

What Is Considered High Sex Hormone Binding Globulin

Hyperandrogenism in Women - R. Pasquali 2019-09-09

Hyperandrogenism profoundly affects women's lives from lowering self-esteem to changing cognition and affective motivation. The polycystic ovary syndrome (PCOS) is the most common androgen excess disorder worldwide. While it is not the focus of this book, some aspects are discussed. The aim of this book is to improve understanding of androgen excess and its impact on several conditions. Topics include development of adipose tissue in females, insulin sensitivity, congenital adrenal hyperplasia, and Cushing's disease/syndrome. There is also a discussion of PCOS with emphasis on in utero origins and specific genetic and epigenetic factors. This book provides a wealth of relevant information for every endocrinologist and gynecologist who wants to broaden their knowledge of androgens in various conditions.

Disentangling the Contribution of Gender Roles and Sex Hormones on Sex Differences in Chronic Pain Across Multiple Large Population Cohorts - Gianluca Guglietti 2022

"Intro: Women are significantly more likely to experience chronic pain than men. Despite the sex differences in chronic pain conditions, the etiology of these differences is not fully understood. Previous studies have attributed these disparities to the social dimension of pain across genders due to differences in psychosocial variables such as willingness to report pain, gender specific stressors, and gender roles. However, recent preclinical research has pointed toward possible biological factors for differences in pain. In the following research, we aim to disentangle the effect of gender and sex hormones across two large cohorts, the United Kingdom Biobank (UKBB) and Northern Finland Birth Cohort (NFBC). Methods: Data was obtained from the UKBB and NFBC where we have access to pain status, complete blood hormone levels (Testosterone and Sex Hormone Binding Globulin), and psychosocial data for a diverse population of over half a million individuals and six thousand individuals respectively. We investigated gender by developing a weighted gender index using logistic regression modelling. We selected gender related variables spanning the four aspects of gender as defined by the women's health research network at the CIHR. These included socioeconomic status, domestic labour, sexual violence, and personality traits. These variables were entered in a logistic regression model to predict sex. The probability outputs of this model (the percent likelihood of a given individual to be a woman) were used as an individual gender index for each participant. The respective contributions of sex hormones and the gender index on chronic pain prevalence were explored using odds ratios after stratifying by sex and controlling for age. Results: We show consistent sex differences in chronic pain prevalence across body sites in both the UKBB and the NFBC, with women reporting greater rates of chronic pain across body sites particularly facial and headache pain. In both populations, we were able to reliably predict sex using psychosocial variables with an area under the curve value of 0.83 (UKBB) and 0.94 (NFBC) respectively. Our derived gender index was independent from sex hormones after stratifying patients by sex. Femininity showed the most consistent and significant associations for sites commonly associated with women headache, face, and multisite pain. In the UKBB, free testosterone was consistently negatively associated with chronic pain in men but positively associated with pain in women. This effect was partially replicated in the NFBC. Conclusion: Women make up a disproportionately large number of cases among chronic pain conditions. This study shows how both higher femininity and sex-dependent effects of free testosterone act as risk factors for chronic pain across populations from the United Kingdom and Finland. These findings impact how we understand the epidemiological differences in pain prevalence between the sexes"--

Androgen Excess Disorders in Women - Ricardo Azziz 2007-11-08

The field of androgen excess disorders has advanced substantially since the original publication of this book. The Androgen Excess Society (AES) was founded to bring together investigators in the field. A better understanding of the screening, progression, and molecular genetics of nonclassic adrenal hyperplasia (NCAH) has improved the clinical care and diagnostic accuracy of these patients. New criteria for the

diagnosis of the polycystic ovary syndrome (PCOS) were proposed in Rotterdam, criteria that have resulted in controversy and, hopefully, initiation of new studies. The association of insulin resistance with PCOS has been strengthened, and the role of metformin in treating the infertility of the PCOS has been validated.

Risks for diabetes and, more controversially, cardiovascular disease in women with PCOS have received substantial investigation. Our understanding of the epidemiology and economic impact of these disorders has expanded, emphasizing their critical importance. These are but a few highlights of how the terrain has changed in a relatively brief period of time. In keeping with these advances, the title of this book has been revised to reflect the growing importance of PCOS as the most prevalent androgen excess disorder in women, and arguably, as the one that might have the most serious adverse consequences for general health. There are fewer chapters to provide a more focused elucidation of the area. Several chapters were penned by new (and young) authors who are conducting cutting-edge research in the field.

