

Clinicians' Forum

From time to time, the editors of *Menopause Management* field interesting clinical questions and dilemmas. In this forum, our Editorial Advisory Board members, experts in a range of fields related to midlife women's health, tell readers how they handle these situations.

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Question: We know that many of our patients are using alternative or complementary therapies these days. If a patient asks you about a particular herbal product, vitamin or supplement that she is taking or is interested in taking, how do you proceed?

What issues relevant to her post-menopausal health need to be addressed in this context? Would you ever initiate the conversation if you suspected the woman was taking one of these products and not telling you or her primary care provider?

Answers:

I ask all patients whether they are taking any over-the-counter (OTC) medications, which I hope includes all vitamins, herbals, etc. If I do not know the ingredients, I ask the patient to list them and send them to me so I can check on any risks for that patient. If the ingredients are not known, I try to look up the product in the German pharmaceuticals listing, which covers many herbals.

Next, I discuss with the patient issues of safety, dose, side effects and unknowns, and we decide together if she should continue to take the product(s). Often, the patient is unaware that these products are not FDA-approved and that package inserts do not have to be made available. Even the most intelligent woman tends to believe that "natural" is automatically safe, and explaining that this is often not correct is an important message.

— *Lila Nachtigall, MD*

Use of alternatives is a routine question whenever I take a history. In my experience, patients do not mention these alternatives unless they're being used for the chief complaint, and I find it can be important when dealing with symptoms and side effects. If I am asked about an alternative medication I will review the evidence for its use, if such is available. If the alternative is being used for a condition such as osteoporosis, I will review the known effective medications. My

concern is losing an opportunity to intervene with known effective therapies.

— *Michelle P. Warren, MD*

I am asked about dietary supplements for hot flashes all the time. I have become convinced that healthcare providers need to assume their patients *are* taking some sort of vitamins or herbal supplements and may be forgetting to include this information, or are failing to disclose this information intentionally. I usually ask patients to bring with them to our discussions all their daily medications, creams, vitamins, fortified candies, teas and other drinks so we can get a collective sense of just how much soy, calcium, estrogens, etc., they are actually ingesting or absorbing from these products.

Rather than lecturing or making them feel uncomfortable about the use of these products, I try to be nonjudgmental and provide them with a hard copy of the latest information from the National Institutes of Health Center for Complementary and Alternative Medicine Web page that deals with all the unknowns and possible health risks (www.nccam.nih.gov). It's probably more important to help consumers become more discriminating about the internet as their source of information than to try and counter particular information they may have about a particular product.

The greatest danger with any menopause supplement is the lack of regulation of these products. Several studies have now documented the huge variation in product quality and dosages used in OTC supplements, and there is a growing list of serious and potentially fatal drug interactions, including interactions with anesthetics. With some 100 black cohosh products alone on the market, ranging from doses of 20 mg to 2,500 mg per day, it's pretty much impossible to keep abreast of the safety and efficacy of every OTC product.

— *Nancy King Reame, MSN, PhD, FAAN*

The majority of our patients use some sort of alternative or complementary therapy and I routinely ask about this on my annual questionnaire. I want to know what OTC medications a woman takes in addition to her prescriptions. When I am asked about particular products, which happens regularly, I tell women what I know, which is often not much.

I recommend Remifemin because it is standardized, but I caution that it has only been studied for 6 months at a time. I discourage soy pills because there are not many data on their efficacy or safety. I discourage melatonin for sleep because it is not thought to be consistently effective.



Marcie K. Richardson, MD

I explain that the studies on Promensil are mixed. I suggest that St. John's wort may be effective for mild depression, among other things. I warn women who are taking anticoagulants or planning surgery to be especially attentive to what they are taking. I also discourage kava kava because of its liver toxicity.

Clearly, some alternative products are time-honored and likely therapeutic. We just need more data about them and their interactions with prescription medications.

— Marcie K. Richardson, MD

I deal with this very often. My patients are very frank on “alternative” approaches. They do not, or may not want to, discuss “registered pharmaceuticals” but want to be informed of their T-score (what it may or may not mean) and be advised of their risk. In all cases I take a very open-minded approach (having been in China often) and I have an appreciation of how some in Western medicine lack understanding of Eastern data.

I reassure patients at “low risk”

(younger postmenopausal women with a T-score higher than -2.5 who may, however, still be osteopenic, and with no fracture history) that their absolute fracture risk is low, that their lifetime fracture predictions based on their T-score at the menopause are intuitive but not validated, and that I would be willing to observe them on whatever they are using. I do inform patients of the National Osteoporotic Risk Assessment (NORA) data and let them know that they are not risk-free and that some younger “osteopenic” women will fracture if not on hormone therapy, raloxifene or a bisphosphonate. (At press time, the NORA data were scheduled to be published in the May 2004 issue of *Archives of Internal Medicine* as well in the *Journal of Bone and Mineral Research*.)

I can get a rather quick sense if the patient wants to “listen” or not. If their bone mineral density declines on soy or isoflavones in 2 years, for example, they themselves become more convinced that evidence-based approaches may be worthwhile. On the other hand, if a woman is at “high risk” (older, T-scores below -2.5, or a past, prevalent vertebral fracture) I am more direct in conveying her higher risk and letting her know that, in my opinion, she should accept evidence-based pharmacologic approaches. Naturally, I would have excluded any secondary causes for more severe disease.

Most times I believe I am successful, in part because I am willing to listen and not judge (too soon) a patient's desire to try “natural” or “alternative” approaches. I do not violate any patient's trust. If issues are brought up between us behind closed examining room doors, I don't inform anyone (including her primary care provider) of what she is doing. I also do not inquire about alternative or complementary medicine if the patient does not offer this information.

— Paul D. Miller, MD

There are very few claims that menopause products benefit sexual health so the subject does not feature prominently in my particular practice. I routinely ask about all medications, as well as herbs and dietary supplements, however. I try to answer all questions raised by the patient, admitting that there is much we do not know given the paucity of scientific study in this area.

— Rosemary Basson Reese, MBBS, MRCP

It is important that women be informed that herbal supplements have not been tested for long-term safety in high-quality studies. The recent American Heart Association guidelines do not recommend supplements for the prevention of cardiovascular disease.



Lori Mosca, MD, MPH, PhD

In fact, antioxidants were rated as a class III, indicating there is no proven benefit, and possible harm.

I try to encourage women to eat a plant-based, healthy diet and get regular exercise rather than turn to unproven strategies to prevent disease. While some women may experience an improvement in a variety of symptoms, it is not known how much of a placebo effect may account for some of the changes, and what the long-term consequences may be. Most importantly, women should make informed choices and clinicians need to have open discussions about possible adverse effects as well as possible benefits.

— Lori Mosca, MD, MPH, PhD

Do you have a clinical question or situation that you would like to pose to our panel of experts?

All queries should be submitted to the managing editor at lmckeown@menopausemgmt.com. To reach the managing editor by phone or fax, please call 732-282-0703 or fax to 509-463-0447. Please include your name, professional title and a phone number or e-mail address.