

Age of menopause and fracture risk in post-menopausal women randomized to calcium + vitamin D, hormone therapy, or the combination

SCIENCE

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Key Take-Away:

Hormone therapy and calcium/vitamin D supplementation decrease the risk of fractures after menopause. This study shows that menopause at the younger age less than 40 years has, the higher risk of any fracture than women than older menopause ages and early age of menopause is an independent contributor to post-menopausal fracture risk.

We previously reported that in the absence of hormone therapy (HT) or calcium/vitamin D (Ca/D) supplementation, earlier menopause age was associated with decreased bone mineral density and increased fracture risk in healthy post-menopausal women.

ABSTRACT:

Background:

We previously reported that in the absence of hormone therapy (HT) or calcium/vitamin D (Ca/D) supplementation, earlier menopause age was associated with decreased bone mineral density and increased fracture risk in healthy post-menopausal women.

Treatment with HT and Ca/D is protective against fractures after menopause. In this analysis, we asked if the age of menopause onset alters fracture risk in healthy post-menopausal women receiving HT, Ca/D, or a combination.

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Methods:

Hazard ratios (HRs) for any fracture among 21,711 healthy post-menopausal women enrolled in the Women's Health Initiative Clinical Trial, who were treated with HT, Ca/D, or HT + Ca/D, and who repor

Hazard ratios (HRs) for any fracture among 21,711 healthy post-menopausal women enrolled in the Women's Health Initiative Clinical Trial, who were treated with HT, Ca/D, or HT + Ca/D, and who reported age of nonsurgical menopause of <40, 40 to 49, and ≥ 50 years, were compared.

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Results:

Women with menopause <40 years had significantly higher HR for fracture than women with menopause 40 to 49 or ≥ 50 years, regardless of treatment intervention (HR [95% CI]: menopause <40 y vs

Women with menopause <40 years had significantly higher HR for fracture than women with menopause 40 to 49 or ≥ 50 years, regardless of treatment intervention (HR [95% CI]: menopause <40 y vs ≥ 50 y, 1.36 [1.11-1.67]; menopause <40 y vs 40-49 y, 1.30 [1.06-1.60]).

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Conclusion:

In the overall Women's Health Initiative Clinical Trial cohort and within each treatment group, women with younger menopause age (<40 y) had a higher risk of any fracture than women reporting older menopause ages.

The effect of menopause age on fracture risk was not altered by any of the treatment interventions (HT, Ca/D, HT + Ca/D), suggesting that early age of menopause is an independent contributor to post-menopausal fracture risk.

Source: Menopause

Link to the source: http://journals.lww.com/menopausejournal/Abstract/2017/04000/Age_of_meno...

Original title of article: Age of menopause and fracture risk in post-menopausal women randomized to calcium + vitamin D, hormone therapy, or the combination: results from the Women's Health Initiative Clinical Trials

Authors: Sullivan et al.

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