



Menopause

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Original Articles

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The effects of stair climbing on arterial stiffness, blood pressure, and leg strength in postmenopausal women with stage 2 hypertension

Alexei Wong, PhD, Arturo Figueroa, MD, PhD, Won-Mok Son, PhD,
Oksana Chernykh, PhD, and Song-Young Park, PhD

This study evaluated the effects of a 12-week stair climbing program on systemic arterial stiffness, blood pressure and leg muscle strength in postmenopausal women with stage-1 hypertension.

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Patterns of menopausal hormone therapy use and hyperkyphosis in older women

Gina N. Woods, MD, Mei-Hua Huang, DrPH, Peggy M. Cawthon, PhD, MPH,
Corinne McDaniels-Davidson, PhD, Howard A. Fink, MD, MPH, Deborah M. Kado, MD, MS,
for the Study of Osteoporotic Fractures (SOF) Research Group

Women reporting continuous or remote past menopausal hormone therapy use had less pronounced kyphosis than never users by their mid-eighties.

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In people living with HIV (PLWH), menopause (natural or surgical) contributes to the greater symptom burden in women: results from an online US survey

Rebecca Schnall, PhD, MPH, RN, Haomiao Jia, PhD, Susan Olender, MD, Melissa Gradilla, MPH,
and Nancy Reame, PhD, MSN

Two of the most common symptoms in people living with HIV (PLWH) – fatigue and muscle aches/joint pains – invoke additional burden in women. Independent of aging, symptom burden may be exacerbated after menopause, supporting a shifting paradigm for HIV care management.

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Effects of oral conjugated equine estrogens with or without medroxyprogesterone acetate on incident hypertension in the Women's Health Initiative hormone therapy trials

Yael Swica, MD, MPH, MTS, Michelle P. Warren, MD, JoAnn E. Manson, MD, DrPH,
Aaron K. Aragaki, MS, Shari S. Bassuk, ScD, Daichi Shimbo, MD,
Andrew Kaunitz, MD, FACOG, NCMP, Jacques Rossouw, MD, Marcia L. Stefanick, PhD,
and Catherine R. Womack, MD

This study found that conjugated equine estrogen (CEE) (0.625 mg/d) administered orally, with or without medroxyprogesterone acetate, is associated with an increased risk of hypertension in older postmenopausal women.

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Vaginal pH: a simple assessment highly correlated with vaginal morphology and symptoms in postmenopausal women

Kelly M. Tucker, MD, Keshav Godha, BS, Sebastian Mirkin, MD, and David F. Archer, MD

Changes in vaginal pH significantly correlated with changes in superficial and parabasal counts, visual vaginal epithelial parameters, and dyspareunia and vaginal dryness, suggesting that measuring vaginal pH in the clinic may be helpful in assessing vaginal health and treatment response.

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Effects of abaloparatide on bone mineral density and risk of fracture in postmenopausal women aged 80 years or older with osteoporosis

Michael R. McClung, MD, Nicholas C. Harvey, MD, PhD, Lorraine A. Fitzpatrick, MD, Paul D. Miller, MD, Gary Hattersley, PhD, Yamei Wang, MS, and Felicia Cosman, MD

Abaloparatide-subcutaneous was effective in increasing bone mineral density in a subgroup of very elderly women aged 80 or more years in the Abaloparatide Comparator Trial in Vertebral Endpoints (ACTIVE) phase 3 clinical trial. The safety profile of this subgroup was similar to that of the overall study population.

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Effects of dietary and exercise intervention on weight loss and body composition in obese postmenopausal women: a systematic review and meta-analysis

Chao-Chun Cheng, MS, Ching-Yun Hsu, MD, PhD, and Jen-Fang Liu, MD, PhD

Dietary interventions reduced body weight and body composition profile parameters in peri- and postmenopausal women more than exercise alone. The addition of exercise reinforced the effect of dietary interventions on changing body weight and composition.

