1. Associations were identified between anorexia of aging and slowness (OR 1.42, 95% CI: 1.14–1.79, P=0.019), but not weakness or low level of physical activity. CONCLUSIONS: Anorexia of aging is a form of frailty and is associated with higher cardiovascular risk.

2. The use of progestogen and combination HT was not related to AD risk (OR, 95% CI: 1.00–0.99). The use of estrogen alone was protective against AD (OR 1.37, 95% CI: 1.17–1.61) respectively, but use of systemic estrogen alone was not protective (OR 0.85, 95% CI: 0.74–0.98).

3. Negligible to very low systemic estradiol absorption was observed whether given as transdermal patches, gel or cream, or via vaginal tablets. Vaginal estradiol patches were significantly more effective than vaginal tablets in their effects at 24 hours.

4. A substudy (n=72) of the REJOICE trial showed that estradiol Cavg and AUC0-10µg TX were not different from placebo on days 1 and 14. While TX 10µg and 25µg TX ved the proportions of vaginal superficial and parabasal cells and vaginal pH, and in the phase 3 10µg and 25µg TX treatment of vulvar atrophy (VVA) in postmenopausal women, with an improved user experience. In phase 2 treatment of VVA in postmenopausal women.”