

# *Advancing* WOMEN'S HEALTH

*Center for the Advancement of Women's Health newsletter*

## Menopause and hormone replacement therapy What should a woman do?

The issue of hormone replacement therapy for women experiencing menopause has been quite confusing of late, especially when recommendations from our medical professionals seem to change on a daily basis. The goal of this article is to inform readers of the most current evidence-based data. This information can help guide patients in their decision-making as they discuss this controversial subject with their health care provider.

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**UKHealthCare**

## Letter from the Director



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Department of Internal Medicine  
Director, Center for the Advancement  
of Women's Health

This issue of *Advancing Women's Health* discusses one of the most controversial areas we deal with professionally and personally.

Dr. Deidre Beshear, a faculty member in the center's women's health primary care practice, has a special interest in the menopausal transition and her article discusses some of the pros and cons surrounding hormone replacement therapy (HRT).

For those of us dealing with perimenopause and menopause, the changes in our bodies during this period can be surprising – even those of us with medical knowledge gain infinitely greater understanding when it happens to us! For me personally, the most troubling symptom has been the change in body shape with “thickening” around the waist even when overall weight remains stable. Hot flashes and sleep disruption are close behind – and even ahead on some days.

Nevertheless, the choice of whether to use HRT is not a simple one. Before the Women's Health Initiative report, it seemed that the benefits would outweigh the risks for most women – reducing symptoms and improving health of bones, joints, and muscles, and it was thought that HRT may be heart-protective and even protective against Alzheimer's disease.

The WHI report called some of these hypotheses into question, particularly showing a slight increase in risk for heart attack for some women.

At the present time for most women, it is thought that HRT should be used only to control severe menopausal symptoms occurring at the time of the menopausal transition and for only a few years. For me, that means dressing in layers; keeping the bedroom cold at night; exercising to protect bone, joint and muscle health; and continuously working on a healthy diet.

Let us know if you have additional suggestions about dealing with menopause, and we'll post them on our Web site.

Also this month, we want to recognize the important work being done by **Eleanor Jordan** and the Kentucky Commission on Women.

In the recent conference hosted by the commission, we discussed the important work being done by the center and the data being generated by the Registry that informs policy decisions. It is essential that we work together with policymakers to institute those programs than benefit the health of Kentucky's women and Eleanor is a superb advocate for us.



**Eleanor Jordan**, Executive Director of the Commission on Women

Eleanor Jordan was appointed by Gov. Stephen L. Beshear in January 2008 as the executive director of the Commission on Women. In 1996, Eleanor was elected to the Kentucky House of Representatives from the 42nd Legislative District in Louisville, making her the only African-American female in the 138-member body.

As a representative, Eleanor supported and passed legislation involving pay equity, women's health and early childhood reforms.

She has served on the Kentucky Commission on Women, the Elder Abuse Commission, the Jefferson County Domestic Violence Prevention Coordinating Council, the Library Commission and the Community Coordinated Child Care Advisory Board. She currently sits on the Breast Cancer Advisory Council and the Kentucky Association of Sexual Assault Programs.



# Hormone replacement therapy

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Let's start with the basics. Perimenopause is defined as the months or years before menopause. During this time, levels of two female hormones, estrogen and progesterone, go up and down erratically. It is possible to have irregular menstrual



cycles, along with unpredictable episodes of heavy bleeding during a period. The symptoms of menopause, such as hot flashes and vaginal dryness, might result from these changing hormone levels.

Once a woman has completed menopause, which by definition means she has had no menstrual period in 12 months, the ovaries make much less estrogen and progesterone. Therefore the symptoms of menopause may persist or even worsen.

Natural menopause usually happens sometime between the ages of 45 and 54. A woman can also undergo menopause as the result of surgery. The removal of both ovaries causes immediate menopause. Some women may only have the uterus removed for instances such as heavy bleeding or fibroids. This surgery puts an end to menstrual cycles, but since the ovaries are still in place, it does not affect menopause, which still occurs naturally.

Some of the more common symptoms of menopause are hot flashes, night sweats

and sleep disturbances. Also, the drop in estrogen can contribute to changes in the vaginal and urinary tracts, which can cause painful intercourse, vaginal dryness and urinary tract infections. Hormone replacement therapy may help to control these symptoms. A woman whose uterus has been removed can use estrogen alone. If the uterus is still present, a woman needs to take progesterone along with the estrogen. This will prevent unwanted thickening of the lining of the uterus, which could lead to cancer of the uterus.

