# What Your Patients Are Reading

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*In July 2003 The North American Menopause Society (NAMS) launched a unique consumer education program called* Menopause Flashes. *A free newsletter that is e-mailed to subscribers each month*, Menopause Flashes *contains the latest information about menopause, including various treatment options, in a fun and easy-to-read style. All content is developed by NAMS, with editorial oversight by Elizabeth Contestabile, RNC, BScN, who serves as 2003-2004 Chair of the NAMS Consumer Education Committee (CEC), and Marcie Richardson, MD, a NAMS Board Member and Past CEC Chair.*

*We believe this newsletter is a step forward in helping patients to become proactive and to better understand the often confusing reports and misinformation that currently exist on many menopausal issues. To let you know what readers can expect from this important new program, we offer the following excerpts from* Menopause Flashes.

**What to Know & When to Know It–Menopause Terms & Timing**

Who? What? Where? When? Why? Why now? What next? When it comes to menopause, these questions are only the beginning. Women want to know what to expect and when to expect it. Let's start with this helpful list of basic definitions.

Menopause is the end of menstruation, confirmed after 12 consecutive months without a period or when the ovaries are removed or damaged.

Natural menopause is a spontaneous, permanent ending of menstruation that is not caused by any medical intervention. Natural menopause usually occurs between the ages of 40 and 58, with the average at about age 51. Some women reach menopause as early as their 30s and a few in their 60s.

Perimenopause is the transitional time before and after natural menopause. It can last up to six years or more and ends one year after menopause.

Induced menopause is menopause caused by a medical or surgical intervention that removes or seriously damages both ovaries.

Premature menopause is menopause that occurs before age 40.

Temporary menopause occurs when normal ovarian function is interrupted, causing a temporary end of menstrual periods.

Postmenopause refers to all the years beyond menopause—whether induced or natural.

**ERT, HRT, ET, EPT–HELP!**

Abbreviations. Definitions. Prescriptions. What is my choice? This whole hormone therapy thing can get more than a little bit confusing. And what makes it even more perplexing – each woman must ultimately make her own decisions about which option is right for her. Which is why it's time to gather the facts, starting at the beginning.

The ABCs of Estrogen Therapy (ET):

- Estrogen therapy is prescribed to treat menopause-related symptoms. This hormone is taken to supplement the reduced estrogen production of the ovaries. It has been used for more than 50 years by millions of women.
- Estrogen is FDA-approved for treating hot flashes and vaginal atrophy (estrogen-related changes in the vagina that lead to dryness and sometimes pain), as well as reducing the risk of osteoporosis (a bone-thinning disease that sometimes leads to fractures).
- There are many kinds of estrogen. Plus, estrogen can be used in different ways:

    *Systemic*—A tablet, skin patch, or injection of estrogen sends the hormone circulating through the body, affecting many different tissues. Systemic estrogen can treat hot flashes and vaginal atrophy, plus lower the risk of osteoporosis.

    *Local*—Estrogen products such as a vaginal cream, ring, or tablet are considered "local" therapy because they primarily affect only a specific or localized area of the body. With local estrogen therapy, usually only a small amount of the hormone reaches general circulation, making it an effective treatment for vaginal dryness and atrophy, but not for hot flashes or osteoporosis. However, with some of these products at higher doses, estrogen can get into the circulation and, thus, be systemic.

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- Estrogen is also available in formulations custom-made from a prescription. Different from those patented products that are FDA-approved, these experimental therapies can be compounded in many forms, such as skin gels, suppositories, and nasal sprays. Because these custom products are not tested for effectiveness or safety, NAMS does not recommend their use, except for women who cannot tolerate FDA-approved therapies and who understand and accept the risks.
- Estrogen therapy is for women without a uterus. It was once called estrogen replacement therapy (ERT).

The ABCs of Estrogen + Progestogen Therapy (EPT):

- Progestogen is also a hormone. It is commonly prescribed for women with a uterus. Using ET alone for 5 or more years triples the risk of developing cancer of the uterus. Progestogen prevents the uterine lining (endometrium) from thickening, which reduces the cancer risk to rates equal to those of women not using estrogen.
- Combined estrogen plus progestogen therapy was once known as hormone replacement therapy (HRT), but is now called estrogen-progestogen therapy or EPT.
- Various types of progestogen are available, including progesterone (identical to the hormone the ovaries produce), several progestins (compounds synthesized to act like progesterone), and custom-made formulations.
- EPT is available in various schedules or regimens offering varied daily doses of estrogen and progestogen determined by individual needs.

Learning the basics of ET and EPT doesn't stop here. While there are benefits to consider, there are also a variety of risk factors and side effects that will have an impact on a woman's decisions regarding these therapies.

