Atherosclerotic burden during the menopausal transition is a wakeup call
Robert A. Wild, MD, PhD, MPH

Intimate partner violence: not just a concern of the reproductive ages
Erin E. Tracy, MD, MPH and Elizabeth Speakman, LICSW

Behavioral compensatory adjustment to exercise intervention
Sébastien Barbat-Artigas, MSc and Mylène Aubertin-Leheudre, PhD

A persistent problem
David H. Barlow, MD

The perimenopausal atherosclerosis transition: relationships between calcified and noncalcified coronary, aortic, and carotid atherosclerosis and risk factors and hormone levels
Jamalah A. Munir, MD, Hongyan Wu, MD, MPH, Kelly Bauer, RN, Jody Bindeman, BSN, Carole Byrd, RN, Irwin M. Feuerstein, MD, Todd C. Villines, MD, and Allen J. Taylor, MD

Markers of androgenicity (increased free testosterone and reduced sex hormone-binding globulin) were associated with increased extent of calcified and noncalcified coronary artery plaque and aortic plaque. However, these relationships were not independent of cardiovascular risk factors.
Construction and validation of an instrument that breaks the silence: the impact of domestic and/or sexual violence on women’s health, as shown during climacterium

Sandra D. Teixeira de Araújo Moraes, MD, PhD, Ângela Maggio da Fonseca, MD, PhD, José M. Soares Jr, MD, PhD, Vicente R. Bagnoli, MD, PhD, Marilena A. Souza, MD, Wilson Maça Yuki Ariê, MD, PhD, and Edmund Chada Baracat, MD, PhD

This questionnaire evaluates the consequences of domestic and/or sexual violence on women’s health during climacterium.

Walking training in postmenopause: effects on both spontaneous physical activity and training-induced body adaptations

Andrea Di Blasio, BSc, MSc, PhD, Patrizio Ripari, MD, Ines Bucci, MD, PhD, Francesco Di Donato, BSc, Pascal Izzicupo, BSc, MSc, Emanuele D’Angelo, BSc, MSc, Barbara Di Nenno, MD, Mariagrazia Taglieri, MD, and Giorgio Napolitano, MD

In postmenopausal women, participation in a program of aerobic physical exercise can result in a reduction of spontaneous physical activity, which inhibits the positive effects of aerobic exercise on plasma lipids and lipoproteins.

Persistence with osteoporosis medications among postmenopausal women in the UK General Practice Research Database

Lin Li, MD, Andrew Roddam, DPhil, Matthew Gitlin, PharmD, Andrew Taylor, MBChB, BPharm, Susan Shepherd, MSc, Arran Shearer, MSc, and Susan Jick, DSc

The results of this study show that with all three compliance measures, the supplements were the treatment yielding the lowest percentage of good compliers. Combining objective and self-reported compliance, 29.5% of the women did not adequately comply with antiresorptive therapy, and 56% did not adequately comply with dietary supplements.

Gynecologic effects of arzoxifene in postmenopausal women with osteoporosis or low bone mass

Steven R. Goldstein, MD, Harjit Pal Bhattoa, MD, PhD, Patrick Neven, MD, David A. Cox, PhD, Sherie A. Dowsett, DDS, PhD, Jahangir Alam, MS, Adrien Sipos, MD, PhD, and David Muram, MD

Arzoxifene is a newer-generation SERM developed for the prevention and treatment of osteoporosis as well as for the prevention of breast cancer. This article summarizes the gynecological effects of Arzoxifene on postmenopausal women.
A phase III, randomized, placebo-controlled, double-blind trial of flaxseed for the treatment of hot flashes: North Central Cancer Treatment Group N08C7
Sandhya Pruthi, MD, Rui Qin, PhD, Shelby A. Terstreip, MD, Hesahan Liu, MS, Charles L. Loprinzi, MD, Tushar R.C. Shah, MD, Kenneth F. Tucker, MD, Shaker R. Dakhil, MD, Martin J. Bury, MD, Robert L. Carolla, MD, Preston D. Steen, MD, Jacqueline Vuky, MD, and Debra L. Barton, RN, PhD, AOCN

Based on promising pilot data, a phase III randomized placebo-controlled trial was conducted to evaluate the efficacy of flaxseed in reducing hot flashes. This original research report describes the results and adverse effects for 188 postmenopausal women.