## Which women should consider hormone replacement therapy?

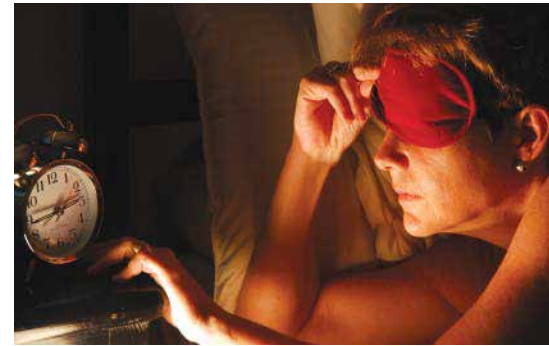
Okay, then which women should consider taking these hormones and which women should avoid this type of therapy?

The most common reason to consider hormone therapy is when a woman is having significant menopausal symptoms.

But for some women there are noticeable side effects of this type of therapy, symptoms that can include breast tenderness, spotting, or a return of monthly periods, cramping and bloating.

Many times, a doctor can control these side effects by varying the dose or type of hormones the woman takes. However, some women are at much higher risk of dangerous complications when they take these medications.

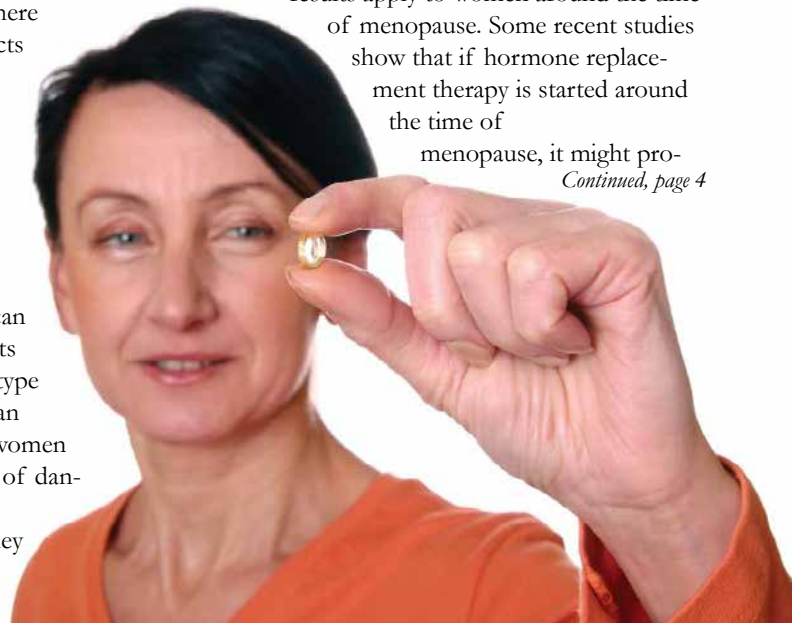
Women who have a



history of breast cancer, heart disease or stroke as well as those who smoke, should not take hormone replacement therapy. The Women's Health Initiative (WHI) was a study that looked at women on hormone replacement therapy. The WHI study found that in every 10,000 women using estrogen plus progestin, there would be seven more heart attacks than in the same number of women not using these hormones.

Because the average age of women participating in the trial was 63, more than 10 years past the average age of menopause, some experts question whether the WHI results apply to women around the time of menopause. Some recent studies show that if hormone replacement therapy is started around the time of

menopause, it might pro-  
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# Hormone replacement therapy

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## Important questions to ask yourself and your provider before starting treatment:

- 1) How much are you bothered by menopausal symptoms such as hot flashes or vaginal dryness?
- 2) Do you have a history of heart disease, strokes or blood clots?
- 3) Are you at risk for developing osteoporosis?
- 4) Do you have a personal or family history of breast cancer?

Answering the above questions will help guide a patient in their decision making. If the decision is made to use hormone replacement therapy, the FDA suggests that the lowest dose that works for the shortest amount of time be used.

