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News-Screen Menopause

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News-Screen
Menopause

P. Frigo

Association of Age at Onset of Menopause and Time Since Onset of Menopause With Cardiovascular Outcomes, Intermediate Vascular Traits, and All-Cause Mortality: A Systematic Review and Meta-Analysis

Muka T, et al. JAMA Cardiol 2016; 1: 767–76.

Abstract

Importance: As many as 10% of women experience natural menopause by the age of 45 years. If confirmed, an increased risk ofcardiovascular disease (CVD) and all-cause mortality associated with premature and early-onset menopause could be an important factor affectingrisk of disease and mortality among middle-aged and older women. ***Objective:*** To systematically review and meta-analyze studies evaluating the effect of age at onset of menopause and duration since onset ofmenopause on intermediate CVD end points, CVD outcomes, and all-cause mortality. ***Data Sources:*** Medical databases (ie, Medline, EMBASE, and Web of Science) until March 2015. ***Study Selection:*** Studies (ie, observational cohort, case-control, or cross-sectional) that assessed age at onset of menopause and/or time since onset of menopause as exposures as well as risk of cardiovascular outcomes and intermediate CVD end points in perimenopausal, menopausal, or postmenopausal women. ***Data Extraction and Synthesis:*** Studies were sought if they were observational cohort, case-control, or cross-sectional studies; reported on age at onset of menopause and/or time since onset of menopause as exposures; and assessed associations with risk of CVD-related outcomes, all-cause mortality, or intermediate CVD end points. Data were extracted by 2 independent reviewers using a predesigned data collection form. The inverse-variance weighted method was used to combine relative risks to produce a pooled relative risk using random-effects models to allow for between-study heterogeneity. ***Main Outcome and Measures:*** Cardiovascular disease outcomes (ie, composite CVD, fatal and nonfatal coronary heart disease [CHD], and overall stroke and stroke mortality), CVD mortality, all-cause mortality, and intermediate CVD end points. ***Results:*** Of the initially identified references, 32 studies were selected that included 310 329 nonoverlapping women. Outcomes were compared between women who experienced menopause younger than 45 years and women 45 years or older at onset; the relative risks (95% CIs) were 1.50 (1.28–1.76) for overall CHD, 1.11 (1.03–1.20) for fatal CHD, 1.23 (0.98–1.53) for overall stroke, 0.99 (0.92–1.07) for stroke mortality, 1.19 (1.08–1.31) for CVD mortality, and 1.12 (1.03–1.21) for all-cause mortality. Outcomes were also compared between women between 50 and 54 years at onset of menopause and women younger than 50 years at onset; there was a decreased risk of fatal CHD (relative risk, 0.87; 95% CI, 0.80–0.96) and no effect on stroke. Time since onset of menopause in relation to risk of developing intermediate cardiovascular traits or CVD outcomes was reported in 4 observational studies with inconsistent results. ***Conclusions and Relevance:*** The findings of this review indicate a higher risk of CHD, CVD mortality, and overall mortality in women who experience premature or early-onset menopause.

Relevanz für die Praxis

In diese Metaanalyse wurden 32 Studien mit über 310.000 Frauen eingebracht. Es zeigte sich, dass ein früher Eintritt der Menopause (vor 45 Jahren) ein deutlich höheres Risiko für kardiovaskuläre Erkrankungen hat als ein späterer Beginn (> 45 Jahre). Insgesamt war neben dem Erkrankungsrisiko auch die Mortalität mit dem Menopausenalter statistisch korrelierbar.

Dies würde bedeuten, dass die weiblichen Hormone, allen voran Östradiol, einen Gefäßschutz für die Frau darstellen.

Menopausal Symptoms and Cardiovascular Disease Mortality in the Women's Ischemia Syndrome Evaluation (WISE)

Thurston RC, et al. Menopause 2016 [Epub ahead of print].

Abstract

Objective: Studies have linked vasomotor symptoms (VMS) to markers of cardiovascular disease (CVD) risk, yet few have considered clinicalcardiovascular events. Data suggest that associations may depend upon the age that symptoms occur. We examined associations between VMS and cardiovascular events and endothelial function, considering age of symptom onset. ***Methods:*** The Women's Ischemia Syndrome Evaluation enrolled women referred for coronary angiography for suspected myocardial ischemia. A total of 254 women aged more than 50 years, postmenopausal, with both ovaries, not taking hormone therapy underwent a baseline evaluation, were followed annually (median = 6.0 y), and the National Death Index was searched to ascertain CVD mortality (median = 9.3 y). A subset of participants underwent brachial artery ultrasound for flow-mediated dilation (FMD). Receiver-operating curve analysis was used to determine vasomotor symptom groups (symptoms beginning < age 42 [early onset], beginning ≥ 42 [later onset], never) which were examined in relation tocardiovascular events and FMD in Cox proportional hazard and linear regression models. ***Results:*** Women reporting early onset VMS (HR = 3.35, 95% CI = 1.23–7.86, P = 0.005) and women who never had VMS (HR = 2.17, 95% CI = 1.02–4.62, P = 0.05) had higher CVD mortality than women with later onset symptoms (multivariable models). Women with early onset VMS had lower FMD than women with later onset symptoms (b = –4.31, SE = 2.10, P = 0.04, multivariable). ***Conclusion:*** Women with signs and symptoms of ischemia who had VMS beginning early in midlife had higher CVD mortality and reduced endothelial function relative to women with later onset symptoms. Future research should evaluate the vascular phenotype of women with early midlife VMS.

