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Estrogens and stroke: disentangling a complex relationship
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Position Statement

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The 2012 hormone therapy position statement of The North American Menopause Society

The updated, evidence-based hormone therapy position statement of The North American Menopause Society further distinguishes the emerging differences in the therapeutic benefit-risk ratio between estrogen therapy and combined estrogen-progestogen therapy at various ages and time intervals since menopause onset.
Premature menopause or early menopause and risk of ischemic stroke

Walter A. Rocca, MD, MPH, Brandon R. Grossardt, MS, Virginia M. Miller, PhD, Lynne T. Shuster, MD, and Robert D. Brown, Jr, MD, MPH

The findings from seven recent observational studies challenge the consensus that estrogen is invariably a risk factor of ischemic stroke. In this study, a unifying theory is proposed, in which estrogen is protective before approximately age 50 years and may become a risk factor of ischemic stroke after age 50 years or, possibly, after age 60 years.

The impact of menopausal symptoms on work ability

Marije Geukes, MD, Mariëlle P. van Aalst, MD, Mary C.E. Nauta, PsyD, and Henk Oosterhof, MD, PhD

This cross-sectional study used the Work Ability Index and the Greene Climacteric Scale in a sample of healthy working Dutch women. The findings indicate that menopausal symptoms are negatively associated with work ability and may increase the risk of sickness absence.

Menopausal characteristics and physical functioning in older adulthood in the National Health and Nutrition Examination Survey III

Sarah E. Tom, PhD, Rachel Cooper, PhD, Kushang V. Patel, PhD, and Jack M. Guralnik, MD, PhD

In the National Health and Nutrition Examination Survey III, women with surgical menopause and earlier age at menopause had worse physical functioning in older adulthood than did women with natural menopause and later age at menopause, respectively.

Self-reported estrogen use and newly incident urinary incontinence among postmenopausal community-dwelling women

Gina M. Northington, MD, PhD, Heather F. de Vries, MSPH, and Hillary R. Bogner, MD, MSCE

Results indicate that postmenopausal community-dwelling women with a history of estrogen use for 5 years or more were more likely to report newly incident urinary incontinence with condition-specific functional loss after 10 years of follow-up.

Effects of yoga exercise on serum adiponectin and metabolic syndrome factors in obese postmenopausal women

Jeong-Ah Lee, PhD, Jong-Won Kim, PhD, and Do-Yeon Kim, PhD

The findings from this study indicate that yoga improves adiponectin levels, serum lipids, and metabolic syndrome risk factors in obese postmenopausal Korean women.
Progestogen levels, progesterone receptor gene polymorphisms, and mammographic density changes: results from the Postmenopausal Estrogen/Progestin Interventions Mammographic Density Study

Eunjung Lee, PhD, Sue A. Ingles, DPH, David Van Den Berg, PhD, Wei Wang, PhD, Chris LaVallee, MS, Mei-Hua Huang, PhD, Carolyn J. Crandall, MD, MS, Frank Z. Stanczyk, PhD, Gail A. Greendale, MD, and Giske Ursin, MD, PhD

Data from the randomized placebo-controlled Postmenopausal Estrogen/Progestin Interventions trial showed that higher serum progestogen levels resulting from estrogen plus progestin therapy lead to greater increases in mammographic density.

Appendicular fat mass is positively associated with femoral neck bone mineral density in older women

Elisa A. Marques, MSc, Pedro Moreira, PhD, Flávia Wanderley, MSc, Andreia N. Pizarro, MSc, José P. Leão-Rosas, MD, Jorge Mota, PhD, and Joana Carvalho, PhD

Appendicular fat mass is more important than total fat mass or abdominal fat for femoral neck bone mineral density in older women. The positive association between appendicular fat mass and femoral neck BMD remained significant after adjusting for age, height, age at menopause, potential renal acid load, physical activity, and knee muscle strength.