There has also been a recent discussion about natural hormones. Natural hormones are those made from plants such as soy or yams. Some people refer to them as bioidentical hormones because they are supposed to be chemically the same as hormones naturally made by a woman's body. These can come either from prescription medications already formulated by pharmaceutical companies or can be compounded by pharmacies. It is important to note that compounded natural hormones are not regulated or approved by the FDA. Therefore, we cannot be sure about their safety and efficacy or how the quality varies with each prescription.

There are some alternatives to prescription hormone therapy to help relieve the symptoms of menopause. Three over-the-counter preparations are available: topical

progesterone, DHEA and melatonin. With these supplements, there is little scientific evidence showing efficacy for menopause-related symptoms. Other options may include herbal supplements such as black cohosh and phytoestrogens (soy products).

Once again, there are few evidence-based studies regarding these forms of therapy.

One can make some changes that do not involve taking a pill or supplement. Adopting a healthy lifestyle can be vital in coping with menopausal symptoms. Some lifestyle modifications include not smoking, eating a variety of foods low in saturated fats and cholesterol, maintaining a healthy weight, and being physically active for at least 30 minutes most days of the week.

Hopefully readers have a better understanding of hormone replacement therapy and can make a decision regarding its appropriateness for them. It is important that patients and providers discuss the options available.

Also keep in mind that the decision to start or stop hormone replacement therapy is not set in stone. Therapy can start or end at any time.

If patients are already on hormone replacement therapy and would like to stop, they should first speak with their health care provider. Some patients do better when these medicines are tapered off slowly rather than stopped abruptly. Remember to discuss decisions about menopausal hormone therapy each year with your health care provider.

By Deidra Beshear, MD, Center for the Advancement of Women's Health, Kentucky Clinic



**Women who have a history of breast cancer, heart disease or stroke as well as women who smoke, should not take hormone replacement therapy.**





# Weighing the many benefits of breastfeeding

Breast milk is without a doubt the best food for newborns and infants, but it also has many benefits related to the health of mothers. In addition, it is the “green” approach to nourishment – with no containers or excess packaging, nothing ends up in our landfills! Many of the benefits listed below are well known, but there are others that stem from different perspectives and may generate a new way of thinking about this issue.

## Benefits of breastfeeding for baby:

- A stronger immune system.
- Increased cognitive ability and educational achievement.
- Fewer illnesses such as diarrhea, respiratory and ear infections, and digestive diseases.
- Helps protect against asthma and wheezing.
- Fewer allergies.
- Decreased risk for obesity and overweight.
- Decreased risk of Sudden Infant Death Syndrome (SIDS).
- Promotes better jaw development, resulting in less orthodontic work.
- Breast milk also passes on antibodies against diseases from the mother, creating natural immunity.

These benefits increase the longer the child is breastfed with most benefits from six months of exclusive breastfeeding and continued breastfeeding until 12 months or as long as the mother and child are able.

Many women choose to breastfeed because of the advantages it provides for the baby. However, breastfeeding also impacts the mother’s physical and mental health:

- Has a calming effect, producing a feeling of well-being and promoting maternal behavior.
- Diminished post-partum bleeding.
- Faster weight loss after delivery.
- Decreased risk of ovarian cancer before menopause.
- Decreased risk of breast cancer, before and after menopause.
- Decreased risk of osteoporosis.
- Empowers women by increasing their self-confidence in their capacity to nourish and protect as well as nurture their children.
- It helps to control the population – breastfeeding prevents more births than all other forms of contraception.
- It reduces the cost of treating diseases and conditions preventable by breastfeeding.
- It reduces the burden on employers by lowering health care claims and increases productivity by decreasing the number of days missed to care for a sick child.

Breastfeeding also provides savings for the family as costly formula and the necessary supplies are not needed. Even when one takes into account the mother’s need for increased food and calories, families still come out saving.

From a more global perspective, breastfeeding also benefits the environment and society:

- Breast milk is produced and delivered without any pollution or waste.
- It is a natural resource that requires no preparation and is delivered at the right temperature.
- It reduces consumption of other natural resources and the energy used to produce and prepare.
- It requires no landfill space nor does it produce pollution.





