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## News-Screen Menopause Schlaflosigkeit in der Menopause

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# News-Screen Menopause

## Schlaflosigkeit in der Menopause

P. Frigo

### ■ Assessment of Insomnia and Related Risk Factors in Postmenopausal Women Screened for the Metabolic Syndrome

Chedraui P, et al. *Maturitas* 2013; 74: 154–9.

#### Abstract

Sleep disturbances are common during female mid-life. Nevertheless, there is limited available information linking sleep characteristics to the menopause and the metabolic syndrome (METS). **Objective:** To assess insomnia prevalence and related risk factors in postmenopausal women screened for the METS. **Methods:** In this cross sectional study 204 natural postmenopausal women participating in a METS screening program filled out the Athens insomnia scale (AIS), the hospital anxiety and depression scale (HADS) and a general socio-demographic questionnaire. Criteria of the Adult Treatment Panel III (ATP-III) were used to define the METS. **Results:** Median age of the whole sample was 56 years. A 50.5 % of women had the METS, 57.4 % hot flushes, 58.3 % were abdominally obese, 51.5 % hypertension, 25.0 % hyperglycemia, 15.7 % depressed mood and 29.9 % anxiety. A 33.8 % presented insomnia according to the AIS (scores 6 or more). The AIS displayed a high internal consistency as computed Cronbach's alpha was determined to be 0.86. Multiple linear regression analysis determined that male premature ejaculation, female psychotropic drug use, hot flush intensity, mood morbidity (higher total HADS scores) and higher parity positively and significantly correlated to higher AIS scores (more insomnia). **Conclusion:** In this postmenopausal sample insomnia was not related to the METS or its components yet to other psycho-somatic female and partner issues.

#### Für die Praxis

In diesem Kollektiv trat bei 33,8 % der Frauen Schlaflosigkeit auf und kann als klimakterisches Symptom gewertet werden. Interessanterweise ließ sich ein Zusammenhang mit dem metabolischen Syndrom nicht nachweisen.

### ■ Prevalence of Insomnia and Related Factors in a Large Mid-Aged Female Colombian Sample

Monterrosa-Castro A, et al. *Maturitas* 2013 [Epub ahead of print].

#### Abstract

**Objective:** To assess the prevalence of insomnia and related factors in a large cohort of mid-aged Colombian women of

different ethnical background. **Methods:** This cross-sectional study involved 1325 women aged 40–59 of 3 ethnical groups: Mestizo (70.0 %), Black (11.5 %) and Zenú indigenous (18.5 %), who completed the items of the Athens Insomnia Scale (AIS), the Menopause Rating Scale (MRS) and a general questionnaire containing personal socio-demographic data. **Results:** Median [interquartile range] age of the whole sample was 48.0 [10.0] years. A 43.4 % were postmenopausal, 51.7 % had increased body mass index values, 18.2 % had hypertension and 5.1 % used hormone therapy. A 27.5 % displayed insomnia (AIS total score  $\geq 6$ ). Significant Spearman rho correlations were found between total AIS and MRS scores (total and subscales). Multiple linear regression analysis found that higher total AIS scores (more insomnia) correlated with tobacco consumption and higher MRS psychological and somatic subscale scores (more severe symptoms). Age, ethnicity and partner and menopausal status were excluded from the final regression model. **Conclusions:** In this large mid-aged Colombian cohort insomnia was present in nearly one third of cases, related to smoking habit and the severity of somatic and psychological menopausal symptoms and independent of ethnics and menopausal status.

#### Für die Praxis

In dieser aktuellen Studie ist der Anteil der Frauen mit Schlafstörungen ebenfalls ein Drittel (27,5 %). In der linearen Regressionsanalyse zeigten sich zwei interessante Abhängigkeiten: (1) Nikotinkonsum scheint die Schlaflosigkeit ebenso zu verstärken sowie (2) psychische Probleme wie Ängstlichkeit oder Depressionen.

Dies war unabhängig vom Menopausenstatus und zeigt, dass in vielen Fällen von Schlaflosigkeit an eine Raucherentwöhnung beziehungsweise auch an eine Psychotherapie gedacht werden sollte.

