

The Foundation for Women's Wellness

Newsletter

Dear Friends,

This is the first edition of what will be a regular communication with you. We hope it provides interesting, helpful, and clarifying information about various women's health topics. We also hope it is a reminder of how important research is in enabling women to not only live longer, but also to live better.

The Foundation for Women's Wellness (FWW)* was founded by Lila Nachtigall, MD and her youngest daughter, Ellen Biben Esq., to support research in women's health. Biomedical research has historically used men as subjects, in part, because it was assumed there were no gender differences in treating and preventing disease. This assumption was wrong. We have much catching up to do in women's health, and current funding is inadequate.

FWW was created to address this need. We identify and raise financial support for short-term clinical studies on the leading causes of death and illness in women, such as cardiovascular disease and cancer, and hormones' role in disease and stage-of-life health concerns. FWW also funds young researchers dedicated to women's health studies.

Your past support has enabled research on the effectiveness of red clover in treating menopausal hot flashes (see page 3); and provided a stipend for a student research associate working at Harvard Medical School (see page 5). The latter study led to important new information about preventing clots, a cause of heart disease. (Cardiovascular disease is the number one cause of mortality in women). Your support also creates vehicles for sharing women's health information, like this newsletter.

FWW's focus, to bring new resources to bear on research, can make a difference in women's lives today. We cannot thank you enough for your involvement and support. Please feel free to contact me via e-mail (sharoncravitz@earthlink.net) or phone (303-744-7759) for more information or to get more involved.

Yours in good health,

Sharon Helfant Cravitz, Executive Director

* The Foundation for Women's Wellness is a 501c3 tax-exempt, nonprofit organization. Contributions are fully tax-deductible.

Hormone Replacement Therapy: Response to Latest Research

Lila E. Nachtigall, MD

July, 2002. The National Institutes of Health halted one trial of its multi-trial study regarding women's health (called the Women's Health Initiative). This particular trial ceased 5 years into its 8 year duration because researchers determined that certain health risks outweighed benefits. The trial was testing hormone replacement therapy, specifically Prempro,™ - the most widely prescribed estrogen/progestin combination. The following article was written when this news became public.

Lila Nachtigall, MD is a professor of obstetrics and gynecology at the New York University School of Medicine. She is internationally recognized as a leader in the field of menopause.

As a reproductive endocrinologist, I see hundreds of menopausal patients in my New York practice, many taking some type of hormone replacement therapy (HRT). I think I got a call from every one of them this week!

They all were alarmed at the news that a large National Institutes of Health (NIH) HRT study had been suddenly cancelled. Once I'd had a chance to read a pre-publication copy of the study, here is what I told them.

Over the years, dozens and dozens of studies of HRT have been performed, mostly retrospective and "observational" in design. The overall result of these studies have been mixed—the effects on hot flashes, vaginal dryness, and bone loss mostly positive — the effects on heart disease and breast cancer not infrequently contradictory. Women

were confused and annoyed by the lack of a consistent message. The time was right for a prospective double-blind study that could address these uncertainties—and the NIH rose to the challenge with the Women's Health Initiative (WHI). For better or worse they chose one very commonly prescribed combination of estrogen and progestin to compare with a placebo (there are at least 5 different estrogens and 4 different progestins that can be used in different dosages and combinations).

After six years of study, coronary heart disease, myocardial infarctions, stroke, venous thromboembolic, and breast cancer risks were slightly increased while the risk for hip and spine fractures was reduced, as was the risk of colon cancer. There was no increased risk of death.

The study was stopped (appropriately) 3 years early when mathematical projections of the data trends demonstrated that there would be no overall benefit, and possible harm, to the HRT group by the end of the study. The way it was announced however, seemed to convey the impression that harm had been done or that study participants were in grave danger. This was not true. None of these individual risks or benefits (*continued on page 3*)

Friendship Critical for Reducing Stress in Women

We've heard it a million times. A key ingredient to being healthy is reducing our stress. But how? Researchers at the University of California, Los Angeles suggest that, when it comes to this basic tenet of health, gender makes a difference.

