



NAMS NEWS

NAMS Meeting Promises Clinical Guidelines

“As Chair of the NAMS 2004 Scientific Committee, I urge readers of *Menopause Management* to attend the NAMS 2004 Annual Meeting,” said J. Chris Gallagher, MD. “The meeting will be held in Washington, DC, on October 6–9.”

With the meeting theme of “Individualized Care at Menopause,” participants will learn more about ways to enhance women’s health and increase longevity. The world’s experts will provide novel information about high-interest clinical topics, including female

sexual function, osteoporosis, cardiovascular disease, mood disorders, urogenital health, and metabolic syndrome.

The Keynote Speaker is Susan F. Wood, PhD, Director of the US Food and Drug Administration’s (FDA’s) Office of Women’s Health. Included in her presentation will be a discussion of government’s role in monitoring drugs for women’s health, including those called complementary and alternative medicine (CAM).

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Upcoming NAMS Events

All the events listed here will be held at the Marriott Wardman Park Hotel, Washington, DC

Menopause Basics Course
October 6 (8 AM-Noon)

Competency Exam
October 6 (2:30-4:30 PM)
(July 28 Application Deadline)

NAMS 2004 Annual Meeting
October 6 (5:30 PM) to
October 9 (2:30 PM)

Registration materials are available. Visit the NAMS Web site (www.menopause.org) for details. When making travel plans, remember that *the meeting convenes at 5:30 PM on Wednesday, October 6*. On this evening, the President’s Welcome, Program Overview, Highlights of the Updated HT Position Statement (see below), and Keynote

Fracture Prevention

(continued from page 26)

25. Black DM, Thompson DE, Bauer DC, et al. Fracture risk reduction with alendronate in women with osteoporosis: the Fracture Intervention Trial. FIT Research Group. *J Clin Endocrinol Metab* 2000;85:4118-24.
26. Pols HA, Felsenberg D, Hanley DA, et al. Multinational, placebo-controlled, randomized trial of the effects of alendronate on bone density and fracture risk in postmenopausal women with low bone mass: Results of the FOSIT study. Fosamax International Trial Study Group. *Osteoporos Int* 1999;9:461-68.
27. Schnitzer T, Bone H, Crepaldi G, et al. Therapeutic equivalence of alendronate 70 mg once-weekly and alendronate 10 mg daily in the treatment of osteoporosis. Alendronate Once-Weekly Study Group. *Aging (Milano)* 2000;12:1-12.
28. Harris ST, Watts NB, Genant HK, et al. Effects of risedronate treatment on vertebral and nonvertebral fractures in women with postmenopausal osteoporosis: a randomized controlled trial. Vertebral Efficacy with Risedronate Therapy (VERT) Study Group. *JAMA* 1999; 282:1344-52.
29. Reginster J, Minne HW, Sorensen OH, et al. Randomized trial of the effects of risedronate on vertebral fractures in women with established postmenopausal osteoporosis. Vertebral Efficacy with Risedronate Therapy (VERT) Study Group. *Osteoporos Int* 2000;11:83-91.
30. Roux C, Seeman E, Eastell R, et al. Efficacy of risedronate on clinical vertebral fractures within 6 months.

Curr Med Res Opin 2004;20:433-39.

31. Harrington JT, Ste Marie LG, Brandt ML, et al. Risedronate rapidly reduces the risk for nonvertebral fractures in women with postmenopausal osteoporosis. *Calcif Tissue Int* 2004;74:129-35.
32. Brown JP, Kendler DL, McClung MR, et al. The efficacy and tolerability of risedronate once a week for the treatment of postmenopausal osteoporosis. *Calcif Tissue Int* 2002;71:103-11.
33. Watts NB, Lindsay R, Li Z, Kasibhatla C, Brown J. Use of matched historical controls to evaluate the anti-fracture efficacy of once-a-week risedronate. *Osteoporos Int* 2003;14:437-41.
34. Evista (raloxifene HCl, Eli Lilly and Company, Indianapolis, IN). Full prescribing information, 2002.
35. Ettinger B, Black DM, Mitlak BH, et al. Reduction of vertebral fracture risk in postmenopausal women with osteoporosis treated with raloxifene: results from a 3-year randomized clinical trial. Multiple Outcomes of Raloxifene Evaluation (MORE) Investigators. *JAMA* 1999;282:637-45.
36. Maricic M, Adachi JD, Sarkar S, et al. Early effects of raloxifene on clinical vertebral fractures at 12 months in postmenopausal women with osteoporosis. *Arch Intern Med* 2002;162:1140-43.
37. Delmas PD, Genant HK, Crans GG, et al. Severity of prevalent vertebral fractures and the risk of subsequent vertebral and nonvertebral fractures: Results from the MORE trial. *Bone* 2003;33:522-32.
38. Writing Group for the PEPI Trial. Effects of hormone therapy on bone mineral density: results from the post-