Clinical Gynecology - Eric J. Bieber 2015-04-23

Written with the busy practice in mind, this book delivers clinically focused, evidence-based gynecology guidance in a quick-reference format. It explores etiology, screening, tests, diagnosis, and treatment for a full range of gynecologic health issues. The coverage includes the full range of gynecologic malignancies, reproductive endocrinology and infertility, infectious diseases, urogynecologic problems, gynecologic concerns in children and adolescents, and surgical interventions including minimally invasive surgical procedures. Information is easy to find and absorb owing to the extensive use of full-color diagrams, algorithms, and illustrations. The new edition has been expanded to include aspects of gynecology important in international and resource-poor settings.

The Genetics of Sex Hormones and Their Effects on Mammographic Density in Women - Cameron B. Haas 2021

In this work we leveraged genomic information from large-scale population-based studies to explore the relationships between three epidemiologic factors associated with breast cancer in women: 1) mammographic density, 2) sex hormone concentrations, and 3) body mass index (BMI). Mammographic density, which describes the proportion of dense (i.e., epithelial and stromal) tissue in the breast, is one of the strongest predictors of breast cancer in women. Women with extremely dense breasts have a 3 to 6-fold increased risk of breast cancer compared to those with primarily fatty breasts. Breast cancer is generally considered to be a primarily hormone-driven cancer, an attribute that has led to the development of effective treatment and prophylactic strategies for hormone receptor positive subtypes and cause for investigating the role of endogenous hormones in breast cancer etiology. Finally, BMI has been consistently observed to have paradoxical associations with breast cancer across menopause, with evidence of preventative effects associated with higher BMI in premenopausal women but increased risk in postmenopausal women. We first built on recent analyses that investigated the genetic architecture of testosterone and sex hormone binding globulin (SHBG) in men and women of European ancestry by conducting genome-wide association studies (GWAS) of estradiol concentrations in women. Additionally, we investigated the generalizability of previous findings in women of African ancestry. We further conducted menopausal status specific GWAS of these sex hormones to identify loci with heterogeneous effects across menopause. We found that the strongest overall genetic predictor of testosterone concentrations, located in the CYP3A7 gene, had an effect nearly twice as large in premenopausal women compared to postmenopausal women. Similarly, genetic variants in the AKR1C4 gene were strongly associated with concentrations of SHBG in premenopausal women, but not in postmenopausal women, with a 5-fold difference in effect estimates between the two. We also estimated the shared heritability across menopausal status specific hormone concentrations, and observed a relatively low genetic correlation between pre- and postmenopausal detectable levels of estradiol, whereas comparisons of pre- and

postmenopausal shared heritability for SHBG and testosterone were both close to one, indicating near identical genetic architectures. We performed gene-level tests for enrichment of genetic associations within tissue-specific gene expressions by collapsing multiple SNP-level associations in a gene while accounting for linkage disequilibrium. Using this gene-set analysis for tissue specificity we observed a change from strong adrenal gland tissue specificity of testosterone in premenopausal to adipose tissue specificity in postmenopausal women, suggesting that adiposity may play a more important role in determining circulating concentrations of testosterone after menopause. To understand the directional relationships between overall and menopausal status specific concentrations of sex hormones and BMI on mammographic dense and non-dense area we performed Mendelian Randomization analyses. We created menopausal status specific genetic instruments for SHBG, testosterone, and estradiol based on our previous work. We obtained single nucleotide polymorphisms (SNP)-specific association statistics from a recent GWAS of mammographic density of up to 27,900 women of European ancestry. Effect estimates for BMI were obtained from the largest meta-GWAS of BMI to date, comprising more than 700,000 individuals. We observed an inverse relationship between overall genetically predicted testosterone and dense area. Increasing genetically predicted BMI was strongly associated with an increase in genetically predicted non-dense area, as previously observed. However, we also observed an inverse association between genetically predicted BMI and absolute dense area, which might explain some of the reduced risk of breast cancer associated with an increase in genetically predicted BMI. Higher genetically predicted BMI was also strongly associated with decreasing SHBG concentrations, as well as increasing concentrations of testosterone. Based on the inverse-variance weighted results, we observed increasing genetically predicted BMI to be associated with a decrease in genetically predicted detectable levels of overall and premenopausal specific estradiol concentrations, but not for postmenopausal only. Multivariable MR approaches for the association of BMI and mammographic density adjusting for sex hormones did not substantively change the effect estimates of BMI. Building on the strong association between BMI and mammographic density, we sought to identify genetic loci that interact with BMI to alter mammographic density phenotypes. We conducted genome-wide tests for the interaction between SNPs and BMI on percent mammographic density, absolute dense area, and absolute non-dense area in 14,837 women. Despite having the largest sample size to date with genetic and phenotypic data for mammographic density, we did not find any loci that reached standard Bonferroni correction for statistical significance. This work presents novel findings of the unique genetic architectures of menopausal specific concentrations of sex hormones in women and extends these findings to investigate their associations with mammographic density. We show that BMI plays an important role in determining not only non-dense area, but also dense area and a possibly separate mechanism for breast cancer etiology. Additionally, there is evidence based on our MR approaches of a regulatory role of BMI on endogenous estradiol as yet another possible pathway to tumorigenesis. We did not identify any genetic variant that has a strong modifying effect of BMI on mammographic density phenotypes. It is possible that larger studies are merited to investigate the interactions between germline genetic variants and BMI on mammographic density variation.