### ■ The Pros and Cons of Plant Estrogens for Menopause

Bedell S, et al. *J Steroid Biochem Mol Biol* 2012 [Epub ahead of print].

#### Abstract

Concerns pertaining to the risk of estrogen exposure through HT have prompted an increase in the use of natural alternatives. Phytoestrogens may provide postmenopausal women with a practical alternative and many women have already begun to utilize phytoestrogen supplements. However, research regarding the efficacy of phytoestrogens as a hormone therapy alternative has been previously pessimistic

or questionable at best. This review scrutinizes the most current research regarding the efficacy of three types of phytoestrogens, isoflavones, lignans and coumestans, and their specific effect on the reduction of climacteric symptoms, specifically vasomotor symptoms, vaginal atrophy, insomnia and osteoporosis. A discussion of the research pertaining to the relative safety of each phytoestrogen in terms of breast and endometrial health is also included. Overall, current research demonstrates that phytoestrogens are effective in reducing the intensity of hot flushes, and some phytoestrogen combinations result in a decreased frequency. Certain phytoestrogens have also been shown to decrease vaginal atrophy, improve sleep and cognition, and positively affect bone health. Even though initial research was generally unconvincing, the more recent evidence reviewed here is rather positive. In terms of safety and reports of adverse reactions, trials have not shown an increase in breast cancer risk or increase in endometrial hyperplasia following phytoestrogen use, but trials explicitly designed to find neoplasia have not been reported. Moreover, unlike hormone therapy, lignans may not increase clotting risk in postmenopausal women, thus supplements may serve as a treatment option for patients who have contraindications to hormone therapy. Phytoestrogens may provide a safe and partially effective alternative to HT. However, because research regarding phytoestrogens is relatively new, pharmacovigilance is still required, as these products are not yet FDA-approved. This article is part of a Special Issue entitled 'Phytoestrogens'.

#### Für die Praxis

In diesem Artikel werden die Vorteile der Phytoöstrogene hervorgehoben und auch die Wirkungen auf eine Verbesserung des Schlafes. Phytoöstrogene dürften aufgrund ihres Wirkmechanismus kein erhöhtes Brustkrebsrisiko hervorrufen und auch in Bezug auf das Thromboserisiko scheinen sie Vorteile gegenüber der klassischen HRT zu haben. Leider fehlen nach wie vor große Studien, aber auch, wie die Autoren selbst betonen, eine FDA-Zulassung.

### ■ A Multinational Study of Sleep Disorders During Female Mid-Life

Blümel JE, et al. *Maturitas* 2012; 72: 359–66.

#### Abstract

**Background:** Although sleep disturbances are common during female mid-life, few studies have described in detail the prevalence of this problem and related risk factors. **Objective:** To determine the prevalence of sleep disturbances in mid-aged women using validated tools. Assessment of determinants capable of influencing the prevalence of insomnia and poor sleep quality was also performed. **Methods:** A total of 6079 women aged 40–59 of 11 Latin American countries were invited to fill out the Athens Insomnia Scale (AIS), the Pittsburgh Sleep Quality Index (PSQI), the Goldberg

Anxiety and Depression Scale, the Menopause Rating Scale (MRS), the Brief Scale of Abnormal Drinking and a general socio-demographic questionnaire. **Results:** Overall, 56.6 % of surveyed women suffered of either insomnia, poor sleep quality, or both. Specifically, 43.6 % and 46.2 % presented insomnia and poor sleep quality in accordance to the AIS and the PSQI respectively. The prevalence of insomnia increased with female age (from 39.7 % in those aged 40–44 to 45.2 % in those aged 55–59,  $p < 0.0001$ ) and menopausal stage (from 39.5 % in premenopausal aged 40–44 to 46.3 % in late postmenopausal ones,  $p < 0.0001$ ). "Awakening during the night" (AIS: Item 2) was the most highly rated of all items and contributing in a higher degree (mean 16 %) to the total score of the scale in all menopausal phases. Sleep quality also worsened with age and menopausal status, impairment particularly affecting sleep efficiency and latency and the increased use of hypnotics. Vasomotor symptoms (VMS), depressive mood and anxiety were associated to sleep disturbances. Women presenting sleep disturbances displayed a 2-fold increase in the severity of menopausal symptoms (higher total MRS scores) which was translated into a 6–8 times higher risk of impaired quality of life. Logistic regression analysis determined that female age, the presence of chronic disease, troublesome drinking, anxiety, depression, VMS, drug use (hypnotics and hormone therapy) were significant risk factors related to the presence of sleep disturbances. Higher educational level related to less insomnia and better sleep quality. **Conclusion:** Insomnia and poor sleep quality were highly prevalent in this mid-aged female sample in which the influence of age and the menopause was only modest and rather linked to menopausal symptoms already occurring since the premenopause.