## Kentucky women are UP to the challenge!

**The CHALLENGE:** In order to achieve our goal of enrolling 2,500 women each year into the Registry, we would like to ask each of you to help us enroll three or more of your friends, family or co-workers. In order for the Registry to get an accurate account of the state of women's health in Kentucky, we need women of all ages, all states of health, smokers and nonsmokers, sick and well, young and old, from all across the Commonwealth to be a part of your Kentucky Women's Health Registry. All you do is simply complete a 20-minute survey once a year.

Visit the Web site:  
**www.kywomensregistry.com**  
or call **1-800-929-2320**  
for more information.

**Don't forget to renew your own survey each year!**

### What the Registry is telling us:

Since this issue deals with hormone replacement therapy, we thought we would let you know how women are faring in the Registry! About 800 women in the Registry report menopausal symptoms. The most reported symptom is the dreaded hot flash suffered by about 16 percent of those with menopausal symptoms.

- 1** Lots of women in the Registry report frequent urinary infections, as well as other urinary symptoms.
  - 11 percent report frequent yeast infections.
  - 7 percent report frequent urinary tract infections.
  - 6 percent report urinary frequency.
  - 28 percent report using pads to catch accidental urine leakage.
- 2** Smoking continues to be an important health issue. The average age that women in the Registry started to smoke was 17. Of those Registry subjects who have been able to quit smoking, the average age of quitting was 35 years old. However, 22 percent of women who have smoked reported being unable to quit smoking.
- 3** Of the women in the Registry who reported drinking, the average number of drinks per day was two.

- 4** Fibromyalgia is a problem for 7 percent of the women in the Registry. For those of you who have problems coping or know those who do, there is a fibromyalgia workshop that is available to anyone who suffers from fibromyalgia and would like some coping tools. More details can be found at [www.kywomensregistry.com](http://www.kywomensregistry.com)
- 5** Diabetes update: More than 8 percent of women in the Registry have been diagnosed as diabetic. An additional 2 percent report being insulin resistant and will need to be monitored to be sure they don't develop the disease. Kentucky ranks high in diabetes sufferers. Hopefully that will serve as a reminder to watch out for diabetic symptoms in yourselves and your families.
- 6** Insurance cannot be taken for granted. Of those who had insurance:
  - Private insurance: 86 percent
  - Medicare: 10 percent
  - Medicaid: 2 percent
  - Medicare and Medicaid: 1 percent
  - VA insurance: 1 percent
  - Sadly, 6 percent of women belonging to the Registry have no insurance at all.



# Clinical Trials

Clinical research studies are scientific investigations in which people participate as volunteers to test drugs, devices or medical procedures. Controlled, scientific studies are necessary to help answer specific health questions and to develop safe and effective therapies. Please consider taking part in any clinical trial that relates to you.

## RIM Study

The RIM study (Rituximab in Myositis) is a study for those with adult and juvenile dermatomyositis (DM) and adult polymyositis (PM). The purpose of this research study is to evaluate the effectiveness of the study drug Rituximab. For further information about the RIM trial, go to: [www.edc.gsph.pitt.edu/rimstudy](http://www.edc.gsph.pitt.edu/rimstudy). You may also contact study coordinator Jenny Fuller at 859-323-3805 or by e-mail at [Jfull2@uky.edu](mailto:Jfull2@uky.edu). In addition, you may call UK Health Connection toll free at **1-800-333-8874**.

## SCOT Study

SCOT is a clinical research study designed for people with severe forms of scleroderma. SCOT stands for Scleroderma: Cyclophosphamide Or Transplantation. The SCOT study will compare the potential benefits of stem cell transplant and high-dose monthly cyclophosphamide (Cytoxin) in the treatment of scleroderma. More information about the SCOT trial can be found at [www.sclerodermatrial.org](http://www.sclerodermatrial.org). You may also contact Mary Johnson at **859-323-1377** or by e-mail at [majohng@email.uky.edu](mailto:majohng@email.uky.edu).

## Daily Life Study

Dr. Suzanne Segerstrom of the UK Department of Psychology/Behavioral Sciences is studying how women's daily lives may impact their mental and physical health. At this time, Dr. Segerstrom is enrolling women from the Registry who are employed full time and are between the ages of 18 and 65. You can reach the study coordinator, Dan Evans, at **859-257-2207**.

