

Menopause Called Ideal Time to Address CVD Risk

BY DOUG BRUNK
San Diego Bureau

CALGARY, ALTA. — The way Dr. Beth L. Abramson sees it, menopause provides the ideal opportunity to review with patients their risk for heart disease and stroke, and to reinforce heart-healthy behaviors.

"Although it's a bit of a paradigm shift, we need to start talking about heart-healthy behavior in gynecologists' offices," said Dr. Abramson at the annual meeting of the Society of Obstetricians and Gynaecologists of Canada. "There is no doubt that risk of heart disease increases with menopause."

In Canada, one in three women dies from heart disease and stroke, which makes these two conditions the leading causes of death among women, greater than all forms of cancer combined.

"For the first time in 30 years, women have caught up to men when it comes to the number of deaths from cardiovascular disease," said Dr. Abramson, a cardiologist who directs the cardiac prevention and rehabilitation center at St. Michael's Hospital and is a spokesperson for the Heart and Stroke Foundation of Ontario, both in Toronto.

Moreover, the risk of dying within the

first 30 days of a myocardial infarction is 16% higher for women compared with men. The same goes for stroke, which confers an 11% higher risk of death within 30 days for women compared with men. "Women are less likely to be treated by a specialist, are less likely to be transferred to another facility for treatment, and are less likely to undergo cardiac catheterization or revascularization," she noted.

Despite the well-known risks, awareness of heart disease risk among women is generally poor. According to Dr. Abramson, only one in eight Canadian women understands that heart disease and stroke are her most serious health concerns, whereas only one woman in three knows that the conditions are the leading causes of death.

In an effort to close the current knowledge gap, Dr. Abramson and her associates at St. Michael's are teaching primary care physicians to administer a Framingham risk calculation as a way to assess a woman's risk of developing coronary artery disease. A software program calculates the woman's 10-year risk of a heart attack based on factors including age, blood pressure, smoking status, lipids, fasting blood glucose, and family history. The score "may underestimate

some risk, but it's what we are using," she said. (The assessment is similar to the National Heart, Lung, and Blood Institute's tool for estimating the 10-year risk of having a heart attack, which can be found at <http://hp2010.nhlbi.nih.net/atpiii/calculator.asp>.)

Dr. Abramson also recommends a discussion of risk reduction strategies—including smoking cessation, healthful eating choices, exercise, and weight-loss tips when needed—during each office visit. "It's very hard to make lifestyle changes," she acknowledged. "I encourage people to make small changes over time. Most heart attacks aren't sudden; they take many years of preparation."

Most smokers want to quit, she said, yet only about one-third of smokers report receiving smoking-cessation advice from their physician. She often uses this script, which can be delivered in about 20 seconds: "Do you smoke? I know you understand it's bad for you. It's the worst thing for your health. I can help you quit smoking if you want to."

Finding a way to personalize the effects of smoking cessation is also key. "Tell the women their skin will look better and younger if they quit," she said. "That's an important motivator." So is the phrase, "Your children want you to quit so you can be around for your grandchildren."

Dr. Abramson pointed out that visceral obesity is associated with conditions that lead to heart disease, including increased LDL cholesterol, decreased HDL cholesterol, high triglycerides, diabetes, insulin

resistance, increased insulin levels, abnormal blood clotting, glucose intolerance, and poor blood-vessel function. "In menopause, the fat distribution of women changes," she said. "They are more likely to take on an apple-shaped figure than a pear-shaped one."

The Heart and Stroke Foundation of Canada has launched "The Heart Truth" campaign aimed at educating women about their risk for coronary heart disease. The campaign includes a dedicated Web site (www.thehearttruth.ca) on which women can receive a customized risk profile; a public awareness campaign including television, public-service announcements, brochures, and posters; and a documentary DVD on women survivors of heart disease.

The campaign advises women to take action and talk with health care professionals about treatment options for risk factors such as high cholesterol, high blood pressure, and smoking.

"You have a role to play," Dr. Abramson said. "You have an opportunity to take care of women around the time of menopause and try to reduce their risk factors."

Dr. Abramson disclosed that she receives ongoing research funds from Astra Zeneca Pharmaceuticals LP, Boehringer-Ingelheim Pharmaceuticals Inc., and Merck & Co., and that she has been a speaker for several other pharmaceutical companies.