For women, being among a support system of other women releases brain chemicals that combine with our hormones to make us feel calmer. This results in a lower risk of getting sick; a lower risk of developing chronic illness, such as heart disease; and a healthier mind and body.

Five decades of research on stress, most of it on men, have demonstrated that stress brings forth a cascade of brain chemicals that result in a "fight-or-flight" reaction. That is, when faced with an immediately stressful confrontation, (*continued on page 5*)

"...not having a close friend or confidante was as detrimental to one's health as smoking or carrying extra weight."

- Harvard Medical School, Nurses Health

Women's Health FACTOIDS: *DID YOU KNOW?*

Good news about breast

cancer mortality. Seventy percent of women who get breast cancer will survive. If more women followed detection guidelines so that more cancers were found in the early stages, it is estimated that upwards of 95% could beat this disease. What does this mean for you? Do monthly self breast exams, see your doctor for annual exams, and beginning in your mid-thirties or age 40 (depending on your family history) get regular mammograms.

Smoking hurts women more than it hurts men.

For one, there's heart disease and lung cancer, the top two causes of death among American women. Women are 20 to 72 percent more likely than men to get lung cancer when the same number of cigarettes are smoked. Smoking is also more likely to accelerate the onset of menopause and osteoporosis, and cause complications in pregnancy. In the teenage years, girls may be more susceptible to the effects of tobacco than boys because their lungs' growth span is shorter. Women also have a harder time quitting smoking than men. Research suggests that, in part, this may be due to experiencing more severe withdrawal symptoms than men.

Even moderate exercise is

beneficial. Women who walk for 30 minutes a day decrease their risk of stroke and heart attack by 20 to 40 percent. Exercise is also critical for bone health. When you are young, weight bearing exercise helps build bone mass. As you age, such exercise helps you maintain it.

Bone density test helpful for

women...and men. The National Osteoporosis Foundation recommends bone density evaluation for all women beginning at age 65; however, women at high risk of osteoporosis may benefit from testing while in their fifties. For the men in your life, back pain in older men can relate to bone erosion; so a bone density test may be helpful for men's health as well.

Most women have foot pain from wearing the wrong shoes.

A survey conducted by the American Academy of Orthopedic Surgeons and the American Orthopedic Foot and Ankle Society, found that 80% of women say their feet hurt, and 59% wear uncomfortable shoes for at least one hour each day. Foot doctors say that "most women often wear shoes that are the wrong size, have toes that are too pointy, or heels that are too high."

Watch those knees.

Women are two to eight times more likely than men to rupture their anterior cruciate ligament (ACL) while playing sports. The majority of these knee injuries occur in females aged 15 to 25. Young women who play sports involving rapid pivoting, jumping, and sudden stops and starts are particularly vulnerable to ACL injury. Ways to protect your ACL include stretching; strength training, especially for the hamstrings and quadriceps muscles; practicing proper landing techniques from a jump; and learning to make rapid turns from a crouched position by slightly bending at the knee and hip.

The Beatles said it first: 'Here comes the sun...and it's all right.'

Most of us know that the mineral calcium is critical to keep bones strong and healthy and to prevent osteoporosis. Vitamin D aids calcium's absorption and maintenance in the bloodstream. Now here's the less well known part. Most people obtain vitamin D from casual exposure to sunlight. When you use sunscreen with an spf of 8 or greater, however, you make no vitamin D. Exposing some part of your body without sunscreen to the sun for 10 to 15 minutes each day is enough to naturally produce vitamin D. But don't neglect the sunscreen altogether since it is important for preventing skin cancer. Other ways to get vitamin D include eating dairy fortified with vitamin D, fatty fish or cod-liver oil, or taking a vitamin D supplement.

Regular mammography important for early detection.

According to the National Cancer Institute, the older a woman gets, the less likely she is to have a mammogram. Despite negative media reports on mammography, it is still currently, an important tool for detecting cancers that cannot otherwise be felt or seen. Early detection is critical for long-term well-being.

