Editorials

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Surgical menopause: health implications and hormonal management
Andrew M. Kaunitz, MD, FACOG, NCMP, and Stephanie Faubion, MD, FACP, NCMP

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Clinically undiagnosed vertebral fractures: why and how to approach when we do not know they exist?
Deborah M. Kado, MD, MS

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Early menarche and worse cardiovascular health: an emerging risk factor?
Ewa M. Gross-Sawicka, MD, PhD, and Eiran Z. Gorodeski, MD, MPH

Original Studies

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Unnecessary bilateral salpingo-oophorectomy at the time of hysterectomy and potential for ovarian preservation
Jellena Wong, MD, Ally Murji, MD, MPH, Zahra Sunderji, MD, Ovina Chow, BScH, Jodi Shapiro, MD, MHSc, Wendy Wolfman, MD, and Lindsay Shirreff, MD, MSc(HQ)
Concurrent bilateral salpingo-oophorectomy performed by generalists and at community hospitals were less likely to have preoperative indications. Ovarian preservation was potentially possible for 8%.

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Prevalence and risk factors of morphometric vertebral fracture in apparently healthy osteopenic postmenopausal Thai women
Lalita Wattanachanya, MD, and Chatlert Pongchaiyakul, MD
Morphologic vertebral fracture was common in apparently healthy postmenopausal women with osteopenia. Advancing age and higher FRAX scores were associated with higher prevalence of morphometric vertebral fracture.
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Age at menarche and cardiovascular health: results from the NHANES 1999-2016
Yi Zheng, MPH, Tony S. Wen, MD, Yun Shen, MPH, and Hui Hu, PhD
Early menarche is associated with worse cardiovascular health among women, especially among those aged 25-44 years. Age at menarche may play an important role in maintaining and improving cardiovascular health among women.

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Hypertensive disorders of pregnancy and menopausal symptoms: a cross-sectional study from the data registry on experiences of aging, menopause, and sexuality
Stephanie S. Faubion, MD, MBA, Amanda King, MD, Andrea G. Kattah, MD, Carol L. Kuhle, DO, MPH, Richa Sood, MD, MS, Juliana M. Kling, MD, MPH, Kristin C. Mara, MS, and Ekta Kapoor, MBBS
In this large cross-sectional study, a history of hypertensive disorders of pregnancy was associated with more bothersome menopausal symptoms, a finding which requires additional study to determine the strength of this association, underlying mechanisms of the association, and clinical implications for cardiovascular risk prediction in women.

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Effects of combined 17β-estradiol and progesterone on weight and blood pressure in postmenopausal women of the REPLENISH trial
Denise R. Black, MD, FRCSC, Mary Jane Minkin, MD, Shelli Graham, PhD, Brian Bernick, MD, and Sebastian Mirkin, MD
Data from the randomized, placebo-controlled, phase 3 REPLENISH trial revealed no overall clinically significant changes in body weight and sitting blood pressure in all groups, showing no impact of TX-001HR on these cardiovascular disease risk factors. Together with previously reported efficacy and safety data, the results of this analysis on weight and blood pressure add to the efficacy and safety profile for the approved 1 mg/100 mg E2/P4 dose, which is an option for postmenopausal women with a uterus and moderate to severe vasomotor symptoms.

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Long-term resveratrol supplementation improves pain perception, menopausal symptoms, and overall well-being in postmenopausal women: findings from a 24-month randomized, controlled, crossover trial
Jay Jay Thaung Zaw, MBBS, Peter R.C. Howe, PhD, and Rachel H.X. Wong, PhD
Resveratrol supplementation may reduce chronic pain in age-related osteoarthritis and improve menopause-related quality of life in postmenopausal women. These improvements can be sustained for at least 12 months and appear to be partly mediated by enhancement of circulatory function.

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Comparison of performance and health indicators between perimenopausal and postmenopausal obese women: the effect of high-intensity interval training (HIIT)
Georges Jabbour, PhD, and Horia D. Iancu, PhD
A six-week high intensity interval training intervention improved many health and performance parameters and reduced the effects of menopause and age.
58 Relationship between the use of Chinese herbal medicines and Sjögren syndrome risk among women with menopause: a retrospective cohort study
Yu-Jung Chung, MD, Chang-Kuo Wei, MD, Hanoch Livneh, PhD, Ning-Sheng Lai, MD, PhD, Ming-Chi Lu, MD, PhD, Hou-Hsun Liao, MD, and Tzung-Yi Tsai, PhD
A statistically significant association was found between Chinese herbal medicines (CHMs) use and lower risk of Sjögren’s syndrome (SS) onset in menopausal women, suggesting that CHMs could possibly be integrated into conventional therapy to reduce subsequent SS risk for menopausal women.