Fertility Preservation in Male Cancer Patients - John P. Mulhall 2013-02-21

Men with cancer rendered infertile by surgery, chemotherapy, radiation and hormone therapy that are needed to control or cure their disease are increasingly being offered the chance to preserve their reproductive potential through artificial reproductive technologies. Cryopreservation of sperm and testicular tissue have increasingly helped boys and men preserve their fertility. There is a growing subspecialty within reproductive medicine aimed at fertility preservation in this population. Furthermore, strategies are being developed that may in the future revolutionize the approach to such patients. Written by international authorities in the field of fertility preservation, this comprehensive book is aimed at clinicians dealing with male cancer patients, in particular, urologists, andrologists, oncologists, pediatricians and nursing staff as well as clinicians in reproductive endocrinology. The text reviews the impact of cancers and their treatment on male fertility, the available fertility preservation strategies and post-treatment management.

Steroid Binding to Sex Hormone-binding Globulin - Anie Philip 1986

Human Sex Hormone-binding Globulin Modulates the Biological Activity of Its Ligands in Vitro and in Vivo [microform] - Heather Lynne Hodgert July 2001

The regulation of sex steroid bioavailability at the target tissue level is a result of the interaction of these hormones with plasma proteins. In particular, the interaction of sex steroids with human sex hormone-binding globulin (SHBG), a protein with high affinity and low capacity for steroids, is important in determining the bioavailability of sex steroids at the tissue level. Previous studies have shown that certain nonsteroidal compounds interact with the SHBG steroid-binding site, and I have therefore developed a screening assay to identify natural and synthetic compounds that bind SHBG. This assay uses undiluted human serum and therefore has the advantage of identifying possible interactions with other serum proteins by comparing results in this assay versus conventional assays, therefore providing insight into the factors that contribute to the bioavailability of endocrine active compounds within the body. A limited number of in vitro studies have shown that it is the non protein-bound steroid fraction that is biologically active, consistent with the free hormone hypothesis, but these studies cannot model tissue blood flow and transit time. Additionally, there is evidence that SHBG may have a direct influence on the actions of its ligands as a result of targeted delivery. Rodents are often used as in vivo models for estrogen action, however they lack SHBG in the blood as adults. I have therefore made use of transgenic mice that express human SHBG transgenes and have various levels of human SHBG in their blood to assess the effects of SHBG on estrogen action by measuring uterine hypertrophy following administration of pharmacologically relevant estrogens, and by monitoring the incidence of chemically-induced mammary tumours that are known to be estrogen-dependent. Immunohistochemical analysis of uteri harvested from these mice revealed an estrogen-dependent accumulation of SHBG in the endometrial stroma. The extracellular matrix protein fibulin-2, which is known to interact with SHBG in vitro was found to have a similar localization pattern in the mouse uterus following estrogen stimulation. These data indicate that fibulin-2 is involved in the extravascular sequestration of SHBG in the mouse uterus and that this interaction can be regulated in an SHBG ligand-dependent manner.

Androgens and the Aging Male - B.J. Oddens 1996-11-15

While menopause in women is a well-established and well documented phenomenon, the andropause in men is a relatively new concept. The terms male menopause and andropause suggest that this is an abrupt phenomenon related to a sudden deprivation of sex hormones. Unlike the menopause, which has a relatively sudden onset, the andropause appears to be a gradual process. It has been hypothesized that an androgen deficiency might develop with aging. *Androgens and the Aging Male* explores this hypothesis. The book focuses on the gradually progressive problems related to the decline in androgens that can occur with advancement of age. It examines the debate about the extent to which an age-dependent decline in androgens leads to health problems that affect or impair the quality of life, and the theory behind it. In addition, it reviews studies evaluating the effects of androgen supplementation. *Androgens and the Aging Male* comprehensively covers androgen function and how it changes over time.