Women are the economic force in health care spending.

Women account for 52% of the U.S. population and spend almost two of every three health care dollars. They are also responsible for over 59% of all physician visits; and 59% of prescription drug purchases.

Red Clover May Help Reduce Hot Flashes

Hot flashes are the most common symptom of menopause. For women looking for an alternative to traditional medicine, herbal alternatives are receiving increased attention. A significant concern in the medical community, however, has been the lack of scientific research about herbal substances. With the support of FWW, Lila Nachtigall, MD led the first U.S. study to evaluate Promensil™, a standardized red clover supplement, for its effectiveness in addressing hot flashes.

The study evaluated 23 women ages 40 to 65 who were experiencing hot flashes related to menopause and had not taken hormone therapy for at least 12 months. All participants took 40 milligrams of red clover extract per day (1 tablet of Promensil) for two months. The results found a 56% decrease in the frequency of hot flashes, a 43% decrease in the severity of the flashes, and a 52% decrease in night sweats. The rate of decrease was highest in the first two weeks of treatment. No adverse side effects

were reported by participants or measured by physicians. “It’s not as effective as estrogen,” Nachtigall states, “but it certainly did help.”

Red clover is an abundant source of dietary isoflavones, a type of phytoestrogen found mainly in plants of the legume family such as soy and soy products (tofu), sweet potatoes, carrots, garlic, red wine, barley, green beans, oats, and pumpkin. Phytoestrogens are molecules that attach themselves to human cells similar to estrogen, thus helping a woman’s body to mimic estrogen activity. Interest in isoflavones for treating menopause began from observations of Asian women, who eat more isoflavones than Western women, and experience fewer menopausal symptoms.

It is important to note that the estrogenic effects of plant-based phytoestrogens, like isoflavones, is much weaker than human estrogen. But if you are suffering from hot flashes and are looking for a safe herbal treatment, this study suggests that short-term use of red clover may help.

Dr. Nachtigall adds that, when considering an herbal supplement, it is important to take one that has a standardized dosage of quality ingredients. It is also important to examine the medical literature and quality of research behind certain claims since herbal supplements are not held to the same research and oversight standards as pharmaceuticals.

Since every woman’s medical history and risks are different, it is also recommended that you consult your healthcare provider about your personal medical history before taking any herbal or pharmacological substances.

For more information on this study, see article titled “Isoflavones in The Management of Menopause” by Lila E. Nachtigall, MD in “The Journal of The British Menopause Society”, Supplement S1, 2001.

Hormone Replacement Therapy — Benefits vs. Risks

(continued from page 1)

(except that of venous thrombosis) reached the level of statistical significance. What has not been made clear is that the “relative risks” widely reported in the media are statistical expressions—not individual risks. As stressed by JAMA’s editorial writers, “The absolute risk to an individual woman is very small.”

I was disappointed (but not shocked) that the study did not demonstrate a preventative role. There have long been widespread concerns in the medical community that adding progestins to HRT (for uterine protection) might interfere with the protective effects of estrogen alone, particularly with respect to cardiovascular disease. For those women who have had a hysterectomy, the estrogen-only (ERT) arm of the WHI study is continuing.

I think most of my patients were reassured, but then the other shoe dropped. I received advance notice of a study reporting an increased risk of ovarian cancer for women taking estrogen alone. But this latest publication was not as convincing as the NIH WHI report. It was retrospective, used a study population that had elevated risks for breast and ovarian cancer, could not classify almost a third of the cancers, and could not identify the type and dosage of hormones for

“Individual women have individual symptoms, histories, priorities, and risks. There is no one-size-fits-all response. Each woman is entitled to a (personal) evaluation.”

two-thirds of the HRT users. The bottom line? The small increased risk of ovarian cancer was not statistically significant before 20 years of estrogen used, and even then, the absolute increase in risk was two-tenths of 1%.

