



Dr. Wulf H. Utian has served as Editor-in-Chief of *Menopause Management* since its inception in 1988. Arthur H. Bill Professor Emeritus of Reproductive Biology and Obstetrics and Gynecology at Case Western Reserve University, he is President of Rapid Medical Research, headquartered in Cleveland, and is Consultant in Women's Health to the Cleveland Clinic. He is a Fellow of both the Royal and American Colleges of Obstetricians and Gynecologists, a Fellow of the International College of Surgeons and a board-certified reproductive endocrinologist.

A pioneer in menopause research, Dr. Utian founded the world's first menopause clinic in Cape Town, South Africa, in 1966 and established the Cleveland Menopause Clinic in 1983.

Recipient of many research grants and awards, he is the author of more than 150 scientific publications and five books. He is the Honorary Past-President of the International Menopause Society and Honorary Founding President and Executive Director of The North American Menopause Society. He is also Chairman of the Council of Affiliated Menopause Societies (CAMS) of the International Menopause Society.

Scientific “Disinformation” and Media Misinterpretation—Take the Case of the HERS Study Group...

Little wonder that women are confused, angry or suspicious about modern medicine. Neither is it surprising that many medical practitioners are irritated by the weekly “over-the-top” media circus in which the selected article of the moment is highlighted on the evening news and in newspapers and magazines. Health science is news, and certain topics are big—postmenopausal HRT currently being an Andy Warhol “top-ten.”

Case in point: the milking dry of data by the HERS study group. Few studies in the history of menopausal medicine have reached such citation prominence as has the original HERS.¹ Not satisfied with the presentation of the primary outcome data points for which the study was designed, this group has continued to publish on secondary factors for which the study was not appropriately designed. Now they are scraping the bottom of the barrel.

The randomized, controlled, double-blind study is the gold standard in evidence-based medicine. This fact seems to have blinded the reviewers and editors of *JAMA*, who accepted for publication the latest HERS offering, entitled “Quality-of-Life and Depressive Symptoms in Postmenopausal Women after Receiving Hormone Therapy. Results from the Heart and Estrogen/Progestin Replacement Study (HERS) Trial.”² The problem is that simply because the study was prospective and blinded does not excuse other major deficiencies.

The fact that no validated quality-of-life instrument was used to measure quality of life, and that the study population was not a fair representation of postmenopausal women, seems to have escaped the scrutiny of *JAMA*. Menopause in this study was defined by the presence or absence of vasomotor symptoms; sexual function and other measures were disregarded. By no definition were the study participants an average group of postmenopausal HRT consumers; the median age was 67 years and the participants were selected on the basis of their having documented severe coronary artery disease.³

The parameters measured were all indirect:

1. *Depressive symptoms measured by the Burnam screening scale.* Depression has never been shown to be caused by menopause, nor is estrogen an antidepressive.
2. *Physical activity measured by the Duke activity status.* While certainly part of quality of life, does this preclude Christopher Reeve from having a satisfactory quality of life?
3. *Energy/fatigue/mental health, measured by Rand scales.* Rand is not a validated quality-of-life instrument.

The paper was, nonetheless, published, and the media responded in the anticipated superficial, sensationalistic manner. The media respond essentially to a journal article title,

and perhaps the more diligent writers bother to review the abstract. The small-print disclaimers lost in the body of the authors' discussion are invariably completely disregarded. The result:

"Hormone therapy can lower energy levels" (*USA Today*, February 5, 2002)

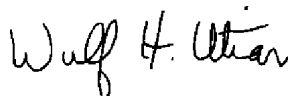
"HRT Can Make Women Feel Worse" (*USA Today*, February 6, 2002)

"Hormone therapy no panacea" (*The Washington Post*, February 6, 2002)

"Study challenges benefits of hormone therapy; treatment may not lessen effects of menopause" (*Chicago Tribune*, February 6, 2002)

Please do not misunderstand me. I am not making a case here as to whether HRT improves or reduces quality of life in postmenopausal women. There are established and new tools with which to measure quality of life, and the real sense of well-being, life satisfaction and fulfillment.⁴ Their incorporation into modern studies will, along with the passage of time, provide a real answer to the question about how HRT affects quality of life. But is it too much to request that our scientific colleagues carefully consider their journal submissions in this "publish-or-perish" and "winner-take-all" society in which we live? I expect our leading scientific journals to be more selective in what they publish, or to at least provide fair editorial comment, and not biased editorials that compound the error.⁵ I expect the media to consider truth in publication.

Clearly, I am expecting too much. In this bizarre environment, we, in the medical trenches, can only hold our noses, grit our teeth and scrutinize carefully and suspiciously what is in our weekly medical mail. But what do we tell the woman who arrives in our office, media material in hand and a glint in her eye?

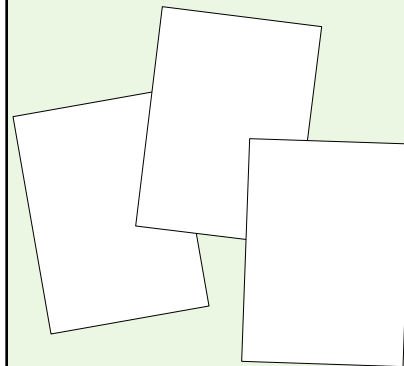


Wulf H. Utian, MD, PhD
Executive Director and
Honorary Founding President
The North American Menopause Society

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Your Chance to Be Heard: A Call for Manuscripts



Menopause Management is currently accepting manuscripts to be considered for publication in upcoming issues.

The official education publication of The North American Menopause Society, *Menopause Management* is the only controlled-circulation journal devoted exclusively to the health of midlife women.

Menopause Management is read by approximately 33,000 internists, OB/GYNs and other health-care practitioners caring for midlife women.

Articles focus on practical information for incorporation into daily practice, and cover a wide range of topics related to women's health through menopause and beyond.

Manuscripts submitted to *Menopause Management* are reviewed by two members of the Editorial Advisory Board and Editor-in-Chief Wulf H. Utian, MD, PhD.

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Linda Zinn, Corporate Managing Editor
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