Combined Estrogen-progestogen Contraceptives and Combined Estrogen-progestogen Menopausal Therapy - IARC Working Group on the Evaluation of Carcinogenic Risks to Humans 2007

Oral contraceptives for family planning worldwide have revolutionized the reproductive lives of millions of women since their introduction in the 1960s. Later on, a variety of side-effects including cardiovascular diseases was recognized. In response to these concerns, new generations of combined oral contraceptives were developed that featured lower dose of estrogen and newer, more potent progestogens. The effectiveness and ease of use of combined hormonal contraceptives suggest that they will continue to be used to a significant extent in the future. This ninety-first volume of IARC Monograph.

Steroid-protein Interactions - Ulrich Westphal 1971

Hormones, Cognition and Dementia - Eef Hogervorst 2009-09-24

A decade ago, oestrogen-containing hormone therapy was viewed as a promising strategy for the prevention and treatment of dementia and age-related cognitive decline. However, treatment trials in women with Alzheimer's disease showed that oestrogens did not reverse cognitive impairment, and clinical trials in healthy older women indicated that oestrogens did not prevent cognitive decline. The Women's

Health Initiative Memory Study trial even suggested an increased risk of dementia with treatment late in life. What happened? How are we to understand these findings? What are the implications for middle-aged and older women? What about testosterone, and what about men? And where do we go from here? This book brings together world-renowned experts in basic and clinical research on sex steroids, aging, and cognition to integrate existing findings with emerging new data, and offer challenging hypotheses on these key issues.

Is Sex Hormone Binding Globulin Locally Produced in Breast Cancer - 1993

Breast cancer is an economically and personally devastating disease for individuals and society. Breast cancer is now the second most common cancer in women with the risk for an individual woman to develop breast cancer over her lifetime at between 7 and 10%. The five year survival rate for breast cancer ranged between 40 and 64% depending on the population (1) In 1993, it was estimated that 182,000 new cases would be diagnosed (2) Some of the major risk factors for developing cancer include not only family history of breast cancer, but early menarche and late menopause, suggesting endocrine factors. While the 5 year survival rate for breast cancer has improved over time from 63% (1960) to around 75% (1981), the incidence of breast cancer remains high, at 86 cases (or greater) per 100,000 people per year (3) The estimated total cost for breast cancer in 1990 was \$3.8 billion with \$1.8 billion for medical care costs (4).

Male Hypogonadism - Stephen J. Winters 2003-12-12

Recent advances in cellular and molecular biology have markedly increased our understanding of normal and abnormal hypothalamic-pituitary-testicular function. Like other volumes in the Contemporary Endocrinology series, the goal of Male Hypogonadism: Basic, Clinical, and Therapeutic Principles is to link current knowledge of basic biology to the practice of medicine. The development of new methods for testosterone replacement has substantially increased the number of men who are seeking to determine whether they are hypogonadal, and who are using testosterone replacement therapy, thus mandating a broader understanding of testosterone deficiency. The chapters of this book were contributed by authors from around the world, and from various scientific and clinical disciplines, who have devoted their careers to the study of the physiology and pathophysiology of the male. Thus, this comprehensive and focused volume is intended for a wide audience encompassing both basic scientists and practicing clinicians. Its scope will provide a wealth of information for students and fellows as well.

The Effects of Diet and Exercise on Insulin, Sex Hormone Binding Globulin and Serum Lipids - Sheva Beth Tessler 1995

Testosterone - Alexandre Hohl 2023

Even though research on testosterone is increasing, there is still much controversy regarding its physiology and clinical use. This book provides a broad overview on testosterone, from its basic features to the most recent evidence of clinical applicability. In addition, specific conditions in which testosterone play a pivotal role are discussed in detail, such as hypogonadism, misuse and abuse, puberty, cardiovascular effects and testosterone therapy. The testes are vital organs for reproduction of the human species, besides being the main source of testosterone production in men. Although not essential for survival, these singular structures represent the essence of male biological function. Testosterone is the most important testicular androgen in men. Low serum testosterone levels are associated with cardiovascular morbidity, metabolic syndrome, type 2 diabetes mellitus, atherosclerosis, osteoporosis, sarcopenia, and mortality. Also, there is increasing evidence that serum testosterone is a major biomarker status of men's health in general. Hypogonadism in a male refers to a decrease in one or both of the two major functions of the testes: sperm production or testosterone production. These abnormalities can result from disease of the testes (primary hypogonadism) or disease of the pituitary or hypothalamus (secondary hypogonadism). Currently, the clinical features of male hypogonadism are sufficiently well-recognized, the causes are well-known, and the tests of the hypothalamic-pituitary-testicular axis are accurate enough for the diagnosis in most patients. Testosterone, the focus hormone of this book, is used in different forms and routes of administration. Several authors unravel its peculiarities and assist in choosing the most suitable form in each case, as well as the possible risks of its misuse or even abuse in men and women, seeking alternatives to help patients in this situation.

