

## Menopausal symptoms & a vegan diet

An article has appeared in the complementary medicine literature suggesting that a vegan diet can ameliorate vasomotor menopausal hot flushes. In a small study (84 patients) researchers claim that alteration of the gut microbiome through a change to a vegan diet (including a low-fat component plus daily soybean intake) can reduce hot flushes by 95% ([Kahleova et al Compl Therapies in Med 2023;79:103002](#)).

Hot flushes were recorded using mobile phone apps and a sub-set of the participants had their gut microbiome analysed before and after initiation of the dietary intervention. Over a period of 12 weeks those with the microbiome measurements did indeed vary in their gut micro-organism make-up with a considerable reduction in hot flush symptoms.

*Editorial comment: It would be very exciting if dietary changes can relieve vasomotor symptoms and this article should encourage others to pursue this line of investigation. However this particular piece of research lacked rigour in that the numbers were small (only 11 participants had gut analyses), there was no control group, no hormone assessments were made (despite daily soybean intake) and there were no long-term or post hoc follow-ups and the statistical analysis did not hold up after multiple comparisons ([Brooks Medscape 2023](#)). As usual more data are called-for but tighter attention to scientific methodology would be more convincing.*

## Alopecia areata

Thinning of scalp hair is common postmenopausally and much cosmetic effort is directed at the reversal of these effects. Hair loss is a condition taken very seriously by those afflicted and there are now drugs described that offer hope of a reversal the clinical effects of alopecia areata. The family of medicants called tyrosine kinases and Janus kinase 3 products have received approval by the American FDA and the European Commission ([Brunk Medscape 2023](#) and [Bosworth Medscape 2023](#)).


In a field that has resisted progress, two medications are reporting promising outcomes:

Ritlecitinib has reached phase 3 status in the [Allegro](#) trial where half the participants achieved “moderate to great” improvement in their alopecia areata.

**Sponsored By:**



**Cipla**



Purpose Inspired



Deuruxolitinib is a more specific JAK inhibitor also with ongoing trials that have good responses in half the participants in the [Thrive](#) trials.

*Editorial comment - There are no “quick fixes” in the field of scalp hair loss and the ongoing trials are judged over 6 months at the earliest, so patience and diligent application to the medication under review are required. Minoxidil is a more established method of treatment and is sometimes used as the “standard of care” against which unscientific products (such as rosemary oil) are tested ([Croft Medscape 2023](#)).*

**Smoking and hair loss.** Is there an association between smoking and hair loss? This seems to be the case for men where cigarette smoking and male-pattern baldness are linked in a meta-analysis just published ([Gupta et al J Cos Derm 2024 doi 10.1111/jocd.16132](#)). Women smokers do have more wrinkles than those who abstain due to collagen changes in the epidermis, they are at greater risk of certain cancers (cervix, breast, bladder, oral etc) and are likely to die 10 years earlier than non-smokers.

Data from the US is revealing about smoking habits in that country. Young adults (below the age of 25 years) are much less likely to smoke that a decade ago (5% compared with 20%), but those over the age of 65 years continue to smoke in similar percentages as before, that is in 2012 ([Meza et al JAMA Health Forum 2023;4:e234213](#)). These figures are for men and women so do encourage any patient of yours to reconsider her smoking if she does declare the habit - just maybe the threat of wrinkles and hair loss could tip the scales?

### Osteoporosis - Canadian publication

The Canadian authorities have updated their recommendations for the management of osteoporosis and fracture prevention and have presented their deliberations as a clinical practice guideline ([Morin et al CMAJ 2023](#)).

It is a comprehensive, authoritative production and will be a boon to those seeking to advise patients about the correct preventative strategies, available medications, their indications and guidance for their duration of use, and what expectations are reasonable.

It will be a valuable document for SAMS to consider endorsing/promoting.

