

Study Opens Door on HT's Benefit in Menopause

Women on combined hormone therapy had fewer hot flashes (9% vs. 25%) and better quality of life.

BY DAMIAN McNAMARA
Miami Bureau

One year of combination hormone replacement therapy significantly improves some menopausal symptoms and health-related quality of life for women, compared with placebo, according to the large, randomized, Women's International Study of Long Duration Oestrogen after the Menopause.

"In light of the WISDOM findings on quality of life, consideration should be given to revisiting HRT guidelines," according to Dr. Alastair H. MacLennan of the University of Adelaide (Australia) and his colleagues on the WISDOM team.

In the study, a total of 1,043 women aged 50-69 years with follow-up data were randomised to daily oral combination hormone therapy (HT).

They took conjugated equine estrogen 0.625 mg plus medroxyprogesterone acetate 2.5/5.0 mg (Prempro, Wyeth Ayerst).

Their symptoms, quality of life, and other outcomes were compared with 1,087 women who took a once-daily oral placebo. Participants were enrolled

in the United Kingdom, Australia, and New Zealand.

Fewer hot flashes (9% vs. 25% of the placebo group) and a lower rate of night sweats (14% vs. 23%) were among the significant benefits of combination HT at 1 year. In addition, fewer participants in the combination HT group reported aching joints and muscles (57% vs. 63%), insomnia (35% vs. 41%), or vaginal dryness (14% vs. 19%).

At the same time, women in the treatment group reported significantly more breast tenderness (16% vs. 7%) and vaginal discharge (14% vs. 5%) than did women in the placebo group (BMJ 2008; 337:a1190 [doi:10.1136/bmj.a1190]).

"This study shows just how effective hormone therapy can be in alleviating hot flashes and sleep disturbances and in generally improving other components of quality of life and well-being," Dr. Amos Pines of the department of medicine at Ichilov Medical Center, Tel Aviv,

said in a written statement.

Dr. Pines is not affiliated with the study and commented on behalf of the International Menopause Society.

"This is a significant study, which supports our views on HT," Dr. David W. Sturdee, IMS president, said in the same statement. "It shows that HRT can offer real benefits to most women experiencing menopausal symptoms. This study reinforces the benefits of appropriate use [of HT]." Dr. Sturdee is in the department of obstetrics and gynecology, Solihull (U.K.) Hospital.

"Taking everything into account, latest data [show] that hormone therapy in healthy women during the early postmenopausal period is really pretty safe,"

Dr. Pines said.

Consider these benefits in individualised decisions about use of combined HT, the study authors wrote. And weigh them against short- and long-term risks of therapy, including potential increased cardiac events, venous thromboembolism, and breast cancer,

Other menopausal symptoms, depression, and overall quality of life were not significantly different between groups.

The WISDOM outcome measures included a modified version of the Women's Health Questionnaire, a 28-item menopause symptom questionnaire, the European quality of life instrument, a generic overall quality of life visual analog scale, and a 20-item Center for Epidemiologic Studies Depression Scale.

The positive outcomes of the WISDOM study are consistent with vasomotor symptoms, sleep, and bodily pain improvements reported in the Women's Health Initiative (WHI) study (JAMA 2002;288:321-33). Similar health-related quality of life improvements were demonstrated in another study (N. Engl. J. Med. 2003;348:1839-54), but WISDOM is the first to use instruments specific to menopause.

WISDOM was initially launched in 1999 as a 10-year study to assess many possible effects of combined HRT. However, it was halted early after safety concerns of the WHI study were announced. Nevertheless, the WISDOM authors collected enough quality of life and symptom data from the women to perform the current analysis. A loss to follow-up and considerable discontinuation of study medication may have introduced selection bias and are potential limitations of the study, the authors noted.

The authors had no relevant financial disclosures. ■

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Menopause Provides Teachable Moment on Cardiovascular Risk

BY DOUG BRUNK
San Diego Bureau

CALGARY, ALTA. — 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 [our] offices," said Dr. Beth L. 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 improve 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.nhlbihin.net/atpii/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) where 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, according to Dr. Abramson.

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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