopausia y Climaterio. 2005.



Capacidad de Resiliencia y Adecuado Soporte Familiar Están Asociados a Menores Puntos en Escala y Sub-escalas del MRS y Menores Síntomas Menopaúsicos

Di Zhao. Menopause. 2019;26(3):233-239

Menopause: The Journal of The North American Menopause Society
Vol. 26, No. 3, pp. 233-239
DOI: 10.1097/GME.0000000000001208

Menopausal symptoms in different substages of perimenopause and their relationships with social support and resilience

Di Zhao, MM,[1] Chunqin Liu, MM,[1,2] Xiujuan Feng, MM,[1] Fangyan Hou, MM,[1] Xiaofang Xu, MM,[1] and Ping Li, PhD[1]

Abstract

Objective: This study is designed to measure the prevalence and severity of menopausal symptoms at different substages of perimenopause, as well as the relationships of these symptoms with social support and resilience in perimenopausal women.

Methods: A convenience sample of 732 perimenopausal women was recruited from 3 communities of Jinan City, Shandong Province, China, between March 2015 and March 2017. The participants completed the Menopause Rating Scale, the 10-item Connor-Davidson Resilience Scale, the Perceived Social Support Scale, and a questionnaire regarding sociodemographic information.

Results: Of all perimenopausal women surveyed, 76.4% reported menopausal symptoms. The prevalence and severity of menopausal symptoms differed significantly by different substages of perimenopause (all $P < 0.001$); the severity of menopausal symptoms was the least during the early menopausal transition substage and the most during the early postmenopausal substage. Multivariable-adjusted linear regression showed that family support ($\beta = -0.169$ to -0.240, $P < 0.001$) and resilience ($\beta = -0.140$ to -0.202, $P < 0.001$) were negatively associated with the total and subscale scores of the Menopause Rating Scale, and higher family support and resilience had fewer menopausal symptoms.

Conclusions: The present findings suggest that menopausal symptoms vary across different substages of perimenopause. Furthermore, higher family support and resilience were significantly associated with fewer menopausal symptoms, which might be helpful for medical staff to identify these symptoms and seek appropriate preventive intervention.

Key Words: Family support – Menopausal symptoms – Perimenopause – Resilience – Women.

Perimenopause, or menopausal transition, is a challenging period for women during midlife that is marked by various physical and psychological changes caused by fluctuations (and ultimate decline) of ovarian hormone levels.[1] Typical symptoms experienced during the menopausal transition can be classified as somatic, psychological, or urogenital (eg, hot flashes, night sweats, irregular menstrual cycles, sleep disturbances, vaginal dryness, sexual dysfunction, depressed mood).[2] However, the prevalence of menopausal symptoms varies considerably from 10.9% to 45.2% during the perimenopausal period.[3,4] In addition, the severity of symptoms also varies, ranging from 7.17 to 16.62 on the Menopause Rating Scale (MRS).[3,5,6]

Received May 11, 2018; revised and accepted August 14, 2018.
From the [1]School of Nursing, Shandong University, Jinan, Shandong, China; and [2]School of Nursing, Gannan Medical University, Ganzhou, Jiangxi, China.
Funding/support: The study was funded by the National Natural Science Foundation of China (81773296).
Financial disclosure/conflicts of interest: None reported.
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The variation in the prevalence and severity of menopausal symptoms may be due that perimenopausal women experience progressive changes in ovarian function and hormone levels. For instance, the elevation of the follicle-stimulating hormone is very subtle at the initial stage of perimenopause, and then it increases gradually throughout the menopausal transition.[7] Based on endocrine changes and the menstrual cycle, the Stages of Reproductive Aging Workshop divided perimenopause into three substages: early menopausal transition (EMT), late menopausal transition (LMT), and early postmenopausal (EPM).[8]

Menopausal symptoms, such as vasomotor symptoms, are closely associated with endocrine changes and the menstrual cycle,[8] which imply that these symptoms might undergo dynamic changes during the three substages. However, little has been done in investigating menopausal symptoms in relation to these different substages. Thus, it is important to address this gap in the field.

Social support, as a key external resource, involves a person-centered web of social network that facilitates successful coping mechanisms.[9,10] One study showed that social support might exert a positive influence on psychological symptoms, and reduce the risk of mood disorders effectively in women during perimenopause.[11] On the contrary, other

- Es necesario masificar la atención integral de las mujeres en climaterio
- La medicación se administrará según las Indicaciones vigentes
- Considerar hábitos y estilos de vida, así como las costumbres, los deseos, las tradiciones y las concepciones culturales
- Si…., Si existen Riesgos de no dar TH cuando Está indicada y no existen contraindicaciones

GRUPO DE INVESTIGACIÓN "SALUD DE LA MUJER"

Si desea la presentación puede solicitarla a:
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