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Balance ability and posture in postmenopausal women with chronic pelvic pain

Pedro Fuentes-Márquez, MD, Janet R. Rodríguez-Torres, MD, Marie C. Valenza, PhD, Araceli Ortíz-Rubio, PhD, María J. Ariza-Mateos, MD, and Irene Cabrera-Martos, PhD

Women with chronic pelvic pain presented with poor balance including anticipatory, reactive postural control, sensory orientation, dynamic gait, and dual task related conditions.

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Efficacy of misoprostol before diagnostic hysteroscopy in postmenopausal women: a randomized clinical trial

Fabiana Y. Nakano, MD, Daniela A. Yela, MD, PhD, Joao P.L. Pinto, MD, Talita Riegas, MD, Cristina L. Benetti-Pinto, MD, PhD, Adriana Orcesi Pedro, MD, PhD, and Lucia Helena Costa Paiva, MD, PhD

Misoprostol does not reduce pain intensity, the duration of the procedure, or need for additional cervical dilation, and causes more adverse effects when used in postmenopausal women before diagnostic hysteroscopy.

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Perspectives and decision-making about menopausal therapies in women who had bilateral oophorectomy

Tasneem Siyam, BScPharm, MSc, Sue Ross, PhD, MBA,
Tami Shandro, MD, CCFP, FCFP, NCMP, Shelly Hagen, RD, NCMP,
Lori Battochio, RN, NCMP, and Nesé Yuksel, BScPharm, PharmD, FCSHP, NCMP
This study highlights the complexities that surgically menopausal women face as they make therapy decisions.

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Factors associated with knowledge about menopause and hormone therapy in middle-aged Brazilian women: a population-based household survey

Isabel C.G. de Arruda Amaral, MSc, Luiz F. Baccaro, MD, PhD, Jeffrey F. Lui-Filho, MD, PhD,
Maria J.D. Osis, PhD, Adriana O. Pedro, MD, PhD, and Lúcia Costa-Paiva, MD, PhD
This study evaluated knowledge about menopause and hormone therapy among middle-aged Brazilian women.

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25-Hydroxyvitamin D (25(OH)D) and biomarkers of ovarian reserve

Anne Marie Z. Jukic, PhD, Donna D. Baird, PhD, Allen J. Wilcox, MD, PhD,
Clarice R. Weinberg, PhD, and Anne Z. Steiner, MD
25(OH)D was not associated with ovarian reserve biomarkers in a group of women trying to become pregnant.

Clinical Corner

Invited Review

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Contraception for midlife women: a review

Taniqua A. Miller, MD, Rebecca H. Allen, MD, MPH, Andrew M. Kaunitz, MD, and
Carrie A. Cwiak, MD, MPH
Evidence-based guidelines state that contraception can be used by midlife women without medical contraindications until the age of menopause, at which time they may consider transition to systemic hormone therapy.

Brief Report

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Vaginal estrogen and mammogram results: case series and review of literature on treatment of genitourinary syndrome of menopause (GSM) in breast cancer survivors

Stephanie Wang Zuo, MD, Harold Wu, MD, and Wen Shen, MD, MPH
This is a case series of mammogram results on a small group of patients using vaginal estrogens for genitourinary syndrome of menopause (GSM), and a review of treatment options for GSM, especially for breast cancer survivors.

Review Article

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The role of androgens in the treatment of genitourinary syndrome of menopause (GSM): International Society for the Study of Women's Sexual Health (ISSWSH) expert consensus panel review

James A. Simon, MD, Irwin Goldstein, MD, Noel N. Kim, PhD, Susan R. Davis, MBBS, PhD, Susan Kellogg-Spadt, PhD, Lior Lowenstein, MD, JoAnn V. Pinkerton, MD, Cynthia A. Stuenkel, MD, Abdulmaged M. Traish, PhD, David F. Archer, MD, Gloria Bachmann, MD, Andrew T. Goldstein, MD, Rossella E. Nappi, MD, and Linda Vignozzi, MD

This is an evidence-based, consensus review examining the contributory role of androgens in maintaining genitourinary tissue health and the potential consequences of declining androgens with advancing age in the development of the genitourinary syndrome of menopause (GSM). Diagnosis of GSM and treatment with various androgen therapies are discussed.

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