- menopausal estrogen/progestin interventions (PEPI) trial. The Writing Group for the PEPI. *JAMA* 1996;276:1389-96.
39. Cauley JA, Robbins J, Chen Z, et al. Effects of estrogen plus progestin on risk of fracture and bone mineral density: The Women’s Health Initiative randomized trial. *JAMA* 2002;290:1729-38.
40. Rossouw J, Anderson G, Prentice R, et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: Principal results from the Women’s Health Initiative randomized controlled trial. *JAMA* 2002;288:321-33.
41. Anderson GL, Limacher M, Assaf AR, et al. Effects of conjugated equine estrogen in postmenopausal women with hysterectomy: The Women’s Health Initiative randomized controlled trial. *JAMA* 2004;291:1701-12.
42. Miacalcin (calcitonin salmon, Novartis Pharmaceuticals Corporation, East Hanover, NJ). Full prescribing information, 2003.
43. Chesnut CH, Silverman S, Andriano K, et al. A randomized trial of nasal spray salmon calcitonin in postmenopausal women with established osteoporosis: The Prevent Recurrence of Osteoporotic Fractures Study. PROOF Study Group. *Am J Med* 2000;109:267-76.
44. Forteo (teriparatide, Eli Lilly and Company, Indianapolis, IN). Full prescribing information, 2002.
45. Neer RM, Arnaud CD, Zanchetta JR, et al. Effect of parathyroid hormone (1-34) on fractures and bone mineral density in postmenopausal women with osteoporosis. *N Engl J Med* 2001;344:1434-41.

Address will be presented, followed by the President's Reception from 7:00 to 9:00 PM. Be sure to arrive in time so nothing will be missed.

NAMS Developing Updated HT Position Statement

Given the findings from the Women's Health Initiative and other recently published, randomized, controlled trials, clinicians have needed guidance regarding the use of hormone therapy (HT) in peri- and postmenopausal women. To meet this need, NAMS has developed an annual HT position statement for the past 2 years. The Society will be presenting its 2004 position statement at the Annual Meeting this October—providing yet

another reason to attend. This position statement will be published widely, including in *Menopause* and *Menopause Management*.

Utian Honored by FDA

Wulf H. Utian, MD, PhD, NAMS Executive Director, has been honored by the FDA. He was chosen to receive the FDA Commissioner's Special Citation as a member of the Menopause and Hormones Campaign Working Group, resulting in a national public awareness outreach campaign about menopausal hormone therapy. The developed materials were launched earlier this year as a national public awareness campaign, and can be found on the NAMS Web site. Dr. Utian was presented his award on May 7.

Spotlight on Menopause Education:

Menopause Health Questionnaire

NAMS offers an unprecedented array of professional and consumer education materials. The spotlight this issue is on the Menopause Health Questionnaire. This nine-page form is helpful when a new patient presents to your office. Those who have purchased this new clinical practice tool report that it has been quite helpful in obtaining their patients' pertinent menopause-related history in a time-efficient manner. Purchase the PDF file from the NAMS Web site.

this comprehensive report are published in *Menopause Management*. Join NAMS and receive all of the items in a timely, once-monthly manner.

CME on NAMS Web Site

New to the NAMS Web site is the opportunity to earn CME credit. Two programs are now posted: (1) Position Statement on the treatment of vasomotor symptoms and (2) Satellite highlights from the 2003 Annual Meeting. There is an administrative charge of \$50 per program for participants who are not NAMS members; there is no fee for members—providing another reason to join.

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First to Know® Brings Scientific News

Very few busy practitioners have time to keep up with all the current research in the menopause field. To meet this need, NAMS developed First to Know®, and this novel program has become one of the most valued benefits of being a member of the Society. NAMS members who subscribe receive free e-mailed abstracts of the most important published menopause-related research—plus expert commentary about the research findings. A few excerpts from

Future NAMS Meetings

16th NAMS Annual Meeting

September 28–October 1, 2005
San Diego, CA

17th NAMS Annual Meeting

October 11–14, 2006
Nashville, TN