

Informed Health Decisions

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HRT

- HRT is not protective against heart disease and may worsen it, especially in women with pre-existing heart disease
- HRT has shown a small increase in the risk for developing breast cancer
- HRT has a small protective effect on developing colon cancer
- HRT has a protective effect on preventing osteoporosis and hip fractures, but other medications also work
- The main reason to use HRT is to alleviate severe hot flashes associated with menopause
- The decision must be individualized

Hormone Replacement Therapy (HRT)

It is hard to think of a health issue that has had as much controversy and concern as Hormone Replacement Therapy (HRT). For the first time, a study has shown convincing evidence that **prolonged** use of HRT increases the risk of breast cancer as well as heart attacks. (<http://jama.amaassn.org/issues/current/fful/joc21036.html>) The results of this study, called the Women's Health Initiative, were long awaited. The study was planned to go on for 8.5 years, but was stopped after 5.2 years because the results to date indicated that the risks associated with using HRT outweighed the benefits. This was the first randomized study * to answer the question of whether or not HRT would protect women from heart disease who did not have any pre-existing heart disease. A previous randomized study (The Heart and Estrogen Replacement Study- HERS) showed that HRT has a short term worsening of the risk of doing harm in patients with pre-existing heart disease who received HRT.



The Women's Health Initiative was stopped prematurely because the women in the treatment arm (those receiving HRT) did worse than those receiving a placebo. Specifically, there was a 29% increase in heart attacks, a 26% increase in newly diagnosed breast cancer, a 41 % increase in strokes, and a 1.13 % increase in serious blood clots that traveled to the lungs (pulmonary embolus). However, the study also showed benefits for women who received HRT.

For every 10,000 women receiving HRT, this

translated into an absolute increase of 7 heart attacks, 8 strokes, 8 more invasive breast cancers, and 8 more pulmonary emboli. For every 10,000 women on HRT there were also 6 fewer colon cancers and 5 fewer hip fractures. There was no difference in overall mortality. Nevertheless, the researchers concluded that the risks exceeded the benefits to a degree that the study should be terminated prematurely to protect those who were in the study and receiving HRT.

What are the risks of HRT? We have always known that HRT can cause blood clots and should not be used by people who have had serious blood clots in the past. We also knew that HRT did not have any benefit in people with pre-existing heart disease. We now know that, despite the fact that HRT lowers the amount of bad cholesterol (LDL) in the blood, HRT has an increased risk of heart attacks when used for at least 5 years in women who did not have any pre-existing heart disease. We also know that there is a small but significant increase in newly diagnosed breast cancer. Interestingly, the mortality rates were the same in both the group receiving HRT and those receiving the placebo, although this could change over time.

What are the known benefits of HRT? HRT improves bone density and this study also showed that it reduced the likelihood of hip fractures, which is a very serious condition. Because there are other treatments that do not have the risks

** randomized study: each participant in the study has an equal chance of receiving the drug or a placebo- a pill without any active ingredient*

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HRT (continued)

shown in this study, HRT should not be the primary treatment for osteoporosis. This study also showed a benefit in preventing colon cancer. Again, this would not be a primary reason to take HRT. Folic acid, as well as low dose aspirin (81 mg. per day) have been shown to have benefits in terms of preventing colon cancer or colon polyps, which are the precursors to colon cancer. Folic acid has virtually no side effects. The major side effect of aspirin is bleeding, especially from the intestines. Most people, however, tolerate aspirin quite well. There are also other medications that are being researched which have the potential to reduce the risk of developing colon cancer.



HRT also has effects on the vagina to prevent or treat excessive dryness associated with menopause. Because of the results of this study, it makes sense to try lubricating agents if this is the primary reason for using HRT. Other potential benefits of HRT have been less well researched and are speculative at this time. They include the prevention of Alzheimer's disease and vision preservation. Because of the problems that we now know with long term HRT use, it is unlikely that, in the near future, we will see well designed studies to look at HRT with respect to Alzheimer's disease and vision preservation.

