Menopausal symptoms and obesity: Is there a relationship?

Sir,

The merit of Sharanya Shre et al.[1] work entitled, “Severity and clustering of menopausal symptoms among obese and nonobese postmenopausal women in India,”[1] recently published in this journal brings reflections on the theme. The study shows that obesity does not affect the severity of menopausal symptoms in postmenopausal women in India.

The article in question has great potential impact, and the authors deserve congratulations. However, we believe there are some additional considerations that should be mentioned.

Most of previous studies, contrary to the findings by Sharanya Shre et al.,[1] have shown a positive association between obesity and more severe menopausal symptoms among postmenopausal women.[2] There is evidence that women with higher body mass index (BMI) had statistically, significantly higher vasomotor symptoms.[3] The finding of a nonassociation between obesity and the severity of menopausal symptoms requires more clarification. A reason for the present findings could be the fact that adrenal androgens are converted to estrogen in adipose tissue, and thus is hypothesized that obese women have more estrogens even in menopause.[4] Since vasomotor symptoms are thought to be related to reduced estrogen levels, a lower prevalence of vasomotor symptoms might be expected in obese women.[4] Another possible mediator for the nonassociation could be lifestyle, physical activity, or even daily activities.

It is also important to stratify patients according to time since menopause as significant differences can be observed between early and late postmenopausal women. Menopausal transition and early postmenopausal women often have more menopausal symptoms than late postmenopausal ones.[1] It would be interesting to investigate obese and nonobese, comparing early and late postmenopausal women since differences between these groups appear in terms of hot flashes, memory, and sleep.

Furthermore, the measure of follicle-stimulating hormone (FSH) would be necessary to certify patients who have undergone hysterectomy and/or oophorectomy to be in postmenopause. If a measure of FSH was done, the authors would be able to include hysterectomy in their analysis in postmenopause group if FSH higher than 30 mIU/mL. Sharanya Shre et al.[1] provide in this article, a look at the knowledge of the participants about their nutritional status. This prominent evaluation highlights that none of the postmenopausal women knew their own BMI and the majority of them did not know about their weight and height. More than a half of the participants had a BMI >24.9 kg/m². These findings demonstrate the relevance of studying not only nutritional assessments but also the knowledge of the participants about these variables. In this sense is interesting to evaluate if the studied population knows about their own nutritional status and to incorporate this in nutritional routines with educational purposes.

Finally, we emphasize the importance of this investigation given the higher global prevalence of obesity, especially in a phase in life that every woman will come.

Financial support and sponsorship

Our studies have been funded by AFIP, FAPESP (#2014/18722-5 to CF), and CNPq (#158506/2014-6 to MFN).

Conflicts of interest

There are no conflicts of interest.

Maria Fernanda Naufel, Cristina Frange¹, Sergio Tufik¹, Helena Hachul¹,²
Departments of Nutrition, ¹Psychobiology and ²Gynecology, Federal University of São Paulo, São Paulo, Brazil
E-mail: helenahachul@gmail.com

References

1. Sharanya Shre ES, Trout K, Singh SP, Singh AK, Mohan SK, Joshi A. Severity and clustering of menopausal symptoms among obese and nonobese postmenopausal women in India. J Pharm Bioallied Sci 2016;8:106-11.
2. Fernández-Alonso AM, Cuadros JL, Chedraui P, Mendoza M, Cuadros AM, Pérez-López FR. Obesity is related to increased menopausal symptoms among Spanish women. Menopause Int 2010;16:105-10.
3. Daley A, Macarthur C, Stokes-Lampard H, McManus R, Wilson S, Mutrie N. Exercise participation, body mass index, and health-related quality of life in women of menopausal age. Br J Gen Pract 2007;57:130-5.
4. Gold EB, Sternfeld B, Kelsey JL, Brown C, Mouton C, Reame N.
et al. Relation of demographic and lifestyle factors to symptoms in a multi-racial/ethnic population of women 40-55 years of age. Am J Epidemiol 2000;152:463-73.

5. Soules MR, Sherman S, Parrott E, Rebar R, Santoro N, Utian W, et al. Stages of Reproductive Aging Workshop (STRAW). J Womens Health Gend Based Med 2001;10:843-8.

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.