Menorrhagia Treatments Improve Sexual Function

BY BRUCE K. DIXON
Chicago Bureau

LA JOLLA, CALIF. — Hysterectomy and the levonorgestrel-releasing intrauterine system are equally effective for improving sexual functioning in women being treated for menorrhagia, according to Dr. Karolina Halmesmaki.

"One-third of women suffer from menorrhagia during their reproductive years, and as a result have a lower quality of life," she said at the annual meeting of the Association of Reproductive Health Professionals.

The most common surgical treatment for this condition is hysterectomy, which has the potential to affect sexual functioning by disrupting the vaginal nerve supply and changing pelvic anatomy, explained Dr. Halmesmaki, a professor in the department of obstetrics and gynecology at the University of Helsinki.

"Previous randomized controlled trials comparing hysterectomy with medical treatment … have produced controversial results. The aim of our study was to compare these two treatments' effects on sexual functioning," she said.

The study included 236 nondepressed women aged 35-49 years who were referred for menorrhagia to five university hospitals in Finland. Equal numbers of women were matched and randomized to either surgery or a levonorgestrel-releasing intrauterine system (LNG-IUS). Sexual functioning was assessed by a modified McCoy sexual scale, a questionnaire addressing sexual satisfaction, partner satisfaction, and sexual problems.

"Sexual satisfaction increased in both groups at 6 months' follow-up, but more so in the hysterectomy group," Dr. Halmesmaki said. "However, the two groups did not differ at 12 months and 5 years."

Sexual problems decreased among women with hysterectomies at 6 and 12 months, but again, there was no group difference at the 5-year follow-up.

"Interestingly, even though the two groups did not differ with regard to sexual satisfaction or sex problems at 5 years, the women using LNG-IUS were less satisfied with their partners at 1 year and beyond; they generally felt their partners were not as good [sexually]," Dr. Halmesmaki said. Inexplicably, smoking on the part of the women also was associated with lower partner satisfaction, she commented. ■

Hormone Therapy Doesn't Cut Risk of Macular Degeneration

BY MELINDA TANZOLA
Contributing Writer

Hormone therapy with conjugated equine estrogen, with or without progestin, does not appear to reduce the risk of early-stage age-related macular degeneration in older women.

The Women's Health Initiative (WHI) Sight Exam study was designed to assess the association between hormone therapy and age-related macular degeneration (AMD) in women at least 65 years of age. A total of 4,262 women were recruited from the WHI randomized clinical trials of hormone therapy, in which they had been randomized an average of 5 years earlier to receive conjugated equine estrogen (CEE) with or without progestin, or placebo. Two previous studies had shown a reduction in risk of AMD of 30%-40% with hormone therapy.

For the current study, the women underwent fundus photography and the images were graded for AMD severity based on a six-level scale. The primary outcome of the WHI Sight Exam was any AMD.

After adjustment for confounding factors, CEE with or without progestin had no effect on the overall incidence of early AMD. Overall, 21.0% of women in the study had any AMD, with the incidence ranging from 14.7% in women aged 65-69 years to 29.8% in women aged 75 or older. Only 1.1% of women had evidence of late AMD (Arch. Ophthalmol. 2006;124:988-92).

To minimize the effect of preexisting AMD, study investigator Dr. Mary N. Haan, of the University of Michigan, Ann Arbor, and her associates excluded women who had been diagnosed with AMD before the WHI randomization. However, the investigators could not be completely certain which women had disease at randomization and which developed AMD after randomization. Moreover, they were not able to evaluate the women with a longer follow-up because the WHI trials were discontinued early.

Women taking CEE and progestin were 17% less likely than those taking placebo to have soft drusen, which has been associated with a risk of developing late-stage AMD and visual impairment.