**Cipla**

Purpose Inspired



## Osteoporosis following hysterectomy.

A study from Korea has turned up some interesting data on osteoporosis risks following hysterectomy. The researchers followed up a cohort of women who had hysterectomies for benign indications with a mean age of 47 years and compared their bone status with the general population over the next decade ([Seo et al JAMA Netw Open 2023;6:e2347323](#)).

Those having just their uterus removed (and the adnexa preserved) had a higher risk of osteoporosis over the next 7 years than those not operated on, but not beyond that time frame. Those having a hysterectomy plus adnexal removal also had a higher risk of osteoporosis and this disadvantage persisted after 7 years. There was not an increase in fracture rate but the authors say surgical candidates should be advised of this potential disadvantage and be treated and monitored accordingly.

## Sexuality

During 2023 many articles appeared in the medical journals about sexuality. Not research articles, but opinions about how important the topic is to a person's wellbeing. The attitude has been that doctors dealing with patients' problems do not often enough raise the wider issue of how the person before them has their sexuality affected by their disorder. More specifically patients through the menopause transition and beyond, find changes in their sexuality and wonder if these changing experiences are normal, to be expected, and whether they should discuss these with their doctor.

Basically these articles are saying "Let's bring sexuality into consultations because it is worth discussing". Opening gambits can be non-threatening approaches such as "Is there anything else you would like to discuss?" "Is your relationship with your partner going well?" "Are there any personal issues we haven't covered?".

Books such as "You Are Not Broken" by [Kelly Casperson](#) and "The Pleasure Zone" by [Stella Resnick](#) make the point that sexuality is defined as how people experience themselves as a sexual being.

Sexual health is closely linked to mental health in the broadest sense ([Montejo J Clin Med 2019; 8: 1794](#)) and one does not need to be a sexologist to understand the links between sexual malfunction and mood or psychological changes. What should be promoted is female sexual wellness and pleasure ([Frost Medscape 2023](#)).



One issue that is clearly needed, but not sufficiently provided, is sexuality during palliative care. This is a long-standing matter ([Vitrano et al Am J Hospice Pall Med 2011;28:198-202](#) and [Kranz Medscape 2023](#)) as team specialists should, but too often do not include psychological/sexual counselling and support. The question of “What pleasures do I have left?” is a reasonable ask, and the following list of pleasures (attributed to [Resnick](#)) has a noteworthy ultimate inclusion: pain relief, play, humour, mental, emotional, sensual, spiritual, primal (*just being*) sexual.

Patient check-ups should include sexuality as a routine enquiry and the more frequently the subject is broached the easier it becomes to introduce the next time. The challenge is to try it.

### Baby Tam information

The concept of “low-dose or Baby Tam” may be familiar to clinicians or not. Because of side-effects some patients using tamoxifen for breast cancer prevention may voluntarily reduce their prescribed dosages but the lowest effective dose has not been conclusively established.

Debate from experience rather than scientific discovery has been published and is mentioned because it may be of interest to clinicians whose patients are finding compliance difficult ([Kling Medscape 2023](#)).

Last month’s *Menopause Matters* carried a piece on “Cannabis & the menopause”. The summary was at best cautious, and at the other end of the spectrum, very wary of the use of cannabis for medical indications. Clinicians may be tempted or pressurised to prescribe it for symptoms that are not responding to traditional therapy or “just-in-case” it helps.

*Menopause Matters’* editor would like to urge anyone who feels obliged to recommend the medical use of cannabis - to first read the article “Cannabis-Related Disorders and Toxic Effects” ([Gorelick NEJM 2023; 389:2267-75](#)). It is authoritative, factually accurate and will allow clinicians to make informed decisions.

### Athol Kent

Email address [atholkent@mweb.co.za](mailto:atholkent@mweb.co.za)

Menopause Matters is a monthly review of matters menopausal that have recently appeared in the journals. It is produced for the South African Menopause Society. These summaries and opinions do not necessarily reflect the views of the S A Menopause Society. Any clinical decisions made on the data presented are at the reader’s discretion. ChatGPT has been used to assist with the production of some of

Cipla

Purpose Inspired