Relevanz für die Praxis
In dieser Studie wurden 2 Kohorten gebildet – frühe und späte Menopause –, wobei 42 Jahre als Grenze gesetzt wurden. Vasomotorische Beschwerden, die vorzeitig, also in der Gruppe der unter 42-Jährigen auftraten, wurden mit einer höheren kardiovaskulären Mortalität assoziiert.

Interessanterweise hatten Frauen ohne vasomotorische Symptome ebenfalls ein höheres kardiovaskuläres Risiko als Frauen, die später vasomotorische Symptome zeigten (> 42 Jahre).

The Association of Low Ovarian Reserve with Cardiovascular Disease Risk: A Cross-Sectional Population-Based Study

de Kat AC, et al. Hum Reprod 2016; 31: 1866–74.

Abstract

Study Question: Is there a relationship between serum anti-Müllerian hormone (AMH) level and cardiovascular disease (CVD) risk in premenopausal women? ***Summary Answer:*** There are indications that premenopausal women with very low ovarian reserve may have an unfavorable CVD risk profile. ***What Is Known Already:*** Age at menopause is frequently linked to CVD occurrence. AMH is produced by ovarian antral follicles and provides a measure of remaining ovarian reserve Literature on whether AMH is related to CVD risk is still scarce and heterogeneous. ***Study Design, Size, Duration:*** Cross-sectional study in 2338 women (age range of 20–57 years) from the general population, participating in the Doetinchem Cohort Study between 1993 and 1997. ***Participants/Materials, Setting, Methods:*** CVD risk was compared between 2338 premenopausal women in different AMH level-categories, with adjustment for confounders. CVD risk was assessed through levels of systolic and diastolic blood pressure, total cholesterol, high-density lipoprotein cholesterol and glucose, in addition to a summed score of CVD risk factors. Among other factors, analyses were corrected for smoking, oral contraceptive use and BMI. ***Main Results and the Role of Chance:*** The relationship of serum AMH levels with CVD risk factor outcomes was nonlinear. Women with AMH levels < 0.16 µg/l had 0.11 (95% confidence intervals (CIs) 0.01; 0.21) more metabolic risk factors compared with women with AMH levels ≥ 0.16 µg/l. There was no association of individual risk factor levels with AMH levels, besides a tendency towards lower total cholesterol levels of 0.11 mmol/l (95% CI –0.23; 0.01) in women with AMH levels < 0.002 µg/l compared with women with AMH levels ≥ 0.16 µg/l. Although not statistically significant, these effect sizes were larger in women below 40 years of age. ***Limitations, Reasons for Caution:*** Causality and temporality of the studied association cannot be addressed here. Moreover, the clinical and statistical significance of the results of this exploratory study should be interpreted with caution due to the absence of adjustment for multiple statistical testing. ***Wider Implications of the Findings:*** This population-based study supports previous findings that premenopausal women with very low AMH levels may have an increased CVD risk. It lays the groundwork for future research to focus on this group of women. Longitudinal studies with more sensitive AMH assays may furthermore help better understand the implications of these results. […]

Relevanz für die Praxis
In diese Studie wurden 2338 prämenopausale Frauen eingeschlossen. Die Fragestellung war, ob eine verringerte ovarielle Reserve, sprich ein erniedrigtes AMH (= Anti-Müllersches Hormon), mit einem erhöhten kardiovaskulären Risiko assoziiert ist.

Die Autoren sind in ihren Schlussfolgerungen sehr vorsichtig, schließen sich jedoch den oben angeführten Studien an, dass ein früher Eintritt der Menopause tatsächlich ein erhöhtes kardiovaskuläres Risiko mit sich bringt.

Association of Age at Menopause with Incident Heart Failure: A Prospective Cohort Study and Meta-Analysis

Appiah D, et al. J Am Heart Assoc 2016; 5: e003769.

Abstract

Background: Early age (< 45 years) at menopause has been postulated to be associated with increased cardiovascular disease risk; however, evidence of its relation with heart failure (HF) incidence is limited. We examined whether age at menopause is associated inversely with HF incidence in the Atherosclerosis Risk In Communities (ARIC) study and summarized all existing data in a meta-analysis. ***Methods and Results:*** In ARIC, data were obtained from 5629 postmenopausal women (mean age 56 years, 26% with bilateral oophorectomy) without HF. During a median follow-up of 21.4 years, 965 incident HF events occurred. In a Cox regression model adjusted for reproductive health and HF risk factors, the hazard ratios for incident HF across categories of age at menopause (< 45, 45–49, 50–54, and ≥ 55 years) were 1.32, 1.17, 1.00 (referent), and 1.12, respectively. Compared with women with later onset of menopause (aged ≥ 45 years), those with early menopause had elevated HF risk (hazard ratio 1.20, 95% CI 1.01–1.43). For the meta-analysis, we searched Medline and Embase for articles published through December 2015 that prospectively evaluated age at menopause and HF risk. Summarized estimates from the 3 included studies (3568 events) showed higher HF risk among women with early menopause compared with those with later menopause (hazard ratio 1.33, 95% CI 1.15–1.53). ***Conclusions:*** These results provided evidence that early age at menopause is associated with a modestly greater risk of HF. Identification of women with early menopause offers a window of opportunity to implement interventions that will improve overall cardiovascular health during the postmenopausal years.

Relevanz für die Praxis
Auch in dieser Studie zeigte sich über einen sehr langen Beobachtungszeitraum (> 21 Jahre), dass ein früher Beginn der Menopause ein erhöhtes kardiales Risiko für die Frau darstellen kann. Die Autoren weisen darauf hin, dass die frühe Menopause aber auch Präventionsmöglichkeiten im Hinblick auf kardiovaskuläre Erkrankungen bietet.

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