



Menopause

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NAMS Position Statement



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The 2023 nonhormone therapy position statement of The North American Menopause Society

An update of the evidence-based 2015 Nonhormonal Management of Menopause-Associated Vasomotor Symptoms Position Statement of The North American Menopause Society, this evidence-based statement after review and evaluation of the literature published since the 2015 Position Statement resulted in several nonhormone options for the treatment of vasomotor symptoms. Although hormone therapy remains the most effective treatment for vasomotor symptoms and should be considered in menopausal women within 10 years of their final menstrual periods, for women who are not good candidates for hormone therapy because of contraindications or personal preference, it is important for healthcare professionals to be well informed about nonhormone treatment options for reducing vasomotor symptoms that are supported by the evidence.

(continued)

Original Studies

OPEN

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Association of hormone preparations with bone mineral density, osteopenia, and osteoporosis in postmenopausal women: data from National Health and Nutrition Examination Survey 1999-2018

Yiran Wang, MD and Chao Sun, MD

Hormone preparations increase lumbar spine bone mineral density in postmenopausal women and exert a protective effect against osteopenia, and these impacts persisted after hormone preparations were discontinued. Hormone preparations, however, were not associated with osteoporosis prevalence.

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Early menopause and cardiovascular risk factors: a cross-sectional and longitudinal study

Zayne Milena Roa-Díaz, PhD, Faina Wehrli, PhD, Irene Lambrinoudaki, PhD, Catherine Gebhard, PhD, Iris Baumgartner, PhD, Pedro Marques-Vidal, PhD, Arjola Bano, PhD, Peter Francis Raguindin, PhD, and Taulant Muka, PhD

Early menopause may be associated with changes in glucose metabolism, while it may have little to no impact on other cardiovascular risk factors.

OPEN

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Association between weekend catch-up sleep and hyperuricemia with insufficient sleep in postmenopausal Korean women: a nationwide cross-sectional study

Soo Min Son, MD, Eun-Ju Park, MD, Ryuk Jun Kwon, MD, PhD, Young Hye Cho, MD, Sang Yeoup Lee, MD, Jung In Choi, MD, Youngin Lee, MD, Sae Rom Lee, MD, Yun Jin Kim, MD, Jeong Gyu Lee, MD, Yu Hyeon Yi, MD, Young Jin Tak, MD, Seung Hun Lee, MD, Gyu Lee Kim, MD, and Young Jin Ra, MD

Weekend catch-up sleep is associated with a lower prevalence of hyperuricemia in Korean postmenopausal women with insufficient sleep, especially at 1 to 2 hours of weekend catch-up sleep.

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Quality of life in Spanish postmenopausal breast cancer patients with localized disease who finish endocrine treatment: a prospective study

Juan Ignacio Arraras, PhD, Jose Juan Illarramendi, MD, PhD, Ana Manterola, MD, Susana de la Cruz, MD, Uxue Zarandona, PS, Berta Ibañez, PhD, Esteban Salgado, MD, Ignacio Visus, MD, Marta Barrado, PhD, Lucia Teiejira, MD, María Isabel Martínez, MD, Enrique Martínez, MD, and Ruth Vera, PhD

Postmenopausal early-stage breast cancer patients showed high Quality of Life (QOL) scores in assessments conducted after 5 years of endocrine treatment (ET) and 1 year after ET cessation, with improvements in this follow-up period in pain.

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Interactions between genetic variants and environmental risk factors are associated with the severity of pelvic organ prolapse

Lei Li, PhD, Guangyi Zhao, PhD, Jie Wu, PhD, Haiyu Pang, PhD, Tianli Zhang, MA, Juan Chen, MD, PhD, Kunlin Zhang, PhD, and Lan Zhu, MD

This study provided preliminary evidence that interactions between genetic variants and environmental risk factors are associated with pelvic organ prolapse severity, suggesting the potential use of combining epidemiologic exposure data with selected genotyping for risk assessment and patient stratification.

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Effects of topical dehydroepiandrosterone therapy in women after pelvic organ prolapse surgery

Łukasz Nowakowski, PhD, MD, Krzysztof Gałczyński, PhD, MD, Michał Dybowski, PhD, Rafał Typek, PhD, Andrzej Dawidowicz, PhD, Paweł Miotła, PhD, MD, Piotr Olcha, PhD, MD, and Tomasz Rechberger, PhD, MD

Either vaginal therapy with dehydroepiandrosterone (DHEA) or vaginal therapy with estradiol in the postoperative period contributes to the improvement of vaginal maturation index, lowering pH, and reducing vaginal discomfort. The benefits of vaginal DHEA therapy after pelvic organ prolapse repair procedures are comparable to those obtained with the vaginal use of estradiol.

Clinical Corner

Invited Review

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Diagnosis, causes, and treatment of dyspareunia in postmenopausal women

Lauren F. Streicher, MD, NCMP

Dyspareunia is a common multifactorial issue in postmenopausal women, which remains largely untreated. Women with dyspareunia require a thorough history, a targeted physical examination, and coordination of multiple disciplines, including medical clinicians, pelvic floor physical therapists, and sex therapists.

Personal Perspective

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Endometrial safety of low-dose vaginal estrogens

Frank Z. Stanczyk, PhD, MS, Rachel S. Mandelbaum, MD, Harpreet Matharu, MD, Christina E. Dancz, MD, MPH, and Mark E. Sherman, MD

This commentary discusses metabolism, receptor binding, and signaling of estrogens in vaginal and endometrial tissue, and summarizes studies on the endometrial impact of low-dose vaginal estrogen treatment in postmenopausal women.

Review Articles

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Hormone therapy for sexual function in perimenopausal and postmenopausal women: a systematic review and meta-analysis update

Nadia Meziou, MPH, Clare Scholfield, MSc, Caroline A. Taylor, BM, FFSRH, BMSMS, and Heather L. Armstrong, PhD

Estrogen therapy, estrogen plus progestogen therapy, tibolone, and selective estrogen receptor modulators, compared with control, may slightly improve sexual function. This should be considered when discussing treatment options for other menopausal symptoms.

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Menopause hormone therapy and urinary symptoms: a systematic review

Monica M. Christmas, MD, NCMP, Shilpa Iyer, MD, MPH, Cassandra Daisy, Sumiko Maristany, Juraj Letko, MD, and Martha Hickey, MD, MBChB, MSc

Vaginal estrogen improves urinary symptoms in postmenopausal women, but systemic hormone therapy may cause urinary incontinence or make urinary symptoms worse.

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