

Recent References on Menopause

ACOG Practice Bulletin No. 141: management of menopausal symptoms. *Obstet Gynecol.* 2014; **123**(1): 202-216.

The first updated practice bulletin from ACOG on this topic since the WHI publications. This includes guidelines on hormonal therapy usage for women over the age of 65.

Canonico M. Hormone therapy and hemostasis among postmenopausal women: a review. *Menopause.* 2014; **21**(7): 753-62.

Dr. Canonico is a leader in the French ESTHER group, which has extensively studied the use of transdermal estrogens, particularly as to their effects of venous thromboembolic diseases in postmenopausal women.

Constantine G, Graham S, Portman DJ, Rosen RC, Kingsberg SA. Female sexual function improved with ospemifene in postmenopausal women with vulvar and vaginal atrophy: results of a randomized, placebo controlled trial. *Climacteric.* 2015; **18**(2): 226-32.

A study confirming that improvement of vulvovaginal atrophy leads to significant improvement in sexual function in postmenopausal women.

LaCroix AZ, Chlebowski RT *et al.* Health outcomes after stopping conjugated equine estrogens among postmenopausal women with prior hysterectomy: a randomized controlled trial. *JAMA.* 2011; **305**(13): 1305-14.

A thorough followup study of the WHI estrogen-only cohort, with significant data on breast cancer and cardiovascular diseases.

Mikkola TS, Tuomikoski P *et al.* Estradiol based postmenopausal hormone therapy and risk of cardiovascular and all-cause mortality. *Menopause.* 2015; **22**(9): 976-83.

A large European cohort trial, looking at estrogen use and heart disease.

Minkin MJ. Sexual health and relationships after age 60. *Maturitas.* 2016; **83**: 27-32.

This review focuses on issues that arise for older women in distinct disease and or pathophysiological states, including gynecological and breast cancer, as well as those associated with partners of men who are either prostate cancer survivors or who have taken therapy for erectile dysfunction.

Mueck AO. Postmenopausal hormone replacement therapy and cardiovascular disease: the value of transdermal estradiol and micronized progesterone. *Climacteric.* 2012; **15** Suppl 1: 11-17.

A review of different modalities of hormone therapy (transdermal estrogens and natural, non synthetic, progesterone) and their effects of cardiovascular diseases.

Nappi RE, Kokot-Kierepa M. Vaginal health: Insights, View and Attitudes (VIVA) -results from an international survey. *Climacteric*. 2012; **15**(1): 36-44.

An international survey of women with postmenopausal vulvovaginal atrophy, including their understanding of the problem and its effects on women's physical and emotional health.

North American Menopause Society. Management of symptomatic vulvovaginal atrophy: 2013 position statement of the North American Menopause Society. *Menopause*. 2013; **20**(9): 888-902.

Current guidelines from NAMS on VVA, including therapeutic options.

Palacios S, Currie H, Mikkola TS, Dragon E. Perspective on prescribing conjugated estrogens/bazedoxifene for estrogen-deficiency symptoms of menopause: a practical guide. *Maturitas*. 2015; **80**(4): 435-40.

A thorough review of the literature on conjugated estrogens/bazedoxifene for therapy for postmenopausal women with a uterus with symptomatic vasomotor symptoms. Bazedoxifene is the first alternative to progestin therapy for endometrial protection for women administered estrogen.

Portman DJ, Bachmann GA, Simon JA; Ospemifene Study Group. Ospemifene, a novel selective estrogen receptor modulator for treating dyspareunia associated with postmenopausal vulvar and vaginal atrophy. *Menopause*. 2013; **20**(6): 623-30.

The results of trials of ospemifene for treatment of symptomatic vulvovaginal atrophy. Ospemifene is the first prescription non-estrogen therapy for VVA.

Santen RJ, Allred DC *et al*. Postmenopausal hormone therapy: an Endocrine Society scientific statement. *J Clin Endocrinol Metab*. 2010; **95**(7 Suppl 1): s1-s66.

An extensive review of postmenopausal hormone therapy written from the perspective of internal medicine *endocrinologists*, rather than gynecologists.

Simon JA, Portman DJ *et al*. Low dose paroxetine 7.5 mg for menopausal vasomotor symptoms: two randomized controlled trials. *Menopause*. 2013; **20**(10):1027-35.

Extensive summary of the trials of low dose paroxetine for therapy of vasomotor symptoms, leading to the approval by the FDA of paroxetine, 7.5 mg, as the first non-hormonal therapy for vasomotor symptoms.

Sturdee DW, Pines A *et al*. Updated IMS recommendations on postmenopausal hormone therapy and preventative strategies for midlife health. *Climacteric*. 2011; **14**(3): 302-20.

Updated perspective of the International Menopause Society on postmenopausal hormonal therapy, with input from experts throughout the world.