

# Women's Health...in the news

NEWS BRIEFS OF THE WEEK ♀ WEEKS OF SEPTEMBER 15 & 22, 2003

## OF NOTE...

Hormone therapy (HT) with estrogen or an estrogen-progestin combination may be appropriate for short-term relief of menopausal symptoms; however, the Women's Health Initiative (WHI) concluded that for most women, the benefits of long-term HT, such as protection against osteoporotic fractures, do not outweigh the risks of increased stroke, heart disease, and breast cancer. Many postmenopausal women have stopped HT, and these women, similar to those going through menopause, can lose significant bone mass. Experts are urging physicians and postmenopausal women to take control of their bone health -- to avoid the risk of fracture.

Many postmenopausal women are at risk for osteoporotic fracture, and don't know it. Risk factors include age, personal or family history, low bone mineral density, low body weight, cigarette use and race.

"Some women may be able to prevent osteoporosis through lifestyle choices, such as changes in diet, calcium and vitamin D intake, and exercise," says Robert B. Jaffe, MD, President, The Hormone Foundation. "However, for many others this may not be enough, and therapeutic intervention may be necessary to protect these women from the risk of fracturing."

There are other available therapies that act rapidly to reduce the risk of osteoporotic fractures, which is important because one in five postmenopausal women with osteoporosis who experiences a spinal fracture will suffer her next spinal fracture within one year.

Physicians should discuss appropriate therapies with their patients. The Hormone Foundation and its Web site, [www.hormone.org](http://www.hormone.org), have resources on osteoporosis, and an online physician referral service to assist patients in locating local endocrinologists.

## EXERCISE

Poor physical fitness increases death rates especially among women. Rush Presbyterian St. Luke's Medical Center/

Chicago researchers found that death risk tripled for women in the lowest level of fitness compared to those in the highest level. Using stress tests, the authors found a 17% reduction in death risk for every additional minute a woman was able to exercise. This suggests that stress tests are better predictors of death risk than blood pressure, cholesterol, age, diabetes, and smoking status. [*Circulation, September 30, 2003, early release*]

## BREAST CANCER

Moderate exercise during middle age, including walking for 30 minutes each day, reduces the risk of breast cancer almost as much as high intensity or longer workouts. Fred Hutchinson Cancer Research Center scientists reported that only obese women did not show lower risk as a result of exercise. Even women with a family history of the disease received protection from moderate exercise. [*Journal of the American Medical Association (2003;290:1323-1330)*]



Contrary to earlier findings regarding prognosis in women with hereditary breast cancers, investigators lead by McGill University reported that the spread of cancer originating from BRCA-1 tumors is not strongly related to tumor size and regional lymph node status, as are tumors from BRCA-2 and acquired breast cancers. The authors suggest that women with BRCA-1 breast cancer be evaluated under separate and distinct guidelines. [*Cancer, September 8, 2003, online issue*]



An Australian study has shown that two cycles of low-level laser treatment are effective in reducing tissue hardness in the affected upper arms and fluid volume associated with postmastectomy lymphedema. However the treatment did not improve range of motion. [*Cancer (2003;98:1114-1122)*]

## HEART DISEASE

Women who experience arrhythmias are referred an average of 28 months later than men for radiofrequency catheter ablation therapy. German scientists noted that women tend to have

more frequent bouts of abnormal heart rhythms, are prescribed more medication for the condition, and report more than one episode a month as compared to men. Additionally, women fare just as well as men during and after the procedure. [*Journal of the American College of Cardiology, September 17, 2003*]



Women alcoholics suffer more severe cardiovascular problems associated with their alcoholism than men. Additionally, The National Center for PTSD stated that these cardiovascular problems are noted at an earlier stage of drinking and at lower consumption levels than men. The implications of the data are that women have an increased risk for hypertension in the short-term, and heart attack and stroke in the long-term. [*Alcoholism: Clinical & Experimental Research, September 2003*]

## LYMPHOMA

Studying postmenopausal women with rheumatoid arthritis, investigators from the Mayo Clinic reported that those who regularly used non-steroidal anti-inflammatory drugs (NSAIDs) had a heightened risk of non-Hodgkin lymphoma: aspirin-only users were 71% more likely to develop the disease while non-aspirin NSAID users were at 139% greater risk. [*International Journal of Cancer (2003;106:784-788)*]

## HRT

For women who experience menopausal symptoms including hot flashes and night sweats, hormone replacement therapy should be used at the lowest dose for the shortest duration of time, according to the FDA. [*The Associated Press, September 9, 2003*]

## PREGNANCY

Data from a meta-analysis suggests that cervical cerclage does not prevent preterm delivery in at-risk women. According to UK scientists, cerclage increased the risk of fever, use of medications to arrest uterine contractions, and hospital admissions. [*Obstetrics and Gynecology (2003;102:621-627)*]