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Genitourinary syndrome of menopause and age: a new algorithm for hormonal treatment?
Nancy A. Phillips, MD, and Gloria A. Bachmann, MD

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Delay in diagnosis and increasing incidence of vulvar cancer: a root cause analysis
Annekathryn Goodman, MD, MPH

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Does age at the start of treatment for vaginal atrophy predict response to vaginal estrogen therapy? Post hoc analysis of data from a randomized clinical trial involving 205 women treated with 10 µg estradiol vaginal tablets
Christine M. Derzko, MD, FRCSC, Sebastian Röhrich, MD, PhD, and Nick Panay, BSc, FRCOG, MFSRH
Findings suggest that treatment may be initiated at any age since low dose vaginal estrogen therapy improved symptoms and signs of vaginal atrophy in both younger (<60 years) and older (≥60 years) women. The stronger response observed in younger women supports current clinical recommendations to start treatment early.

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Age-associated trends of vulvar cancer in the US
Hanaa Khadraoui, BA, Sarah Thappa, DO, Marianne Smith, MD, Adi Davidov, MD, and Mario R. Castellanos, MD
Given the steady rise in vulvar cancer cases, if caught early, these carcinomas can be managed with curative intent. The importance of a simple genital examination, initiated by primary care providers, is an opportunity for early diagnosis and continued longevity to improve quality of life for older women.
126 Identifying women who share patterns of reproductive hormones, vasomotor symptoms, and sleep maintenance problems across the menopause transition: group-based multi-trajectory modeling in the Study of Women’s Health Across the Nation
Karen A. Matthews, PhD, Yuefang Chang, PhD, Maria M. Brooks, PhD, Sybil L. Crawford, PhD, Imke Janssen, PhD, Hadine Joffe, PhD, Howard M. Kravitz, DO, MPH, Rebecca C. Thurston, PhD, and Samar R. El Khoudary, PhD
Women can be categorized into five distinct groups based on having shared combinations of follicle stimulating hormones, vasomotor symptoms, and sleep maintenance problem trajectories during the menopausal transition. Women do not have a uniform experience of menopause-related outcomes and individualized approaches to women’s transition are essential.

135 Vaginal energy-based devices: characterization of adverse events based on the last decade of MAUDE safety reports
Shannon L. Wallace, MD, Eric R. Sokol, MD, and Ekene A. Enemchukwu, MD
MAUDE-reported data suggests that the majority of patient complaints after energy-based device treatment for pelvic floor disorders are not severe and some may be related to progression of the disease. However, as current literature lacks robust efficacy and safety-profile data, the few severe adverse events reported in the MAUDE database may have contributed to the FDA warning regarding energy-based devices.

142 Physical activity and menopausal symptoms in women who have received menopause-inducing cancer treatments: results from the Women’s Wellness After Cancer Program
Tom G. Bailey, PhD, Gregore I. Mielke, PhD, Tina S. Skinner, PhD, Debra Anderson, PhD, Janine Porter-Steele, PhD, Sarah Balaam, PhD, Leonie Young, D.Univ, and Alexandra L. McCarthy, PhD
This study showed a stepwise association between self-reported moderate and vigorous physical activity and a lower total menopausal symptom score in women treated for early stage breast, reproductive and blood cancers. A digitally-delivered whole-of-lifestyle program intervention did not appear to increase self-reported physical activity in women following cancer treatment.

150 Inverse association between dietary fiber intake and depression in premenopausal women: a nationwide population-based survey
Yunsun Kim, MD, Minseok Hong, MD, Seonah Kim, MD, PhD, Woo-young Shin, MD, PhD, and Jung-ha Kim, MD, PhD
This study aimed to investigate the relationship between dietary fiber intake and depression in women according to menopausal status based on a nationwide survey in Korea. Dietary fiber intake was inversely associated with depression in premenopausal but not postmenopausal women.

