

# Letters to the Editor

## The importance of eye care in menopause and beyond

Your editorial ("Menopause, Hormones and the Eye." January/February 2004, page 6) was well stated and should be heeded by the gynecologic community.

Ophthalmologists understand clearly the relationship between menopause and the increase in dry eye symptoms. Seventy percent of all keratoconjunctivitis sicca patients are postmenopausal women. When younger women experience significant dry eye symptoms, they are usually found to have an abnormal menstrual history, surgical menopause, an autoimmune disorder, or to be using some type of drying therapeutic agent.

The conclusion that postmenopausal women receiving estrogen therapy demonstrate a higher prevalence of dry eyes is a curious one (Schaumberger et al. Hormone replacement therapy and dry eye symptoms. *JAMA* 2001;286:2114-19). This study was based on survey data and not direct examination. Would not one expect women with more severe menopausal symptoms to be the ones receiving estrogen therapy? Some postmenopausal women rarely complain of symptoms and therefore never request nor receive hormone therapy. Also, why is it that when they do complain of dry eyes and then receive estrogen therapy that they routinely report improvement in their symptoms? To be sure, they generally report that they feel better "all over" and not just in their eyes.

The role of androgen in tear production is unclear. The overwhelming evi-

dence shows that estrogen replacement benefits these women. Intraocular pressure, age-related macular degeneration and thromboembolic events have no clear clinical relationship with estrogen levels.

Sincerely yours,

John P. Creasman, MD  
Chair, Department of Ophthalmology  
Mayo Clinic Scottsdale

*Dr. Utian's reply:*

Thank you for your thoughtful letter; it is certainly gratifying to receive endorsement for a recommendation from someone as prestigious as yourself. You raise significant questions, and I hope we will see further research in this area to urgently address these issues.

As clinicians, I would hope we all take the time to talk to women about the importance of getting regular eye examinations. Although this can easily be overlooked when we have so many other issues to discuss, it is important that we, as healthcare providers who specialize in women at midlife and beyond, stay vigilant so we can help our patients avoid eye problems down the road.

## Disagreeing with NAMS Position Statement

I was distressed to read in *Menopause Management* ("Treatment of Menopause-Associated Vasomotor Symptoms. Position Statement: The North American Menopause Society." January/February 2004, page 8) statements regarding management of menopause by progesterone. I was particularly distressed by the recommendation of Provera and Depo-Provera.

There have been three recent animal studies showing that Provera is a uniquely problematic progesterone. It removes any benefits that estrogen has [with regard to] vasodilation. This effect was not seen in good, controlled trials with natural progesterone and

norethindrone. One would assume that Provera alone would do equally bad things to women, further antagonizing the benefits of their remaining endogenous estrogen and thus increasing cardiovascular event risk. There is even no mention of the probability of Provera being the culprit in all the Prempro trials, including the Heart and Estrogen Replacement Study (I and II) and the Women's Health Initiative (WHI) Prempro study. You also make no mention of recent European trials and other studies that incriminate oral estrogen (but not transdermal estrogen), inducing the risk for venous thromboembolism (VTE). The multicenter trials published in *The Lancet* in August 2003 show that oral, but not transdermal, increases the risk for VTE. There is also a recent study in *Annals of Internal Medicine* that shows induction of the clotting process with evidence of intravascular coagulation breakdown products with oral (but not with transdermal) estrogen users. We spend a lot of energy inhibiting the clotting process with aspirin, Plavix, heparin and coumadin, and then turn around and give oral estrogen. To me, that makes no sense.

I still hold out a small hope that there will be enough patients left in the WHI estradiol-only study that we will be able to compare oral and transdermal estrogen. We may see that estrogen used properly may still provide women the benefits that we promised 30 years ago.

I am disappointed that NAMS seems to be stuck in this nonhelpful mode the article reflects. I am disappointed that you have not been on the forefront of evaluating the reasons for failure of these Prempro trials. Is it medroxyprogesterone acetate (MPA) that you are promoting as an alternative? Is it oral estrogen that is at fault? Is it continuous combined? Is it all three of these factors? I do not find your analysis and recommendations helpful. I

don't believe that other practitioners will either.

With all due respect.

Yours truly,

Charles W. Lomax, MD, PA  
Greensboro, NC

*Dr. Utian's reply:*

This letter was received prior to the discontinuation of the WHI estrogen-only arm. The NAMS Position Statement needs to be carefully read to realize that some of the accusations made in this letter are preposterous. NAMS panelists reviewed all the evidence available up to the end of August 2003. The recommendations are balanced, and reflect that evidence. We, too, asked whether the problems in the WHI EPT arm reflected an effect of oral conjugated equine estrogens (CEE) with MPA, was related to the E or the P, was a factor of route of administration, was a family-specific or drug-specific problem, or was a dose issue, etc.

The termination of the CEE-only arm of the WHI, and the impending publication of the data, will hopefully help clarify the issues relating to added continuous MPA. None of the WHI papers will be of value in answering questions related to route of administration or to other hormonal steroid products. For those answers, further research is necessary. But in the end, in order to make a claim for safety and efficacy of any product, you need the evidence to back that claim. In the absence of data, much as we all regret the fact, the "one-size-fits-all" concept has to remain the rule of the day.

**Menopause Management encourages the open dialogue in our "Letters to the Editor" section.**

**Please send your letters to the editor to managing editor Laura McKeown at [lmckeown@menopausegmt.com](mailto:lmckeown@menopausegmt.com).**

## When a Spouse has Cancer

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the level of stress and offer tips on coping strategies and crisis management. To prepare for this role, develop a list of community-based resources that includes respite care resources, support groups and local community organizations (e.g., Alzheimer's Association, American Heart Association). Some women within your practice may handle the caregiving role extremely well; ask if they would be interested in forming a support group for other women.

The guidelines on page 19 may be helpful in guiding the clinician in this discussion, and may be reproduced and given to women who are embarking on or already struggling with a caregiving role for an ill partner. ■

**Sue Woodson, MSN, CNM, is a certified nurse midwife at the Midlife Health Center, University of Virginia, Charlottesville.**

## Suggested Reading

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Schur DBA, Whitlatch CJ. Circumstances leading to placement: A difficult caregiving decision. *Lippincott's Case Manage* 2003;8:187-95.

U.S. Department of Health and Human Services Administration on Aging. *National family caregiver support program*. 2003 Aug 27.

## Exercise and Osteoporosis Prevention

(continued from page 26)

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18. Going S, Lohman T, Houtkooper L, et al. Effects of exercise on bone mineral density in calcium-replete postmenopausal women with and without hormone replacement therapy. *Osteoporos Int* 2003;14:637-43.

19. Lohman T, Going S, Houtkooper L, et al. *The BEST Book: The prevention of osteoporosis with exercise*. Tucson, AZ: Desert Sports Fitness, 2004.

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22. American College of Sports Medicine. Position stand on exercise and physical activity for older adults. *Med Sci Sports Exerc* 1998;30:992-1008.

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25. The National Osteoporosis Foundation. Be BoneWise™ Exercise: *The NOF's official exercise video*. Washington, DC.