Effects of administration of hormone therapy or raloxifene on the immune system and on biochemical markers of bone remodeling

Begoña Pineda, PhD, Carlos Hermenegildo, PhD, Juan J. Tarín, PhD, Antonio Cano, MD, and Miguel Ángel García-Pérez, PhD

The implication of the immune system in postmenopausal bone loss raises the question of whether antiresorptive drugs acting through estrogen receptors affect immune mechanisms. This study suggests that neither raloxifene nor hormone therapy affects the immune system and that both treatments exhibit similar antiresorptive power.

Vascular resistance of central retinal and ophthalmic arteries in postmenopausal women after use of tibolone

Marco Aurélio Martins de Souza, MD, PhD, Bruno Martins de Souza, MS, and Selmo Geber, MD, PhD

The use of tibolone does not interfere with the vascular resistance of the central retinal and ophthalmic arteries in postmenopausal women.
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Effects of long-term tibolone treatment on nuclear sex steroid hormone receptors and G-protein-coupled estrogen receptor-1 expression in the macaque uterus
Mariana Hulchiy, MD, Hua Zhang, MD, PhD, J. Mark Cline, DVM, PhD, Angelica Lindén Hirschberg, MD, PhD, and Lena Sahlin, PhD
Tibolone treatment influences protein expression of sex-hormone receptors in monkey endometrium differently from that observed when using conventional hormone therapy.

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Interaction between oral estrogen plus progestogen therapy and ABO blood groups on coagulation activation in postmenopausal women
Daniela Amorim Melgaço Guimarães, PhD, Mariana Silva dos Santos, BS, Karina Braga Gomes, PhD, Johanna G. van der Bom, MD, PhD, Danyelle Romana Rios, PhD, Jarbas Cardoso, BS, Romerson Martins Franco, MD, George da Silva Teixeira, MD, Luci Maria Sant’Ana Dusse, PhD, Maria das Graças Carvalho, PhD, and Ana Paula Fernandes, PhD
These findings suggest an interactive effect between oral estrogen plus progestogen therapy and non-O blood groups. This may contribute to the hypercoagulability state and the increased risk for venous thrombosis in women undergoing oral estrogen and progestogen therapy.

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Neuroprotection of green tea catechins on surgical menopause-induced overactive bladder in a rat model
Yung-Shun Juan, MD, Shu-Mien Chuang, PhD, Cheng-Yu Long, MD, PhD, Chung-Hwan Chen, MD, Robert M. Levin, PhD, Keh-Min Liu, PhD, and Chun-Hsiung Huang, MD, PhD
Epigallocatechin gallate prevented ovariectomy-induced bladder dysfunction through neuroprotective effects in a dose-dependent fashion.

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Physical, psychological, and menopause-related symptoms and minor psychiatric disorders in a community-based sample of Brazilian premenopausal, perimenopausal, and postmenopausal women
Karen Oppermann, MD, PhD, Sandra C. Fuchs, MD, PhD, Giovana Donato, MD, Carlos A. Bastos, MD, and Poli Mara Spritzer, MD, PhD
This study identified the prevalence of physical, psychological, and menopause-related symptoms and their association with minor psychiatric disorders in a community-based sample of Brazilian premenopausal, perimenopausal, and postmenopausal women.

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Menopause as risk factor for oxidative stress
Martha A. Sánchez-Rodríguez, PhD, Mariano Zacarías-Flores, MD ObGyn, Alicia Arronte-Rosales, MSc, Elsa Correa-Muñoz, MSc, and Victor Manuel Mendoza-Núñez, PhD
Oxidative stress has been associated with numerous diseases as we age. In this study, oxidative stress is compared in premenopausal and postmenopausal women.
Antioxidant enzymes GSR, SOD1, SOD2, and CAT gene variants and bone mineral density values in postmenopausal women: a genetic association analysis

Simona Jurkovic Mlakar, PhD, Josko Osredkar, PhD, Janez Prezelj, PhD, and Janja Marc, PhD

The results of this study demonstrate for the first time that antioxidant enzyme glutathione S-reductase (GSR) gene polymorphisms are significantly associated with bone mineral density, suggesting that the A allele of 423-287G>A GSR polymorphism could contribute to decreased bone mineral density values in postmenopausal women.

Erratum

Improvement in immediate memory after 16 weeks of tualang honey (Agro Mas) supplement in healthy postmenopausal women: Erratum