## Sleep Quality and Sleep Disturbance in Women with Fibromyalgia Syndrome

Suzette Sewell of UK's College of Nursing is conducting a study of women with fibromyalgia. Qualified subjects will complete self-administered questionnaires and a sleep diary and wear a device worn like a watch that measures arm movements for a period of 7-10 days to help assess sleep quality and sleep disturbances. For more information, call **502-636-3495**.

## Women's Stress and Aging Study

Dr. Tamara Newton of the University of Louisville is conducting a study of women who are postmenopausal and have been divorced or separated for at least one year. This study will compare the effect of divorce and separation on women's physical and mental health. For more information, call **502-767-2517**.

## Smoking Cessation Study

Dr. Catherine Martin of the University of Kentucky is enrolling female cigarette smokers from the Registry who are between 18 and 55 years of age. This study looks at whether an FDA-approved medication called modafinil could aid in smoking cessation. Of particular interest is whether modafinil decreases appetite and weight gain when women are trying to stop smoking. Contact Dr. Martin at **859-257-9341**.

## Adverse Pregnancy Predicts Later-Life Events (APPLE)

Dr. Kristine Lain, perinatologist and assistant professor in the UK Department of Obstetrics and Gynecology, has a study, "Adverse Pregnancy Predicts Later-Life Events (APPLE)." This study examines how measures of cardiovascular risk are related to pregnancy history. Dr. Lain is enrolling women between 35-50 years of age and who are pre-menopausal and have been pregnant. The study needs women who have been pregnant including women whose pregnancy

was complicated by hypertension (high blood pressure) or gestational diabetes. The study is also looking for a control group of women who had no complications during their pregnancies. The APPLE study involves only one visit. The total amount of time you will be asked to volunteer for this study is approximately four hours. By doing this study, we hope to learn how pregnancy affects a woman's risk for cardiac and metabolic dysfunction later in life. Lisa Kingsley, the study coordinator, can be reached at **859-323-3737**.

## Asthma and Oral Contraceptives

Dr. James Temprano is conducting a study of asthma among asthmatics using oral contraception ("the pill") and asthmatics who do not use oral contraception. Women should be between 18 and 45, asthmatic and using oral contraception. This study will be conducted in the UK Allergy & Immunology Clinic, now located at UK Good Samaritan in Lexington. For more information, please call study coordinator Tonya Gardiner **859-257-9818**.

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For any of the above studies, you can also call UK Health Connection toll free at **1-800-333-8874** or call Mary Johnson at **859-323-1377** and toll free at **1-800-929-2320**.

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## Other research:

The following studies are being conducted through UK Clinical Research:

- Natural Immunity in Healthy Aging
- Female Volunteers Needed for Pain Study
- Experiencing Hot Flashes
- Breast Cancer Research Study
- Migraine Headaches and Heart Disease
- Heavy Drinkers of Alcohol for Drug Delivery Research

For more information about these studies, contact Roxanne Poskin at **859-257-7856** or visit their Web site:

[www.ukclinicalresearch.com](http://www.ukclinicalresearch.com)

## Spotlight on philanthropy

The Center for Advancement of Women's Health is pleased to announce the completion of the Jacqueline Yvonne Miller Smith Visiting Professorship in Women's Health and Rheumatology at the University of Kentucky.

Invited annually, the Smith Visiting Professor will collaborate with the center to offer educational opportunities for physicians, nurse practitioners and other health care professionals. The professorship will investigate synergies between women's health and rheumatology such as autoimmunity, osteoporosis and chronic pain.



Jacqueline Y. Smith was a caring and dedicated nurse at UK HealthCare for nine years in the Coronary Care Unit, Intensive Care Unit and Division of Rheumatology.

In 1991, she became the CEO and co-founder of Central Kentucky Research Associates.

Jacqueline was a dear friend, a compassionate mentor and a dedicated leader in her business and in the community. She was a founding member of the Center for the

Advancement of Women's Health advisory council.

The center wishes to thank Central Kentucky Research Associates and the many other generous donors whose contributions enabled this lasting tribute to Jacqueline's legacy as a champion of top-quality women's health.

For more information about giving opportunities with the center, please call Pradnya Haldipur at 859-323-7901 or e-mail [pradnya.haldipur@uky.edu](mailto:pradnya.haldipur@uky.edu).



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