#### Hot Flash News Flash: Top Estrogen-free Treatments

Although prescription estrogen is the only well-proven, FDA-approved therapy for treating menopause-related hot flashes—and may offer the only way to relieve severe or persistent symptoms—the following options are worth a try. Start with these simple lifestyle changes:

- *Turn down the heat.* Everything from external heat (like a warm room or hair dryer) to hot drinks and hot spicy foods can contribute to your discomfort. Even heated emotions can do it. Also steer clear of alcohol, caffeine, and smoking.
- *Keep your cool.* Dress in layers. Keep a fan nearby, especially at night.
- *Take a deep breath.* When a hot flash

starts, take slow, deep breaths (called paced respiration).

- *Work it out.* Exercising lowers stress and promotes better sleeping habits—both important for minimizing hot flashes.
- *Picture it perfect.* Try meditation, yoga, biofeedback, or positive visualization to keep stress levels low. A leisurely bath or massage can also be calming.

Still need more help controlling the heat? The following nonprescription options are worth a try, but only little scientific evidence supports their effectiveness—and it may take two to six weeks for noticeable changes, if any, to occur. Also, little is known about their safety when used for long periods of time.

- *Just say soy.* Some evidence shows that consuming isoflavones, most commonly found in soy foods, reduced hot flashes by 15%, but other studies aren't so positive. Eating one to two servings of soy foods daily (25 grams of soy protein) may bring greater benefits than supplements. Try tofu, tempeh, soymilk, or roasted soy nuts to increase your intake.
- *Go natural.* Black cohosh has been studied for the treatment of hot flashes with mixed results. In some clinical trials using Remifemin, a dietary supplement containing the herb, women taking two 20-mg tablets per day for 8-12 weeks reported noticeable improvements in mild hot flashes.

If hot flashes are still a problem, consider a prescription drug. While not appropriate for all women, the following offer alternatives to estrogen:

- *Think positive.* Antidepressants have shown to relieve hot flashes in some women: venlafaxine (Effexor, 25-150 mg/day), fluoxetine (Prozac, 20 mg/day), and paroxetine (Paxil, 10-20 mg/day).
- *Cure another headache.* In at least one clinical trial, gabapentin (Neurontin, 300- 900 mg/day), an anticonvulsant typically used to treat epilepsy and migraines, reduced hot flashes by varying degrees.

Remember, time is on your side. For most women, hot flashes will eventually stop on their own.

**Consumers and their healthcare providers are invited to subscribe to the FREE monthly e-newsletter, *Menopause Flashes*, at the NAMS Web site (www.menopause.org/newsletter).**

### Is Menopause Putting on the Pounds? Fat Chance

That menacing midlife weight gain. Chalking it up to menopause is a logical thought. After all, weight gain often coincides with menopause. The menopause transition is happening at the same time. Some women who are using hormone therapy wonder if it's to blame. The truth is, research is mixed regarding whether menopause causes weight gain and hormones are definitely off the hook.

For instance, studies have shown no significant differences in weight between hormone users and nonusers after 15 years of testing. Others even suggest that hormone therapy has a positive impact on the distribution of body fat by preventing the development of android (around the waist) body fat.

So what exactly is adding to women's waistlines? Research points to the following factors:

- *Aging*. Sure...feeling 25 or 35 is one thing, but women's bodies are following a timeline of their own. Body fat continues to accumulate during perimenopause and beyond, adding to the ongoing storage that happens naturally throughout adult life. (So long, french fries and milkshakes.)
- *Exercise.* With age, cutting calories becomes a less effective way of losing weight, making exercise even more important. While aerobic activities are good, resistance exercise may provide greater weight benefits. Resistance exercise, such as weight training, builds more lean body muscle tissue that burns more calories. This allows women to lose weight without drastically changing their diets. (Hello again, french fries and milkshakes.)
- *Lifestyle*. Whether it's doing less or indulging in a little more well-deserved time on the sofa, women tend to slow down in their 40s and 50s. With this decrease in physical activity, the loss of lean body mass tends to accelerate. And if those calories aren't used up, chances are they'll find a welcoming home somewhere near an unsuspecting waistline.

### What is the Women's Health Initiative? Studying the Study

The Women's Health Initiative (WHI) was created by the National Institutes of Health to address the most common causes of death, disability, and poor quality of life in postmenopausal women. This multi-million dollar research project studies over 161,000 postmenopausal women to identify risk factors for disease and to develop prevention strategies.

The WHI is providing scientifically accurate evidence regarding the effects of hormone therapy on cardiovascular disease, cancer, and osteoporotic fractures in postmenopausal women. WHI is the largest US prevention study of its kind. And the impact of its information has proven even more sizable.

The hormone therapy part of the study has two "arms" (separate portions)—one looking at estrogen therapy (ET) for women without a uterus and one looking at estrogen plus progestogen therapy (EPT) for women with a uterus. When they were enrolled in the study, all participants were considered healthy, were past menopause, and had few or no menopause-related symptoms.

The study made headlines in mid-2002 when the EPT portion of the study

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