"If this treatment does reduce the development of soft drusen, it could be beneficial for prevention of later-stage disease," the researchers noted. But they also concluded that hormone treatment "does not influence the occurrence of early AMD." ■

Polycystic Ovarian Morphology Does Not Raise Risk of PCOS

BOSTON — Women diagnosed with polycystic ovarian morphology and normal menstrual cycles do not appear to be at significant risk for developing polycystic ovary syndrome, according to a study presented at the annual meeting of the Endocrine Society.

Researchers at Harvard University and Massachusetts General Hospital in Boston followed 40 women with regular menstrual cycles and either normal or polycystic ovarian morphology to see which women would develop polycystic ovary syndrome (PCOS). The women were followed for 1.7 to 17.5 years after an initial ultrasound and given a follow-up ultrasound by the same ultrasonographer.

The researchers defined polycystic ovarian morphology (PCOM) as an ovary with 12 or more follicles of 2 to 10 mm in a single plane or an ovarian volume of more than 10 mL without a dominant follicle.

At baseline, 17 women had normal morphology and 23 were diagnosed with PCOM. The average age at baseline was 30, according to study presenter Meagan K. Murphy, a Harvard University medical student.

At follow-up, 1 of the 17 women with normal ovarian morphology at the beginning of the study had developed PCOM. Of the 23 women who had PCOM at baseline, about half had PCOM at follow-up and the rest had converted to normal ovarian morphology. The researchers concluded that the development of PCOS is uncommon in women with PCOM and regular cycles.

—Mary Ellen Schneider

Hypertension Boosts Sexual Dysfunction in Women

BY MITCHEL L. ZOLER
Philadelphia Bureau

NEW YORK — Women with hypertension were twice as likely to have sexual dysfunction as normotensive women were, in a study of 417 women.

The results also showed that women with controlled hypertension had a significantly lower prevalence of sexual dysfunction than did women whose hypertension failed to reach goal levels during treatment, Dr. Michael Doumas reported at the annual meeting of the American Society of Hypertension.

But a third finding was that women who were treated with antihypertensive drugs had a higher prevalence of sexual dysfunction than did untreated women. Dr. Doumas speculated that this was caused by the effects of certain antihypertensive drugs, such as diuretics and β-blockers. Treatment with other drug types, the angiotensin-receptor blockers and angiotensin-converting enzyme inhibitors, appeared to reduce sexual dysfunction, he said.

"We need to treat hypertension because of its effect on adverse cardiac outcomes. But there is a hint that we can lower blood pressure with some drugs and also have good effects on female sexual function," said Dr. Doumas, a physician in the department of internal medicine at the Hospital of Alexandroupolis in Athens.

The study enrolled 216 women with hypertension and 201 normotensive women. Their average age overall was about 48, and all were sexually active.

The women completed a 19-question form that has been validated as a way to evaluate sexual function. The questions dealt with several domains of female sexual function: desire, arousal, lubrication, orgasm, satisfaction, and pain.

Among the women with hypertension, 42% had scores indicating sexual dysfunction, compared with 19% among the normotensives, a statistically significant difference.

The prevalence of sexual dysfunction increased significantly with the duration of hypertension. Among women who had been hypertensive for fewer than 3 years, 16% had a score indicating sexual dysfunction; the rate rose to 33% among women with hypertension for 3-6 years and 79% among women with hypertension for more than 6 years. Age also showed a significant interaction with prevalence. Among women aged 31-40 years, the prevalence of dysfunction was 21%; the rate rose to 38% among women aged 41-50 and to 57% among women older than 50.

The prevalence of sexual dysfunction was 48% among women treated for hypertension, compared with 33% among the untreated hypertensives, a significant difference. The average age was 48 in both groups. But the prevalence was lower still among the hypertensive women who had their pressure controlled by treatment. With control defined as a pressure of less than 140/90 mm Hg, the prevalence of sexual dysfunction in women with controlled hypertension was 27%, significantly less than the 51% of women with uncontrolled hypertension who had dysfunction.

It's not yet known how antihypertensive drugs exert differing effects on sexual function. In general, drugs that cause vasodilation appear to improve sexual dysfunction, Dr. Doumas said. ■