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Reply to: Comment on ‘Season of birth influences the timing of menopause’

Sir,
The letter of Shukunami and colleagues refers to two papers published almost simultaneously by us on the timing of menopause. The two papers were obtained by the same database. The paper on the seasonal onset of menopause (Cagnacci et al., 2005b) was written earlier, although published later, and the analysis was performed on 2432 post-menopausal women. The data in this paper indicate that the onset of menopause is not evenly distributed throughout the year, but occurs preferentially in some seasons (in winter and to a lesser degree in summer) compared with others. The data emphasize the important role that environmental factors linked to season play in the regulation of reproductive life including its termination. The paper on the effect of the season of birth on the timing of menopause (Cagnacci et al., 2005a) was written later, although published earlier. Between the two analyses, we were able to retrieve additional information from the paper records of our patients, which were entered into the electronic databases. Accordingly, the analysis was performed in 2822 women. The results indicate that the timing of menopause is influenced by the season in which a woman is born. The data are interesting because they point to the role that prenatal environmental factors exert on postnatal events including a woman’s ovarian exhaustion. Accordingly, the two papers relate to two different and separate issues—the former to season and reproduction, the latter to environment and fetal development. However, we understand the point made by Shukunami and colleagues. It may be that the analysis showing a different timing of menopause on the basis of season of birth is influenced by the seasonal onset of menopause. For example, birth in a season distant from the preferential season for the onset of menopause, may prolong the reproductive period and delay menopause, simply because almost 1 year has to pass before the woman reaches that critical point. Thus, menopause is influenced by the seasonal onset of menopause. It may be that the seasonal onset of menopause is not significant and expressed by regression coefficients (with 95% interval of confidence) which were 0.270 (−0.187, 0.726) for spring, 0.384 (−0.04, 0.809) for summer and 0.082 (−0.374, 0.539) for autumn. We think that this re-analysis responds to the appropriate criticism of Shukunami and colleagues, and further confirms the genuine effect that the season of birth exerts on the timing of menopause.

References


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Is 250 μg rHCG always better and safer than 500 μg rHCG?

Sir,
We read with interest the recent article written by Al-Inany et al. (2005). Amongst the four trials included in this meta-analysis, only one compared the effect of two different doses of recombinant (r)HCG (Chang et al., 2001). Ovarian hyper-stimulation syndrome (OHSS) was more commonly reported in patients treated with 500 μg rHCG (9.0%) as compared to the group receiving 250 μg rHCG (3.2%), although this was not statistically significant. A recommendation was made by Al-Inany et al. (2005) that increasing the dose of rHCG