What is clear is that while ERT or HRT appears safe enough to get through the early years of debilitating hot-flashes and night sweats (even now American women only take hormones for an average of 2.7 years), we may have to modify or even abandon our hope that HRT can provide heart disease protection (at least for many estrogen-progestin combinations). But with women now living a third of their lives after the menopause, the health and quality of that life can’t be ignored.

Individual women still have individual symptoms, histories, priorities, and risks. Last week I spoke to a recently-married 63 year old patient who is suffering from loss of libido and vaginal dryness as well as a 60 year old woman with a family history of colon cancer who is still having up to 20 hot flushes a day 10 years after menopause. There is no one-size-fits-all response. Each woman is entitled to an evaluation of her personal risks and benefits by a knowledgeable physician.

What's New on Bookshelves...

EVE'S RIB

The New Science of Gender-Specific Medicine and How It Can Save Your Life

By Dr. Marianne J. Legato, M.D.

Hardcover, Harmony Books

258 pages

\$23.00

In *Eve's Rib*, Dr. Marianne Legato, MD, a leading expert in the field of gender-specific medicine, details the myriad ways that men and women differ in most every aspect of their health. Gender-specific medicine is still new, but its implications are huge.

Eve's Rib explains why, medically speaking, women are not small men. It details differences in the brain, gastrointestinal tract, heart, circulatory system, immune system, skeleton, skin, and drug metabolism.

How women and their physicians should apply these differences is often unclear, because medicine has catching up to do in understanding the full role of the 'gender factor.' It is also why patients, especially women, should not readily dismiss unusual or persistent symptoms. As Dr. Legato writes, "As in all research...our most effective teachers are our patients."

Here are a few highlights:

- **"Men and women have important differences in their immune systems.** A prominent pharmaceutical company developed a vaccine against the herpes virus, then discovered that the vaccine was effective in women but not in men." This suggests gender differences in effectiveness of current and future vaccines as well. For example, Dr. Legato is currently looking at possible gender differences in the flu vaccine's effectiveness.
- **"Hormones have profound effects on the way men and women metabolize drugs.** Epileptic women often have seizures just before or on the first day of their menstrual period. Similarly, asthmatic women often have attacks at the beginning of their menses. Doctors who understand this will be able to adjust the dosage for a woman who complains that her epilepsy or her asthma is worse right before her period—and not chalk it up to her imagination."
- **"Men and women have small but real innate differences in their brains.** For example, men produce 52 percent more of a hormone needed to prevent depression (serotonin) than women. This hormone is an important link between our experiences and our emotional state, a fact that has tremendous implications for treating depression." Dr. Legato points out that, instead of prescribing antidepressants for women, physicians might suggest counseling to enhance feelings of independence and control. Research shows that these feelings increase serotonin levels and, thus, relieve depression. Similarly, "when their serotonin levels drop, women tend to withdraw and become anxious and reclusive." In contrast, men "respond to low serotonin levels with aggressive behavior and often increase their alcohol intake."
- **Diabetes affects men and women differently.** For example, "diabetic women are *less likely* than non-diabetic women to suffer from osteoporosis. On the other hand, diabetes puts women at tremendously increased risk for coronary artery disease (CAD), even if they are relatively young and still menstruating. For reasons we don't understand, while diabetic men have a doubled risk for CAD, a diabetic woman's risk is four to six times *higher* than that of other women."
- **"Doctors sometimes make different decisions for men and women with the same illnesses.** Across the board, women are less likely to receive aggressive medical treatment for heart disease than men and are less likely to receive kidney transplants for end-stage renal disease. They are less frequently diagnosed with chronic obstructive pulmonary disease, a chronic disease of the lungs that is usually caused by smoking. (Yet cigarette smoking is as common or more common among women than in men, and women lose lung function more rapidly with smoking than men.)"

With regard to heart disease:

- "Women are more likely than men to recover their speech after a stroke."
- "Women are susceptible to potentially lethal arrhythmias when they take some of the very medications that stabilize cardiac rhythm in men."
- "The symptoms of a heart attack for a woman may appear more like indigestion than a cardiac aberration; misdiagnosing this problem can cost her her life."