The researchers in the Women's Health Study concluded that "his regimen should not be used for the primary prevention of CHD (coronary heart disease)"

Why consider HRT? The major indication for using HRT is the same as it has always been, treatment of the effects of menopause that cause hot flashes, chills, and sweats (vasomotor symptoms). What has changed now is that physicians will be more conservative in recommending HRT for this option. When we thought that there were long term benefits to HRT in terms of preventing heart disease, we were quicker to recommend it. Now that we know some of the risks of HRT, physicians may want to try other treatments first. This is not to minimize the symptoms of menopause, which for many women is incapacitating and impairs their quality of life. For these women, HRT is still a good option, especially if other treatments have not been successful. Other women may decide that the risks outweigh the benefits. HRT is also indicated for the prevention of osteoporosis, which can be a very debilitating condition. There are other medications preventing this condition which will probably be tried first.

What about using estrogen only? HRT refers to the use of estrogen along with progesterone, which is another hor-

mone produced by the ovaries. It is possible that estrogen alone would not have the some of the harmful effects of combining estrogen and progesterone. The reason that we prescribe progesterone along with estrogen is that estrogen alone has been shown to increase the risk of developing cancer of the uterus (endometrial cancer). A recent retrospective study (JAMA: 2002;228) showed an increase in the incidence of cancer of the ovaries in women who received estrogen alone. There was not an increase in women receiving estrogen plus progesterone. Since ovarian cancer is hard to treat and also hard to detect in its early stages, these results, although far from conclusive, are a source for concern. Given the evidence that we now have, we should be conservative and assume that estrogen alone has the same problems with heart disease and breast cancer as does estrogen and progesterone, until proven otherwise.

What should I do if I am on HRT? First and foremost, you need to speak to your physician. You need to understand the reasons that you went on HRT to begin with. The researchers in the Women's Health Initiative concluded that "this regimen should not be initiated or continued for primary prevention of CHD (coronary heart disease). If you were placed on HRT primarily to prevent heart disease, you should discontinue the medicine. You need to speak to your physician about how to do so. This is not an emergency and it is possible that you may want to taper the dose to minimize side-effects. If you are on HRT primarily to prevent osteoporosis, you should have a discussion with your physician about other treatment options. If you are on HRT for hot flashes, the decision needs to be individualized. Some of the issues that you and your doctor will take into account are: How severe are my symptoms? How long have I been on HRT? Have I tried to go off HRT in the past? What happened? Have I tried other alternatives (other medications, herbal treatments, non-medication options such as biofeedback)? Once you have discussed these issues, you and your doctor can weigh the risks and benefits to make an informed decision that is right for you.



Advances in Preventing Alzheimer's Disease

Two recent studies support the possibility that a common class of cholesterol lowering drugs, called statins, may help to prevent Alzheimer's disease. One study, which was an animal study, was done at the University of South Florida and was published in the journal *Atherosclerosis*. The other study, sponsored by the National Institutes of Health and conducted at multiple health centers, was a retrospective study on humans. The results of this study were presented at a recent meeting of the Academy of Neurology. Both of these studies indicated that statins may protect against Alzheimer's disease. There had been two previous studies which indicated similar results. The human study reported a 79% lower incidence of Alzheimer's in people who had used statins to lower cholesterol.

Because these studies are not randomized prospective studies*, these results are not conclusive. Nevertheless they are very promising. There are current prospective studies that should help to clarify whether or not statins are protective

* prospective study: individuals are recruited first, and then are placed on the treatment being studied or possibly a placebo. Patients have an equal chance of receiving the experimental treatment or the placebo

against Alzheimer's disease. Investigators think that statins may have work to prevent Alzheimer's in a manner other than lowering cholesterol.

There are other medications and vitamins that are also promising. These include non-steroidal anti-inflammatory drugs such as Motrin and Naprosyn, and low-dose aspirin. These over the counter medications should not be used to prevent Alzheimer's disease without consulting your physician, as the relationship has not been clearly established. In addition, studies of folic acid and vitamin E show a positive relationship. Again, these are not definitive studies. The relationship with vitamin E was reported in the July 26 issue of the *Journal of the American Medical Association*. Interestingly, the study was only positive for people ingesting **foods** that were rich in vitamin and not for those who took vitamin E supplements.

