



Menopause

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Guidelines for the evaluation and treatment of perimenopausal depression: summary and recommendations

Pauline M. Maki, PhD, Susan G. Kornstein, MD, Hadine Joffe, MD, MSc, Joyce T. Bromberger, PhD, Ellen W. Freeman, PhD, Geena Athappilly, MD, William V. Bobo, MD, MPH, Leah H. Rubin, PhD, Hristina K. Koleva, MD, Lee S. Cohen, MD, Claudio N. Soares, MD, PhD, MBA, on behalf of the Board of Trustees for The North American Menopause Society (NAMS) and the Women and Mood Disorders Task Force of the National Network of Depression Centers

An expert panel was convened to systematically review the published literature and develop guidelines on the evaluation and management of perimenopausal depression.

(continued)

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Original Articles

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Effects of vaginal estradiol tablets and moisturizer on menopause-specific quality of life and mood in healthy postmenopausal women with vaginal symptoms: a randomized clinical trial

Susan J. Diem, MD, MPH, Katherine A. Guthrie, PhD, Caroline M. Mitchell, MD, MPH, Susan D. Reed, MD, MPH, Joseph C. Larson, MS, Kristine E. Ensrud, MD, MPH, and Andrea Z. LaCroix, PhD

Treatment with low dose vaginal estradiol, but not vaginal moisturizer, modestly improves menopause-related quality of life and sexual function domain scores compared to placebo in postmenopausal women with moderate-severe vulvovaginal symptoms.

1094

Factors associated with developing vaginal dryness symptoms in women transitioning through menopause: a longitudinal study

L. Elaine Waetjen, MD, Sybil L. Crawford, PhD, Po-Yin Chang, PhD, Barbara D. Reed, MD, Rachel Hess, MD, MS, Nancy E. Avis, PhD, Sioban D. Harlow, PhD, Gail A. Greendale, MD, Sheila A. Dugan, MD, Ellen B. Gold, PhD, for the Study of Women's Health Across the Nation (SWAN)

This study confirms many clinical observations about the relationship between vaginal dryness, menopause, and pain during intercourse, and provides evidence that vaginal dryness is not related to androgen level or sexual intercourse frequency.

1105

Vasomotor symptoms in women over 60: results from the Data Registry on Experiences of Aging, Menopause, and Sexuality (DREAMS)

Paru S. David, MD, Juliana M. Kling, MD, MPH, Suneela Vegunta, MD, Stephanie S. Faubion, MD, Ekta Kapoor, MBBS, Kristin C. Mara, MS, Darrell R. Schroeder, MSc, Karla Frohmader Hilsaca, PhD, and Carol L. Kuhle, DO, MPH

A substantial number of women over the age of 60 continue to have bothersome vasomotor symptoms, and if they were on hormone therapy, they were less likely to report these symptoms. Women over 60 with bothersome vasomotor symptoms were more likely to have a history of surgical menopause and report their health as fair, versus good or excellent.

1110

Anxiety levels predict fracture risk in postmenopausal women assessed for osteoporosis

Antonino Catalano, MD, PhD, Gabriella Martino, MD, PhD, Federica Bellone, MD, Agostino Gaudio, MD, PhD, Carmen Lasco, MS, Viviana Langher, MD, Antonino Lasco, MD, and Nunziata Morabito, MD

In postmenopausal women, anxiety levels were associated with bone mineral density in the lumbar spine and femoral neck.

1116

Sex hormone levels and risk of primary open-angle glaucoma in postmenopausal women

Jae Hee Kang, ScD, Bernard A. Rosner, PhD, Janey L. Wiggs, MD, PhD, and Louis R. Pasquale, MD

Plasma sex hormone levels in postmenopausal women were not associated with primary open angle glaucoma (POAG) risk, however, a trend of higher testosterone levels being associated with higher POAG risk and higher intraocular pressure at diagnosis was observed and needs confirmation.

1124

Efficacy of injecting platelet concentrate combined with hyaluronic acid for the treatment of vulvovaginal atrophy in postmenopausal women with history of breast cancer: a phase 2 pilot study

Barbara Hersant, MD, Mounia SidAhmed-Mezi, PhD, Yazid Belkacemi, MD, PhD, Franklin Darmon, MD, Sylvie Bastuji-Garin, MD, PhD, Gabrielle Werkoff, MD, Romain Bosc, MD, Jeremy Niddam, MD, Oana Hermeziu, MD, Simone La Padula, MD, and Jean Paul Meningaud, MD, PhD

This phase 2 pilot study provides a new alternative therapy for the treatment of vulvovaginal atrophy in postmenopausal women with history of breast cancer.

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Physical activity modifies genetic susceptibility to obesity in postmenopausal women

Heather M. Ochs-Balcom, PhD, Leah Preus, MA, Jing Nie, PhD, Jean Wactawski-Wende, PhD, Linda Agyemang, MPH, Marian L. Neuhouser, PhD, RD, Lesley Tinker, PhD, RD, Cheng Zheng, PhD, Rasa Kazlauskaitė, MD, Lihong Qi, PhD, and Lara E. Sucheston-Campbell, PhD

This study evaluated whether a healthy lifestyle can mitigate the risk of obesity in the presence of inherited genetic risk and how this association is influenced by age, and suggests that physical activity promotion should not be limited by age and may mitigate obesity risk conferred by genetic polymorphisms.

1138

Therapeutic progestin segesterone acetate promotes neurogenesis: implications for sustaining regeneration in female brain

Shuhua Chen, MD, Narender Kumar, PhD, Zisu Mao, BS, Regine Sitruk-Ware, MD, and Roberta Diaz Brinton, PhD

These findings provide preclinical evidence and mechanistic insights for the development of segesterone acetate as a neuroregenerative therapy to promote intrinsic regenerative capacity in female brains against aging and neurodegenerative disorders.

Clinical Corner

NAMS Practice Pearl

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Drug holidays in women treated for postmenopausal osteoporosis

Michael R. McClung, MD

Postmenopausal osteoporosis is a chronic condition requiring long-term management. Bisphosphonates and denosumab are the drugs considered for long-term therapy, but uncertainty exists about the appropriate duration of these therapies. The experience with long-term treatment of osteoporosis with these medications, as well as the effects of discontinuing therapy, will be reviewed in this Practice Pearl, providing the platform for recommendations about “drug holidays.”

Review Article

SDC

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Metabolic syndrome and its components in premenopausal and postmenopausal women: a comprehensive systematic review and meta-analysis on observational studies

Jamal Hallajzadeh, PhD, Maliheh Khoramdad, MSc, Neda Izadi, MSc, Nahid Karamzad, MSc, Amir Almasi-Hashiani, MSc, Erfan Ayubi, PhD, Mostafa Qorbani, PhD, Reza Pakzad, MSc, Amir Hasanzadeh, PhD, Mark J.M. Sullman, PhD, and Saeid Safiri, PhD

Menopausal hormone therapy (MHT) should be used with caution in patients with metabolic syndrome (MetS), as its safety has not yet been evaluated among MetS patients and meticulous evaluation of each patient is needed before starting MHT.

Letters to the Editor

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Erratum

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