Menopause
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Position Statement

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Management of symptomatic vulvovaginal atrophy: 2013 position statement of The North American Menopause Society

This updated, evidence-based position statement of The North American Menopause Society expands its previous position statement on the management of symptomatic vulvovaginal atrophy. Therapy options and choice of therapy depend on severity of symptoms, effectiveness and safety of therapy for the individual patient, and patient preference.

(continued)
NAMS CME Activity Post-Test and Evaluation

Original Articles

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Adverse effects of induced hot flashes on objectively recorded and subjectively reported sleep: results of a gonadotropin-releasing hormone agonist experimental protocol
Hadine Joffe, MD, MSc, David P. White, MD, Sybil L. Crawford, PhD, Kristin E. McCurnin, BS, Nicole Economou, BA, Stephanie Connors, BS, and Janet E. Hall, MD
This experimental model of induced hot flashes demonstrates a causal relationship between hot flashes and poor sleep quality. Objective hot flashes result in worse objective sleep efficiency on actigraphy, while subjective hot flashes worsen perceived sleep quality.

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Consequences of incontinence for women during the menopausal transition and early postmenopause: observations from the Seattle Midlife Women's Health Study
Nancy Fugate Woods, PhD, RN, FAAN and Ellen Sullivan Mitchell, PhD
Stress and urge urinary incontinence during the menopausal transition and early postmenopause appears to affect perceptions of self, including self esteem and mastery, but not mood, attitudes toward midlife, or consequences for daily life in this midlife population.

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Does lifetime exposure to hormones predict pretreatment cognitive function in women before adjuvant therapy for breast cancer?
Catherine M. Bender, PhD, RN, FAAN, Susan M. Sereika, PhD, Christopher M. Ryan, PhD, Adam M. Brufsky, MD, PhD, Shannon Puhalla, MD, and Sarah L. Berga, MD
Factors related to greater lifetime hormone exposure predict cognitive function in women with and without breast cancer but do not explain the poorer cognitive function observed in women with breast cancer before they begin systemic adjuvant therapy. Examination of other potential predictors of poorer pretreatment cognitive function in women with breast cancer is needed.
Reproductive history and postmenopausal rheumatoid arthritis among women 60 years or older: Third National Health and Nutrition Examination Survey

Hind A. Beydoun, PhD, Rawan el-Amin, DO, MPH, Malikah McNeal, MPH, Charleigh Perry, MPH, and David F. Archer, MD

Women who experience menopause before 40 years of age appear to be at increased risk for postmenopausal rheumatoid arthritis. Conversely, age at menarche and pregnancy history may not predict rheumatoid arthritis after menopause.

Impact of dose, frequency of administration, and equol production on efficacy of isoflavones for menopausal hot flashes: a pilot randomized trial

Sybil L. Crawford, PhD, Elizabeth A. Jackson, MD, Linda Churchill, MS, Johanna W. Lampe, PhD, Katherine Leung, MPH, and Judith K. Ockene, PhD

Administration of isoflavones more frequently than once daily may enhance its effect on vasomotor symptoms, particularly for nighttime symptoms and in equol producers.

Physical activity and sleep among midlife women with vasomotor symptoms

Maya J. Lambiase, PhD and Rebecca C. Thurston, PhD

Greater habitual physical activity, including household physical activity, was associated with more favorable sleep characteristics among midlife women with vasomotor symptoms. These associations were observed primarily among white and non-obese women.

Risk factors for night sweats and hot flushes in midlife: results from a prospective cohort study

Gerrie-Cor M. Herber-Gast, PhD, Gita D. Mishra, PhD, Yvonne T. van der Schouw, PhD, Wendy J. Brown, PhD, and Annette J. Dobson, PhD

Co-occurrence of both night sweats and hot flushes were associated with social, behavioral and menstrual factors. There were some differences in risk factors among women who reported only one or both symptoms, suggesting a slightly different etiology for each.

Relationship between sympathetic nerve activity and aortic wave reflection characteristics in postmenopausal women

Emma C. Hart, PhD, Nisha Charkoudian, PhD, Michael J. Joyner, MD, Jill N. Barnes, PhD, Timothy B. Curry, MD, PhD, and Darren P. Casey, PhD

Resting muscle sympathetic nerve activity is positively related to aortic systolic and pulse pressures and indices of aortic wave reflection in postmenopausal women. This finding is in contrast to those observed in young women, where resting muscle sympathetic nerve activity is not related to aortic pressures and inversely related to measures of aortic wave reflection.
Effects of hypocaloric diet, low-intensity resistance exercise with slow movement, or both on aortic hemodynamics and muscle mass in obese postmenopausal women

Arturo Figueroa, MD, PhD, Bahram H. Arjmandi, PhD, Alexei Wong, MS, Marcos Angel Sanchez-Gonzalez, MD, PhD, Emily Simonavice, PhD, and Bruce Daggy, PhD

This study has shown that diet-induced weight loss decreases aortic blood pressure and appendicular muscle mass. However, diet-induced muscle mass loss is prevented by the addition of low-intensity resistance exercise training in obese postmenopausal women.

The Vulvovaginal Symptoms Questionnaire: a questionnaire for measuring vulvovaginal symptoms in postmenopausal women


The Vulvovaginal Symptom Questionnaire is a reliable and internal consistent instrument to measure symptoms, emotions, life impact and sexual impact of vulvovaginal symptoms in postmenopausal women.

Clinical Corner

Clinical Article

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Alternatives to hormone therapy for hot flashes: many choices but science is lacking

Marcie K. Richardson, MD

Patient Handout

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What Midlife Women Should Know About Hormone Therapy Alternatives
Human immunodeficiency virus and menopause

Rupa Kanapathipillai, MBBS, FRACP, Martha Hickey, BA (Hons), MSc (Clin Psych), MBChB, FRANZCOG, MD, and Michelle Giles, MBBS (Hons), FRACP, PhD

With effective antiretroviral therapy, the life expectancy for women living with HIV is increasing, resulting in more women experiencing menopause. This article reviews the current literature regarding experience, treatment, and HIV-specific considerations in the clinical management of this unique population.