The presentation was part of a session sponsored by Bayer Healthcare Pharmaceuticals. ■



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DR. ABRAMSON

S. pseudoporcinus May Be Emerging Genital Tract Pathogen

BY SUSAN LONDON
Contributing Writer

SEATTLE — *Streptococcus pseudoporcinus* may be an emerging genital tract pathogen, based on an observational study reported at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology.

Research conducted in the 1980s and 1990s suggested that *S. pseudoporcinus* is rare among humans. However, the microorganism crossreacts with group B *Streptococcus* (GBS)-typing serums, lead author Kevin A. Stoner of the Magee-Womens Research Institute in Pittsburgh, pointed out. "There is the potential that this organism has been misidentified in the past." In recent years, *S. pseudoporcinus* has been increasingly identified in women who experience stillbirth and preterm labor.

S. pseudoporcinus was sought in 663 sexually active women, aged 18-40 years, who participated in a vaccine trial. The women resided in Pittsburgh; Augusta, Ga.; and Houston. Paired rectal and vaginal swabs were obtained from the women at 2-month in-

tervals over an 18-month period and processed in a central laboratory.

The swabs were inoculated in Columbia sheep blood agar and selective enrichment broth. An isolate was preliminarily classified as being *S. pseudoporcinus* if it was a catalase-negative, gram-positive coccus; had positive agglutination results with group B PathoDx antiserum; and produced a wide zone of beta hemolysis on the blood agar—in contrast to the zone that is typically (though not always) narrower for GBS.

The classification was supported if the isolate did not cross-react with species-specific primers for GBS in polymerase chain reaction analysis, and if the API 20 Strep test indicated the presence of *Streptococcus porcinus*, a swine pathogen with 94% gene sequence similarity.

"Currently, there are no phenotypic characteristics to determine the difference between these two organisms, but from what we can see, all human isolates are most likely *S. pseudoporcinus*," said Mr. Stoner, a researcher at the institute.

Final confirmation was obtained by demonstrating that the isolate's gene sequence was 99% similar to that of *S. pseudoporcinus*.

Overall, 5.4% of the women were colonized with *S. pseudoporcinus* at some time during the study, Mr. Stoner reported. Within this group, the organism was recovered in 33% of women at one visit, in 22% at two visits, and in 44% at three or more visits. The greatest number of visits with recovery was six. "So this does indicate that there is persistence in colonization by this organism, and it's not just a random, one-time occurrence," he said.

Of the affected women, 50% were found to have *S. pseudoporcinus* in both the vagina and rectum; 42% were cocolonized with GBS.

"We recovered a total of 120 *S. pseudoporcinus* isolates," Mr. Stoner said. "That's far more than anybody has ever reported recovering." Some 56% of the isolates were found in the vagina, and 41% were found in the

rectum. In the laboratory, the majority (67%) were detectable in enrichment broth only, indicating that colonization was occurring at very low density levels, he noted.

Of 23 isolates tested for antibiotic susceptibility, none were found to be resistant to penicillin, cefazolin, clindamycin, or ery-



The API 20 Strep test kits can always confirm an organism's identity as GBS or *S. pseudoporcinus*.

MR. STONER

thromycin, according to Mr. Stoner.

Women at the three study sites were equally likely to acquire *S. pseudoporcinus* during the study. However, the rate of acquisition differed significantly by race, with a much higher rate among black women than among women of other races (11 vs. 0-1 events per 100 woman-years).

In addition, women aged 30-40 years had a significantly higher

rate of acquisition than did their younger counterparts (eight events vs. two to three events per 100 woman-years), as did women with 12 or fewer years of education relative to their better-educated counterparts (nine events vs. two to four events per 100 woman-years).

Finally, the rate of *S. pseudoporcinus* acquisition differed significantly with the number of male sex partners between visits. The rate was about two to three times higher among women who had had at least two partners compared with women who had one or no partners (12 events vs. 4-5 events per 100 woman-years).

Mr. Stoner noted that the organism's distinctive beta hemolysis pattern and DNA sequencing can help avoid misidentification as GBS. "If there is ever a question as to an organism's identity as GBS or *S. pseudoporcinus*, and you don't have access to DNA sequencing, the API 20 Strep test kits can always be used to confirm identification."

Mr. Stoner stated that he had no conflicts of interest in association with the study. ■