157 Developing and evaluating a patient decision aid for hormone therapy to manage symptoms of surgical menopause: the story behind the “SheEmpowers” patient decision aid
Tasneem Siyam, BScPharm, PhD, Alisha Shivji, Pharm D, Sue Ross, PhD, Dean T. Eurich, PhD, Afsaneh Lavasanifar, PhD, and Nesé Yuksel, BScPharm, PharmD, FCShP, NCMP
Through an adopted, systematic approach the SheEmpowers PDA was developed to help women overcome deterrents to decision-making related to lack of knowledge, decision-making skills and involvement in therapy decisions. The decisional effectiveness of the tool is to be assessed in future studies.
Age, menstruation history, and the brain
Ananthan Ambikairajah, BSc, MTeach, PhDc, Hossein Tabatabaei-Jafari, MD, Michael Hornberger, PhD, and Nicolas Cherbuin, PhD

Menopause may contribute to brain volume beyond typical aging effects. Furthermore, early age of menarche, delayed age of menopause, and increasing duration of menstruation were negatively associated with brain volume.

Relationship between number of menopausal symptoms and work performance in Japanese working women
Keiko Hashimoto, MNS, Mikako Yoshida, PhD, Yasuka Nakamura, PhD, Yoko Takeishi, PhD, and Toyoko Yoshizawa, PhD

The results of this study revealed that higher numbers of menopause symptoms correlated with lower levels of work performance. Maintenance of health and the provision of appropriate working environments could aid women in maintaining their performance by improving menopause symptoms.

Prevalence of symptoms and associated factors across menopause status in Taiwanese women
Pei-Shan Lee, PhD, RN, and Chyi-Long Lee, PhD, MD

Menopause and midlife symptoms became more prevalent as women progressed from premenopause to postmenopause. This study found that the top five symptoms reported on a menopause hot line were memory loss, fatigue, insomnia, depressed mood, and back pain.

Menopause symptoms delineated by HIV clinical characteristics in African American women with HIV
Rebecca A. Garbose, MD, John Wu, MD, Mindy S. Christianson, MD, Takeyra Robinson, BA, Tyler Gaines, BA, and Wen Shen, MD, MPH

This study shows that women with HIV (WWH) undergoing the menopause transition experience intense symptoms severely impacting quality of life. Although the majority of women reported experiencing menopause symptoms to medical providers, most remained untreated, providing an opportunity to educate providers caring for WWH on menopause medicine.

The ewe as an animal model of vaginal atrophy and vaginal Er:YAG laser application
Lucie Hympanova, PhD, Rita Rynkevic, PhD, Marina G. M. C. Mori Da Cunha, PhD, Chantal M. Diedrich, MD, Silvia Blacher, PhD, Laurent De Landsheere, PhD, Katerina Mackova, MD, Ladislav Krofta, CSc, Jan-Paul Roovers, PhD, and Jan Deprest, PhD

In sheep of reproductive age, ovariectomy induces vaginal atrophy evidenced in different outcome measurements. Vaginal Er:YAG laser induced visual impact, a short term increase in epithelial thickness yet no long term changes compared to sham therapy in menopausal controls.
Review Articles

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Serotonergic antidepressants for sleep disturbances in perimenopausal and postmenopausal women: a systematic review and meta-analysis
Yu-Shian Cheng, MD, Cheuk-Kwan Sun, MD, PhD, Pin-Yang Yeh, PhD, Ming-Kung Wu, MD, Kuo-Chuan Hung, MD, and Hsien-Jane Chiu, MD, PhD

These results showed that serotonergic antidepressants were effective against sleep disturbances in peri- and post-menopausal women. Efficacy remained significant for women without major depressive disorder.

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Efficacy of progestin-only treatment for the management of menopausal symptoms: a systematic review
Shelley N. Dolitsky, MD, Christina N. Cordeiro Mitchell, MD, Sarah Sheehan Stadler, MD, and James H. Segars, MD

A systematic review of progestin-only treatment for menopausal vasomotor symptoms found that some trials using the transdermal route at longer duration or with oral treatment at higher doses reported beneficial effects. This report may help guide future studies of progestin-only therapy for the treatment of menopausal symptoms.

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