Dr. Marianne Legato, MD is a professor of clinical medicine at Columbia University's College of Physicians and Surgeons, and has a private practice in New York City. She was named "Outstanding Woman of the Year in Science" by the American Medical Women's Association in 2002.

Gender Plays Key Role In Stress Reduction

(Continued from page 1)

we are aggressive if we think we can win, and flee if we cannot. This behavior is a hold-over from cave dwelling times.

For women, however, this study found that the more common stress reaction is one of "tending-and-befriending" in which we seek out the company of female social networks, such as female friends, co-workers, and relatives, and tend to our children.

According to researchers, the "tend-and-befriend" reaction is partly caused by perpetuation of successful behavioral patterns from the days when women were the primary caretaker of children. Again, back to cave dwelling times. Back then, "fight" responses might put a woman and her children in harms way; and "flight" might be difficult because of pregnancy or the needs of young children. Researchers speculate that

"alternative behavioral responses are likely to have evolved in females" to allow for successful protection of self and offspring.

Similar to behavioral responses, there are gender differences in our physiological reactions to stress. In order to meet stress's short term demands, both genders' nervous systems are flooded with chemicals, including the neuroendocrine, oxytocin. When oxytocin combines with the female hormone estrogen, it buffers the "flight-or-flight" reaction and encourages women to seek out the company of other women, and tend to children. When women engage in "tending-and-befriending," more oxytocin is produced which further counters stress and enhances feelings of calm. In contrast, men produce more testosterone when they are stressed, which reduces oxytocin's calming effects.

This UCLA study supports the well-known Nurses' Health Study from Harvard Medical School which found the more friends a woman had, the less likely she was to de-

velop physical impairments as she aged and the more likely she was to be leading a joyful life. These results were considered so significant, researchers concluded, that not having a close friend or confidante was as detrimental to one's health as smoking or carrying extra weight.

"There is no doubt that friends are helping us live longer," states Laura Cousino Klein, PhD, one of the study's authors.

For more information, refer to Psychological Review, "Female responses to stress: Tend-and-befriend, not fight-or-flight," Taylor, S.E., Klein, L.C., Lewis, B.P., Gruenewald, T.L., Gurung, R.A.R., & Updegraff, J.A. (2000), 107(3), p.411-429.

FWW NEWS

FWW's Student Intern Support Helps Lead to Important New Finding About Heart Disease

July, 2002. The Foundation provided its first student stipend to Ben Levin, who worked on a study about clotting and heart disease undertaken at Harvard Medical School. Thrombosis formation, or clotting, is a fundamental cause of cardiovascular disease (the number one cause of mortality in women). This study identified a drug that significantly reduces the incidence of clotting. Clots form when plaque on artery walls ruptures, causing blood to coagulate at the site of the break. Identifying substances that can prevent clots from forming is a promising way to reduce the life-threatening nature of heart disease. This study's identification of a drug that prevents clots is a promising finding for reducing the incidence of clotting.

Further research regarding women taking hormone replacement therapy and blood clotting is being undertaken by FWW's Scientific Review Board Chair, Rob Flaumenhaft, MD, PhD and founder Lila Nachtigall, MD.

An Evening of Conversation about Women's Health

September 24, 2002. Jody Gottfried Arnhold hosted a gathering of women and leading physicians in a conversation about important women's health issues. Rob Flaumenhaft, MD, PhD of Harvard Medical School discussed heart disease in women and shared the results of a recent study about clotting and cardiovascular disease (see FWW News column left of this one). FWW founder and noted physician Lila Nachtigall, MD spoke about the recently halted Women's Health Initiative Hormone Replacement Therapy (HRT) trial, and its implications on the safety of HRT and related issues. (See related article on page 1.) Our utmost thanks to Jody for so generously opening her home to us.

The evening was so positively received that we are planning an encore evening on the night of **February 26, 2003** with Dr. Nachtigall. For more information, contact Sharon Cravitz at: 303-744-7759 or e-mail: sharoncravitz@earthlink.net.

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