65 Assessment of menopausal symptoms and quality of life in women with premature ovarian failure after hematopoietic stem-cell transplantation for hematologic diseases
Huina Su, MD, Huiling Li, MD, Xin Yang, MD, Chaohua Wang, MD, and Yang Zhao, MD
Compared with natural menopausal women with the same number of years since menopause, the Menopause Rating Scale (MRS) and Kupperman Index scores of women with premature ovarian failure who underwent hematopoietic stem cell transplantation showed that this group had milder symptoms. The MRS may be a better alternative to reflect the severity of menopausal symptoms.

70 Onset of the climacteric phase by the mid-forties associated with impaired insulin sensitivity: a birth cohort study
Susanna M. Savukoski, MD, Eila T. J. Suvanto, MD, Juha P. Auvinen, MD, Paula R. O. Pesonen, MSc, Sirkka M. Keinänen-Kiukaanniemi, MD, Katri S. Puukka, PhD, Tapani Ebeling, MD, and Maarit J. Niinimäki, MD
Glucose metabolism was compared between climacteric and preclimacteric women at age 46. Earlier onset of the climacteric transition was found to be associated with impaired insulin sensitivity.

80 Acupuncture ameliorated vasomotor symptoms during menopausal transition: single-blind, placebo-controlled, randomized trial to test treatment efficacy
Jose M. Soares-Jr, MD, PhD, Alexandre C. Branco-de-Luca, MD, PhD, Angela M. da Fonseca, MD, PhD, Ceci M. Carvalho-Lopes, MD, PhD, Eduardo C. Arruda-Veiga, PhD, Cristiane L. Roa, MD, Vicente R. Bagnoli, MD, PhD, and Edmund C. Baracat, MD, PhD
Acupuncture treatment may mitigate hot flashes and other climacteric symptoms during the menopausal transition.

Brief Report

86 Behavioral and psychological health inequities in income disparate perimenopausal women: a brief report
Kirsten A. Dickins, PhD, AM, MSN, FNP-C, and Sara E. Looby, PhD, ANP-BC, FAAN
Awareness of how the social determinants of health impact outcomes among vulnerable perimenopausal women is critical to developing equitable aging opportunities, including customized preventive health screenings and interventions that engage income disparate perimenopausal women.
Clinical Corner
NAMS Practice Pearl(212,320),(781,340)

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Fibromyalgia screening in patients with unexplained chronic fatigue
Christopher A. Aakre, MD, MSc
Perimenopausal and postmenopausal women often complain of symptoms of fatigue and
generalized aches and pains. Even though fibromyalgia is more prevalent in midlife women,
not all women presenting with aches and pain and disrupted sleep meet diagnostic criteria
for fibromyalgia. This Practice Pearl addresses the distinction between chronic fatigue
syndrome and fibromyalgia and the management of fibromyalgia.

Review Articles

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Migraine and menopause - a narrative review
Carolyn Bernstein, MD, and Mary A. O’Neal, MD
This is a narrative review of neurologic considerations for women with migraine in
perimenopause and after the menopause transition. The review covers prevalence,
stroke risk and best practice for migraine management.

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The effect of pathophysiological changes in the vaginal milieu on the signs and symptoms
of genitourinary syndrome of menopause (GSM)
Wenhui Qi, MD, Huiyang Li, MD, Chen Wang, MD, Huanrong Li, MD, Aiping Fan, MD, PhD,
Cha Han, MD, PhD, and Fengxia Xue, MD, PhD
In women with genitourinary symptoms of menopause (GSM), low hormone states can result
in pathophysiological changes in the vaginal milieu, including the vaginal microbiome and the
mucosal immunity. Hormone-associated disruption of the balance of the indigenous microbiota
and the dysregulation of these immune responses are the pathophysiological basis of GSM
symptoms.