#### Für die Praxis

In dieser multinationalen Studie mit 6079 in die Studie eingeschlossenen Frauen zeigte sich ein sehr hoher Anteil an Schlafstörungen (56,6 %), wobei hier alle Arten von Schlafstörungen erfasst wurden. Generell wurden die Schlafstörungen mit dem Alter sowie auch mit niedrigerem Sozialstatus stärker. Es scheint hier aber nicht unbedingt die Menopause an sich dafür verantwortlich zu sein, sondern vor allem auch die Lebensumstände der betreffenden Frauen.

### ■ Effect of Escitalopram on Insomnia Symptoms and Subjective Sleep Quality in Healthy Perimenopausal and Postmenopausal Women with Hot Flashes: A Randomized Controlled Trial

Ensrud KE, et al. *Menopause* 2012; 19: 848–55.

#### Abstract

**Objective:** The aim of this study was to determine the effect of escitalopram on insomnia symptoms and subjective sleep quality in healthy perimenopausal and postmenopausal women with hot flashes. **Methods:** A randomized, blinded,

multicenter, placebo-controlled parallel-group 8-week trial with 205 women (95 African American, 102 white, 8 other) was conducted between July 2009 and June 2010. The participants received escitalopram (10–20 mg/d) or placebo. Insomnia symptoms (Insomnia Severity Index [ISI]) and subjective sleep quality (Pittsburgh Sleep Quality Index [PSQI]) at weeks 4 and 8 were the prespecified secondary outcomes. A total of 199 women (97 %) provided ISI data, and 194 (95 %) women provided PSQI data at follow-up. **Results:** At baseline, mean hot flash frequency was 9.78 per day (SD, 5.60), mean ISI was 11.4 (SD, 6.3), and mean PSQI was 8.0 (SD, 3.7). Treatment with escitalopram reduced ISI at week 8 (mean difference, -2.00; 95 % CI, -3.43 to -0.57;  $P < 0.001$  overall treatment effect), with mean differences of -4.73 (95 % CI, -5.72 to -3.75) in the escitalopram group and -2.73 (95 % CI, -3.78 to -1.69) in the placebo group. The reduction in PSQI was greater in the escitalopram than in the placebo group at week 8 (mean difference, -1.31; 95 % CI, -2.14 to -0.49;  $P < 0.001$  overall treatment effect). Clinical improvement in insomnia symptoms and subjective sleep quality ( $\geq 50$  % decreases in ISI and PSQI from baseline) was observed more frequently in the escitalopram group than in the placebo group (ISI, 50.0 % vs 35.4 %,  $P = 0.04$ ; PSQI, 29.6 % vs 19.2 %,  $P = 0.09$ ). **Conclusions:** Among healthy

perimenopausal and postmenopausal women with hot flashes, escitalopram at 10 to 20 mg/day compared with placebo reduced insomnia symptoms and improved subjective sleep quality at 8 weeks of follow-up.

#### Für die Praxis

Im Rahmen dieser Doppelblindstudie wurde die postmenopausale Schlaflosigkeit mit einem Antidepressivum bei sonst gesunden Frauen sehr erfolgreich behandelt. Es stellt sich natürlich die Frage, ob eine Therapie mit einem Psychopharmakon gerechtfertigt ist; dies ist letztendlich von der Stärke und Häufigkeit der Beschwerden abhängig. Allerdings sollte der Einsatz von Psychopharmaka genauso überdacht werden wie der jeder Hormonersatztherapie.

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