MEN'S HORMONES MADE EASY!: How to Treat Low Testosterone, Low Growth Hormone, Erectile Dysfunction, BPH, Andropause, Insulin Resistance, Adrenal Fatigue, Thyroid, Osteoporosis, High Estrogen, and DHT! - J.M. Swartz M.D. 2015-03-09

[Learn how to] prevent and reverse menopause, prostate issues, heart disease, and cancer. See how hormone issues at any age may wreck your relationship, make you fat, and accelerate aging and death. Learn how to safely improve your sexual performance, increase your energy, motivation, and sex drive, and strengthen muscles and bones. ... [This book] will show you how to create the kind of lifelong health that will allow you to pursue your passions in life. You will look great, feel great, lose weight, and have better sex! --Page 4 of cover.

Norethisterone - Viveca Odland 1980

SEX HORMONES IN DRUG-NAIVE, FIRST-EPISODE PATIENTS WITH PSYCHOSIS - Andreas Karampas 2017

Sex differences have long been reported in schizophrenia leading to the hypothesis that sex hormones may be implicated in the pathophysiology of the disorder. We assessed gonadal hormones during the fasted state in drug-naïve patients with psychosis. Fasting serum concentrations of follicular-stimulating hormone (FSH) and luteinizing hormone (LH), testosterone, free-testosterone, Sex Hormone Binding Globulin (SHBG) and estradiol (E2) were compared between a group of 55 newly diagnosed, drug-naïve, first-episode men with psychosis and a group of 55 healthy controls, matched for age, smoking status and BMI. Testosterone and free-testosterone levels were significantly lower in the patients group and SHBG levels significantly higher in the patients group compared to those in healthy controls. Testosterone, free-testosterone and SHBG were compared between a group of 32 drug-naïve, first-episode females with psychosis and a group of 32 healthy controls matched for age, smoking status and BMI. The groups had similar values in the hormones which were measured.

Hormonal Predictors of Healthy Ageing in Older Men - Zoe Hyde 2012

Increasing life expectancy, coupled with declining fertility rates, has resulted in an ageing of the population. By 2050, nearly one quarter of the Australian population will be aged 65 years or older. The proportion of the population aged 85 years or older is expected to triple. Because the prevalence of chronic disease and disability increases with age, this demographic transition will pose substantial challenges. Age-related declines are observed in several important endocrine systems. In men, testosterone decreases across the lifespan, and there is debate as to whether declining levels of this hormone play a role in mediating many of the age-related changes in health and functional status that occur in old age. However, there have been few well-powered epidemiological studies to date. The aim of this thesis was to explore whether endogenous testosterone levels were associated with adverse outcomes in several key domains, including cognition, frailty, cardiovascular disease, sexual function, and cancer. The study population comprised up to 3,638 community-dwelling men from Perth, Western Australia, participating in the longitudinal, population-based, Health in Men Study (HIMS). Testosterone, sex hormone-binding globulin, and luteinizing hormone were measured by immunoassay in a cohort of men aged 70 years or older. Outcome measures included memory (measured with the California Verbal Learning Test and Standardised Mini-Mental State Examination), frailty (assessed with the FRAIL scale, comprising questionnaire data and physical measures), mortality and cardiovascular events (assessed by electronic record linkage), sexual activity and sexual dysfunction (assessed by self-reported questionnaire), and incident cancer diagnoses (assessed by electronic record linkage). Statistical techniques included linear and logistic regression, and Cox and competing-risks proportional hazards models. Results of these analyses suggest that low testosterone and/or elevated luteinizing hormone are associated with poor memory, frailty, cardiovascular events, and cardiovascular mortality. Low testosterone levels were unrelated to mortality from causes other than cardiovascular disease, and to sexual problems other than low libido. Higher levels of testosterone were associated with increased sexual activity, and incident lung and prostate cancer. This novel association with lung cancer was maintained after exclusion of current smokers. These findings suggest that low levels of testosterone may be deleterious to many aspects of men's health. However, it remains uncertain as to whether low testosterone is merely a biomarker for illness or has a causal role in disease.

Clinical trials will be required to investigate whether testosterone supplementation can prevent or

ameliorate these adverse outcomes, without causing harmful effects.

What Is Considered High Sex Hormone Binding Globulin:

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