

Sex Hormone Binding Globulin Testosterone

Associations of Cortisol/testosterone and Cortisol/sex Hormone Binding Globulin Ratios with Atherosclerosis in Middle-age Women - 2016

Hormones and Breast Cancer - Malcolm C. Pike 1981

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

A Pilot Study on Investigation of Chinese Medicinal Classification and Its Relationship with Hormones in Menopausal Women - Lam Lam 2017-01-26

This dissertation, "A Pilot Study on Investigation of Chinese Medicinal Classification and Its Relationship With Hormones in Menopausal Women" by Lam, Lam, [], was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author. Abstract: Objective: To develop a validated questionnaire for the assessment of menopausal syndrome in Chinese Medicine and through the analysis of the basic menopausal syndrome classification in Chinese Medicine to explore the use of objective hormone markers as one of the evidence for the Chinese Medicinal classification and guidance for application of herbal medicines by Chinese Medicine Practitioners. Methods: The major symptoms related to typical syndromes of menopause were extracted from Chinese Medicine textbook, international diagnostic guide of Chinese Medicine, classic and contemporary literature of Chinese Medicine and subjective symptoms were eliminated to facilitate the administration of a self-reported outcome questionnaire. The symptoms related to

menopause in Chinese Medicine were identified and redefined to improve the content validity. A total of 353 menopausal women were included in the study. Participants were assessed through face-to-face interview by registered Hong Kong Chinese Medicine Practitioner to complete the questionnaire and serum samples for hormones measurement were collected after an overnight fast in the morning of the assessment day. Serum Estradiol (E2), Testosterone (T), Progesterone (P), Luteinizing Hormone (LH), Follicle Stimulating Hormone (FSH) and Sex-Hormone Binding Globulin (SHBG) were measured by electrochemiluminescence immunoassays (ECLIA). Free estradiol (fE2), non-Sex-Hormone Binding Globulin bound Estradiol (non-SHBG-E2), free Testosterone (fT), and non-Sex-Hormone Binding Globulin bound Testosterone (non-SHBG-T) were calculated to assess hormone availability and activity. E2/T ratio was also calculated to investigate the balance of E2 and T in the body. Results: Principal Component Analysis (PCA) was conducted. Symptoms related to Deficiency of Yin and symptoms related to Deficiency of Yang were extracted and the relationship between the syndromes and E2, T, P, LH, FSH, SHBG, fT, non-SHBG-T, fE2, non-SHBG-E2 and E2/T ratio were investigated. For symptoms related to Deficiency of Yin, E2 (ppppor little with moderate and severe presentation of symptoms. For symptoms related to Deficiency of Yang, SHBG ($p=0.042$, $p=0.002$, pshowed an increase, fT ($p=0.044$, $p=0.049$, $p=0.003$) and non-SHBG-T ($p=0.044$, $p=0.049$, $p=0.003$) showed a decrease which was significant for other three groups while comparing to the no or little group. Conclusion: Menopausal Syndrome Questionnaire was developed and validated in the study. Major syndromes and symptoms involved in the diagnosis of menopausal syndrome in Chinese Medicine were identified and good test-retest reliability was also demonstrated. From the result, we hypothesize that the presentation of symptoms related to

Deficiency of Yin may be closely correlated with the menopausal transition in Western Medicine and the presentation of symp

The Influence of Aerobic Vs. Anaerobic Exercise on Sex Hormone-binding Globulin and Free Testosterone Concentrations - Erin W. Kelly 1997

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.

The effect of a moderate intensity, prolonged exercise bout on serum levels of testosterone and sex-hormone binding globulin - Cheryl Lynn Fahrner 1997

The Virility Factor - Robert Bahr 1992

The first up-to-date book for the laymen on testosterone.

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.

A Meta-analytic Study of Testosterone, Dihydrotestosterone, Sex Hormone Binding Globulin, Androstenedione and Prostatic Adenocarcinoma - Laurens Holmes 2001

Plasma Testosterone and Sex-hormone Binding Globulin in Alcoholic Subjects - Joyce M. Liegel 1974

The Effect of a Moderate Intensity [sic], Prolonged Exercise Bout on Serum Levels of Testosterone and Sex-hormone Binding Globulin - Cheryl Lynn Fahrner 1996

The impact of adiposity on estrone, estradiol, testosterone and sex hormone binding globulin in peripubertal females - Erin R. Baker 2010

Studies on the Binding of Testosterone and Estradiol by the Sex Hormone Binding Globulin - Michael Joseph Caputo 1973

Testosterone - Alexandre Hohl 2023

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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.

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-naive 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-naive, 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-naive, 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.

Serum Testosterone, Estrone, Estradiol, and Sex Hormone Binding Globulin Responses in Health Postmenopausal Women Participating in a Flaxseed Intervention Study - Joanna L. Heersink 2004

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.

Hormones, Metabolism and the Benefits of Exercise - Bruce Spiegelman 2018-03-07

The world is faced with an epidemic of metabolic diseases such as obesity and type 2 diabetes. This is due to changes in dietary habits and the decrease in physical activity. Exercise is usually

part of the prescription, the first line of defense, to prevent or treat metabolic disorders. However, we are still learning how and why exercise provides metabolic benefits in human health. This open access volume focuses on the cellular and molecular pathways that link exercise, muscle biology, hormones and

metabolism. This will include novel “myokines” that might act as new therapeutic agents in the future.

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

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