My take is that, in the near future, we will be better able to predict which people are at increased risk for Alzheimer's disease through genetic and biochemical testing, and then we will be able to tailor which of these or other medications a person should take to lower the risk, based on the individual profile. In the meantime, anyone who is concerned about the development of Alzheimer's disease should have a discussion with his or her physician. There may be things that can be done now to lower the risk.

Alzheimer's disease resources on the web:

One good resource is the Mayo Clinic web page *Alzheimer's Disease: The importance of early diagnosis* (www.mayoclinic.com). Another is the National Institutes of Health, Alzheimer's Disease Education and Referral Center (www.alzheimers.org)

"in the near future we will be better able to predict which people are at risk for Alzheimer's disease through genetic and biochemical testing"

More Evidence of the Benefits of Low Dose Aspirin

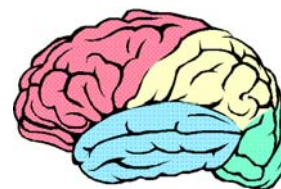
Low dose (81 mg. Per day) aspirin has been known to benefit people with heart disease, especially those who have had a recent heart attack. These benefits have been conclusively shown through well-designed studies in multiple clinical centers. Over the past few years, other potential benefits are coming to light. Be aware that these *potential* benefits have not been conclusively demonstrated the way it has for heart disease. Nevertheless, the research is very encouraging.

In a randomized study led by researchers at Dartmouth Medical School, researchers have found that people taking 81 mg. Per day of aspirin had 19% fewer intestinal polyps than people who took a placebo. Interestingly, those who took a higher dose, 325 mg. (a standard adult tablet), had only a 4% reduction. So more isn't necessarily better! Intestinal polyps are benign but they are precursors to developing intestinal cancer.

Low dose aspirin may also have a role in preventing Alzheimer's disease (see above). In August, 2002, the *Journal of the National*

Cancer Institute reported the results of researchers from the University of Minnesota. They found that people who used aspirin regularly had 43% fewer cases of pancreatic cancer. This was a retrospective study, which is a weaker type of scientific evidence than a prospective study. On the other hand, pancreatic cancer does not have any method of early detection, nor does it have effective treatments. So anything that may prevent pancreatic cancer would be very welcome. Nevertheless. More research is needed to verify these results.

It is important not to take aspirin for preventive reasons without consulting your physicians. Aspirin can interact with other medications. It can cause intestinal bleeding. People with a history of allergy to aspirin, history of bleeding ulcers, a problem with clotting or bleeding, are on anticoagulants should not take aspirin. Some people with asthma should also not take aspirin.





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AT WWW.EIDUSHEALTH.COM

Our practice is dedicated to creating a partnership with our patients in an atmosphere where they are treated with respect and dignity and where they join in making decisions concerning their health. We strive to make sure that health recommendations are based on sound medical evidence when. Since medicine is an art as well as a science, we understand that each patient is unique and health care recommendations must be tailored to an individual's needs.

Understanding that our patients are busy people, our office will attempt to respect your time as much as we respect ours. We will reserve several spaces each day for same day appointments and will try to minimize waiting time and maximize time with the doctor.

As a family practice, we will care for people within the context of the whole family. Since health care is a private matter, we

Office Opening

Our office will be opening in mid November at 109 Miln St. in Cranford, New Jersey. We are a Medicare participating provider and also participate in several health plans.

We will be open for appointments six days a week, including two evenings. We will also be open early one day a week to accommodate people who need to be seen before they go to work or school.



This newsletter is published on a quarterly basis. The topics will generally be those where either there are recent developments, or where decision-making on health options is difficult. If you have suggestions for topics, please email me at eidushealth@eidushealth.com. **To receive a free subscription via email, send an email to subscription@eidushealth.com.**

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