The cross-sectional association between vasomotor symptoms and hemostatic parameter levels in postmenopausal women
Laura B. Harrington, PhD, MPH, Marc Blondon, MD, MS, Mary Cushman, MD, MSc, Andrew M. Kaunitz, MD, Jacques E. Rossouw, MD, Matthew A. Allison, MD, MPH, Lisa W. Martin, MD, Karen C. Johnson, MD, MPH, Jan Rosing, PhD, Nancy F. Woods, PhD, RN, FAAN, Andrea Z. LaCroix, PhD, Susan R. Heckbert, MD, PhD, Barbara McKnight, PhD, and Nicholas L. Smith, PhD
Vasomotor symptoms (VMS), including hot flashes and/or night sweats, have been suggested as a marker for vascular change and potentially for cardiovascular event risk. However, in this cross-sectional analysis set in the Women’s Health Initiative Cardiovascular Disease (CVD) Biomarker Case-Control Study, there was little evidence of an association between VMS presence or severity with levels of hemostatic parameters among postmenopausal women.

Age of menopause and fracture risk in postmenopausal women randomized to calcium + vitamin D, hormone therapy, or the combination: results from the Women’s Health Initiative Clinical Trials
Shannon D. Sullivan, MD, PhD, Amy Lehman, MAS, Nisha K. Nathan, MD, Cynthia A. Thomson, PhD, RDN, and Barbara V. Howard, PhD
The Women’s Health Initiative Clinical Trial (WHI-CT) suggests that early age of menopause is an independent contributor to postmenopausal fracture risk.
Change in sexual functioning over the menopausal transition: results from the Study of Women’s Health Across the Nation
Nancy E. Avis, PhD, Alicia Colvin, PhD, Arun S. Karlamangla, MD, PhD, Sybil Crawford, PhD, Rachel Hess, MD, L. Elaine Waetjen, MD, Maria Brooks, PhD, Ping G. Tepper, PhD, and Gail A. Greendale, MD
This research from the Study of Women’s Health Across the Nation (SWAN) found that a decline in sexual functioning became apparent 20 months prior to the final menstrual period (FMP) and slowed one year after FMP through 5 years afterwards. A decline in sexual function was observed immediately after hysterectomy and persisted for the 5 years of observation.

Hypoactive sexual desire dysfunction in community-dwelling older women
Berihun M. Zeleke, MD, MPH, Robin J. Bell, MBBS, MPH, FAFPHM, Baki Billah, BSc(Hons), MSc, MAS, PhD, and Susan R. Davis, MBBS, PhD, FRACP
In this large, representative community based sample of older women, hypoactive sexual desire dysfunction is common and associated with potentially modifiable risk factors. It should not be assumed that unpartnered older women are sexually inactive or are not distressed by low sexual desire.

Sex differences in episodic memory in early midlife: impact of reproductive aging
Dorene M. Rentz, PsyD, Blair K. Weiss, BS, Emily G. Jacobs, PhD, Sara Cherkherzian, ScD, Anne Klibanski, MD, Anne Remington, MA, Harlyn Aizley, MEd, and Jill M. Goldstein, PhD
This cross-sectional study of the impact of reproductive aging on memory demonstrated that women outperformed men across all memory measures, but sex differences were attenuated comparing postmenopausal women with age-matched men. Initial learning and memory retrieval were particularly vulnerable, while memory consolidation and storage were preserved; suggesting decline in ovarian estradiol in midlife has a critical role in shaping particular domains of memory function.

The REJOICE trial: a phase 3 randomized, controlled trial evaluating the safety and efficacy of a novel vaginal estradiol soft-gel capsule for symptomatic vulvar and vaginal atrophy
Ginger D. Constantine, MD, James A. Simon, MD, James H. Pickar, MD, David F. Archer, MD, Harvey Kushner, PhD, Brian Bernick, MD, Gina Gasper, BA, Shelli Graham, PhD, and Sebastian Mirkin, MD, on behalf of the REJOICE Study Group
This study investigated the effects of TX-004HR, a vaginal estradiol softgel capsule, for the treatment of moderate-to-severe dyspareunia associated with postmenopausal vulvar and vaginal atrophy. All three doses of TX-004HR were safe, well tolerated, and effective within 2 weeks of treatment with minimal systemic estrogen exposure.
Clusters of midlife women by physical activity and their racial/ethnic differences
Eun-Ok Im, PhD, MPH, FAAN, Young Ko, PhD, Eunice Chee, BSE, Wonshik Chee, PhD, and Jun James Mao, MD, MSCE

Three clusters of midlife women by physical activity were identified: Cluster 1 (high active living activity and sports/exercise group), Cluster 2 (high household/caregiving and occupational activity group), and Cluster 3 (low active living and sports/exercise group). There were significant racial/ethnic differences in occupational activities only in Clusters 1 and 3.

Vertical sleeve gastrectomy improves indices of metabolic disease in rodent model of surgical menopause
William J. Lawson, MS, Kristin Shirey, BS, Redin A. Spann, BS, Carlos A. Zamarripa, BS, Jonathan P. Hosler, PhD, and Bernadette E. Grayson, PhD, MCR

Vertical sleeve gastrectomy is a weight loss procedure readily used in humans to produce long-term improvements in obesity comorbidities. In this study, female rats made menopausal through ovariectomy show improvements in body weight, body fat, circulating lipids and hepatic triglycerides similar to that reported in male rats.

Repurposing ospemifene for potentiating an antigen-specific immune response
Chiao-Jung Kao, PhD, Gregory T. Wurz, PhD, Yi-Chen Lin, PhD, Daniel P. Vang, BS, Brian Phong, and Michael W. DeGregorio, PharmD

Ospemifene activates naïve T cells in combination with a peptide cancer vaccine, modulates antigen-induced tolerance, and reduces tumor-associated, pro-inflammatory cytokines using pretreatment, intermittent and chronic dosing schedules, respectively.

Review Article
Is vulvovaginal atrophy due to a lack of both estrogens and androgens?
Fernand LaRie, MD, PhD, Céline Martel, PhD, and Georges Pelletier, MD, PhD

Studies in animals show both estrogenic activity (epithelial and muscularis stimulation) and androgenic effects (epithelial mucification, collagen compactness increased, muscularis and nerve density stimulation) in the vagina. Since dehydroepiandrosterone (DHEA) is the unique source of both estrogens and androgens after menopause, vulvovaginal atrophy resulting from decreased serum DHEA levels in postmenopausal women should be secondary to the lack of both estrogens and androgens.
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A sex-specific dose-response curve for testosterone: could excessive testosterone limit sexual interaction in women?
Jill M. Krapf, MD, FACOG, and James A. Simon, MD, CCD, NCMP, IF, FACOG

Unlike the linear testosterone dose-response curve in men, data indicates a bell-shaped relationship between testosterone and sexual activity in both pre- and postmenopausal women. This commentary reviews and critically analyzes the data supporting a curvilinear dose-response relationship between testosterone and sexual activity in women with low libido, as well as explores the possible explanations for this observed relationship.

Letters to the Editor

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