There is convincing evidence from animal and biomolecular studies that estrogen exerts multiple salutary actions on the brain, including neurotrophic, neuroprotective, anti-inflammatory, antioxidative and cognition-enhancing effects. However, results of clinical trials involving hormone therapy (HT) with or without progestins have been controversial. Findings from the seminal Women’s Health Initiative Memory Study (WHIMS) and others indicated that extended therapy with conjugated equine estrogen (CEE) and medroxyprogesterone (MPA) increased risk for heart disease, cognitive impairment and dementia in older postmenopausal women. To date, no single large study has evaluated the potential effects of HT in recently postmenopausal women in their mid-life. The NIH-funded KEEPS (Kronos Early Estrogen Prevention Study) Cognitive and Affective Study is the first study that compared the efficacy of two forms of estrogen and characterized the potential effects of 4 years of therapy with 0.45 mg/day of oral CEE (o-CEE), 50 mcg/day of transdermal estradiol (t-E2) and micronized progesterone (100 mg twice daily, given cyclically) on cognitive and mood function of 693 recently postmenopausal women (mean age: 52.7), within 3 years of their last menstrual period. The findings of the study indicated that administration of o-CEE was associated with significant improvements in mood-related symptoms, as measured by Profile of Mood Scales (POMS), including depression, anxiety and tension. Cognition as measured by an extensive battery of neuropsychological tests targeting domains reportedly sensitive to estrogen effects, showed no significant improvements; however, unlike WHIMS and other studies of HT, no adverse effects were found on any aspect of cognition. Administration of tE2 showed no effects, either on tests of mood or cognition. Overall, the results of the KEEPS Cognitive/Affective study indicated that therapy with o-CEE for up to 4 years, exhibits beneficial effects on measures of mood with no adverse effects on cognition. These results favorably alter the risk-benefit ratio of HT, and suggest that some of the most disabling symptoms of menopause can be effectively managed by o-CEE therapy in recently postmenopausal women over a limited period.

Biography
Sanjay Asthana is currently Chair in Geriatrics, Department of Medicine the University of Wisconsin School of Medicine Madison, WI 53705 USA. He is a Director of NIH/NIH, Wisconsin Alzheimer’s Disease Research Center (ADRC) in the University of Wisconsin-Madison School of Medicine and Public Health located at Madison, WI 53705 USA and also he is Director of Geriatric Research, Education and Clinical Center (GRECC) in the William S. Middleton Memorial Veterans Hospital located at Madison, WI 53705 USA. He is an Associate Director of Wisconsin Alzheimer’s Institute in the University of Wisconsin-Madison School of Medicine and Public Health located at Madison, WI 53705 U.S.A. He pursued his graduation in the year 1978 from the University College of Medical Sciences New Delhi, India. In 1983 he completed his MBBS: 1987 - June 1988 Third year Senior Resident, Department of Medicine University of Saskatchewan School of Medicine Saskatoon, Canada S7N-OXO. July 1988 - June 1989 he acted as Chief Resident (4th year), Department of Internal Medicine, University of Saskatchewan, School of Medicine Saskatoon, Canada S7N-OXO.