A pilot randomized, single-blind, placebo-controlled trial of traditional acupuncture for vasomotor symptoms and mechanistic pathways of menopause
Jeannette M. Painovich, DAOM, LAc, MA, Chrisandra L. Shufelt, MD, MS, Ricardo Azziz, MD, MPH, MBA, Yuching Yang, PhD, Mark O. Goodarzi, MD, PhD, Glenn D. Braunstein, MD, Beth Y. Karlan, MD, Paul M. Stewart, MD, and C. Noel Bairey Merz, MD

In this study, both traditional and sham acupuncture interventions improved vasomotor symptoms and menopause-related quality of life compared with control. Improvement in vasomotor symptoms seemed to be related to improvement in depression, anxiety, and sleep in both traditional and sham acupuncture, whereas traditional acupuncture only appeared to have an effect on the hypothalamic-pituitary-adrenal axis as a mechanistic and therapeutic pathway for vasomotor symptoms.

The “muffin test”—an alternative to the oral glucose tolerance test for detecting impaired glucose tolerance
Michael L. Traub, MD, Akas Jain, MD, Bat-Sheva Maslow, MD, Lubna Pal, MBBS, Daniel T. Stein, MD, Nanette Santoro, MD, and Ruth Freeman, MD

A standard breakfast item, a muffin, may be used to uncover glucose abnormalities traditionally measured through oral glucose tolerance test using commercial glucose solution. Measuring glucose levels two hours after ingesting a muffin may compare favorably with traditional glucose tolerance testing with fewer adverse effects and lower cost.

Reduction of urinary levels of N-telopeptide correlates with treatment compliance in women with postmenopausal osteoporosis receiving alendronate
Santiago Palacios, MD, José Luis Neyro, MD, Javier Ferrer, MD, José Villero, MD, Enrique Cañada, MD, Esther Redondo, MD, Ma. Teresa Caloto, PhD, MPH, MSc, Gonzalo Nocea, MSc, and NTx Study Group

Alendronate (70 mg/wk) effectively reduced urinary excretion of the bone turnover biomarker N-telopeptide. The probability of achieving a clinically significant reduction was greater in women with higher baseline levels of N-telopeptide and in women who accomplished treatment compliance.
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Associations of physical activity and diet with the onset of menopause in Japanese women
Chisato Nagata, MD, Keiko Wada, MD, Kozue Nakamura, MD, Yuya Tamai, MD, Michiko Tsuji, MEd, and Hiroyuki Shimizu, MD
A high level of physical activity and a high intake of polyunsaturated fat were associated with an earlier onset of menopause.

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Vasomotor hot flashes and heart rate variability: a placebo-controlled trial of postmenopausal hormone therapy
Hanna Lantto, MD, Petri Haapalahti, MD, PhD, Pauliina Tuomikoski, MD, PhD, Matti Viitasalo, MD, PhD, Heikki Väänänen, Lic Sc, Anssi R.A. Sovijärvi, MD, PhD, Olavi Ylikorkala, MD, PhD, and Tomi S. Mikkola, MD, PhD
In recently postmenopausal women with and without hot flashes, oral estrogen combined with medroxyprogesterone acetate may have adverse effects on heart rate variability and increase arrhythmias, whereas transdermal estrogen shows no such effects.

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Observational study of treatment compliance in women initiating antiresorptive therapy with or without calcium and vitamin D supplements in Spain
Adolfo Díez, MD, PhD, Cristina Carbonell, MD, Joaquín Calaf, MD, Maria Teresa Caloto, PhD, MS, and Gonzalo Nocea, MS
In this study, compliance with antiresorptive therapy was measured for bisphosphonates, SERMs, and supplements.

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Ospemifene and 4-hydroxyospemifene effectively prevent and treat breast cancer in the MTag.Tg transgenic mouse model
Rebekah A. Burich, MS, Neelima Rakesh Mehta, MS, Gregory T. Wurz, PhD, Jamie Lee McCall, MS, Brittany E. Greenberg, BS, Katie E. Bell, Stephen M. Griffey, DVM, PhD, and Michael W. DeGregorio, PharmD
Ospemifene, a potential new treatment for postmenopausal women experiencing vulvovaginal atrophy, may also prevent breast cancer and be useful in its treatment.

Brief Report
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Renal stones, timing hypothesis, and eu-estrogenemia
Ralph J. Turner, MD, FACOG, NCMP
and Irwin J. Kerber, MD, FACOG, FACS, NCMP
Re-evaluation of the data from the renal stone subset of the Women’s Health Initiative provides evidence of Clarkson’s Timing Hypothesis.
Management of vulvovaginal atrophy-related sexual dysfunction in postmenopausal women: an up-to-date review

Orkun Tan, MD, Karen Bradshaw, MD, and Bruce R. Carr, MD

The hormonal and nonhormonal therapies available for postmenopausal women with vulvovaginal atrophy-related sexual dysfunction are reviewed, focusing on practical recommendations.