



Informed Health Decisions

Cranford Family Practice

Robert Eidus, MD

Summer 2004

Aspirin Use is Associated with Reduced Risk of Breast Cancer

Many of you have heard about this study, which was reported in the May 26, 2004 issue of the Journal of the American Medical Association (*JAMA*). This was a retrospective case controlled study (see my website or prior edition of this newsletter for definition of types of medical research). Retrospective studies are not definitive studies because they do not control for all the variables. For example, people who take aspirin might have better health habits than people who don't. This is what we found out about people who took estrogen and was a reason that the initial promise of estrogen replacement therapy did not bear up when prospective randomized studies were performed. In any case, this research is very interesting because it adds to the speculation that inflammation is a common mechanism for causing many illnesses.

Aspirin is an anti-inflammatory medication which blocks chemical reactions (enzymes) that cause inflammation. It is this anti-inflammatory mechanism that is probably responsible for its ability to relieve pain. Aspirin also has an effect on platelets in the blood to help prevent clotting. Although the anti-platelet effect is probably the primary reason for its benefit in heart disease, many researchers now feel that the anti-inflammatory effect may also be beneficial. Aspirin is a cousin to a family of drugs

called NSAIDS such as Advil, Motrin, Ibuprofen, and Naprosyn. These drugs also have anti-inflammatory effects but do not have the same effect on platelets as aspirin.

The researchers in this study interviewed 1442 people with a history of breast cancer and 1420 women with no such history. People who reported that they used 7 or more tablets of aspirin per week for at least six months had a 28% lower incidence of breast cancer. People who reported regular use of ibuprofen also had a lower incidence, but to a lesser magnitude than aspirin. More importantly, the benefit appears to be exclusively in estrogen receptor positive tumors, thus strengthening the hypothesis that there is a link between estrogen, inflammation, and the development of breast cancer. Also, researchers did not detect any difference in breast cancer incidence in people who used acetaminophen (Tylenol) and people who did not. Acetaminophen does not inhibit the same enzyme that stimulates inflammation as does aspirin or NSAIDS.

In previous editions of this newsletter I have reported on other potential benefits of aspirin. These benefits have been conclusively shown to benefit in the prevention of heart attacks in people with existing heart disease or high risk for heart disease. It also holds promise (as do NSAIDS)



in the prevention of colon cancer and possibly Alzheimer's Disease, although, once again, we do not have prospective randomized studies. Because it takes many years for breast cancer to develop, we will not have the results of a prospective study for a long time. Furthermore, there are other things that may also be associated with lower risk of breast cancer (dietary fat intake, exercise, certain medicines) and we don't know how these other potential risk lowering strategies impact the potential benefits of aspirin usage.

Of course, aspirin and NSAIDS can also have potential risks, chiefly intestinal bleeding. These risks must be weighed against the potential benefits. If there were no risks, it would be easy to recommend regular aspirin use now. We also don't know the optimal dosage of aspirin or when to start taking it.

So here's the bottom line. Many women should be taking low dose aspirin for the prevention of heart disease. For these people, they may receive addition benefits with respect for risk to certain cancers. At this point, we do not have sufficient knowledge to recommend aspirin or NSAIDS as a preventive medicine for conditions other than heart disease, but the breast cancer study is promising.

Inside this issue:

<i>Long Term Raloxifene May Reduce Risk of Breast Cancer</i>	2
<i>Overseas Drug May Be Harmful to Breastfeeding Women</i>	2
<i>Chocolate May Have Protective Effect on Heart Vessels</i>	3
<i>Tai Chi Benefits Osteoarthritis</i>	3
<i>Saline Nasal Irrigation For Chronic Sinusitis</i>	3
<i>We are moving !</i>	4

Long Term Raloxifene May Reduce Risk of Breast Cancer



Caption describing picture or graphic.

in patients who need to be treated for osteoporosis, who are also at high risk for breast cancer, we may want to consider raloxifene as the primary treatment instead of other medications such as alendronate (Fosamax).

Here is another promising study on reducing the risk of breast cancer. Raloxifene (Evista) is a medication that first came out in the mid-1990s as a treatment for osteoporosis, which is its primary use today. It is chemically very similar to estrogen and blocks the estrogen receptors in the breast. It therefore blocks the effect of estrogen on stimulating breast tissue. Recent studies on estrogen (with and without progesterone) have shown that prolonged estrogen stimulation to the breast is probably a causative factor for breast cancer. Unfortunately, raloxifene also blocks the effect of estrogen on blood vessels and other tissues and can cause significant hot flashes. Raloxifene also has similar effects as estrogen in causing clotting and increased the risk of thrombophlebitis (blood clot in legs) and pulmonary embolism (blood clot breaking off and traveling through the heart to the lung). Raloxifene also may have a similar effect as estrogen

in increasing risk for heart disease, although this has not been as well established.

In this study, reported at the 40th American Society of Clinical Oncology on June 7, 2004, researchers found that 8 years of daily treatment with raloxifene was associated with a 59% reduction in breast cancer when compared to placebo. Importantly, there was no increase in the incidence of uterine cancer. There was 1.7% incidence of phlebitis of the leg in those taking raloxifene as compared to 1.0% in those receiving a placebo (nearly double the incidence).

The gold standard in the prevention of breast cancer in people who are at very high risk is a medication called tamoxifen. There are currently head-to-head trials comparing tamoxifen with raloxifene. These studies are not complete. There is also a promising new category of medications called aromatase inhibi-

tors which may be both more effective and safer. Currently, aromatase inhibitors are used in patients who **already** have breast cancer, after first receiving 2 years of tamoxifen.

So what does all this mean? First of all, there are great advances in the prevention and treatment of breast cancer. (I wish we had great advances in the early diagnosis!). Second, in patients who need to be treated for osteoporosis, who are also at high risk for breast cancer, we may want to consider raloxifene as the primary treatment instead of other medications such as alendronate (Fosamax). It is premature to prescribe raloxifene for the sole reason of preventing breast cancer and other medications may prove to be more effective or safer. Finally, although breast cancer affects one in nine women, it is not the most common cause of cancer death in women. So if you really want to do something now to improve your health, stop smoking!

Overseas Drug May Be Harmful to Breastfeeding Women

While the internet can be a great source of useful information, one has to be very careful about the sources and the scientific basis for the information. Although not approved by the US Food and Drug Administration, many breast feeding women have purchased the drug domperidone from foreign sources to help stimulate lactation. Although this is illegal, significant amounts of the drug have entered the US. In other countries, the drug has been associated with palpitations, cardiac arrest, and sudden death in its intravenous form. Furthermore, its effect on the infant is unknown. Domperidone in the oral form in other countries comes with such a warning.

So here is the bottom line, although we often complain about how slow the FDA is in approving new drugs, we should be thankful that they take a conservative approach to these medications. Second, if one wants to stimulate lactation, perhaps instead of domperidone, one should try Dom Perignon!



Chocolate High in Flavinoids May Have Protective Effect on Heart Vessels

Here is one for you chocoholics. Certain types of chocolate are high in flavinoids. Flavinoids are anti-oxidants which many feel are helpful in preventing certain chronic illnesses including heart disease. They are present in many foods. Citrus bioflavinoids appear to have some benefit for people with vein problems. A study in the June issue of the American College of Nutrition reported results of a very small randomized study. 11 subjects took dark chocolate that was high in flavinoids and 10 took dark chocolate that was low (I don't think they had difficulty get-

ting volunteers for this study). They measured, using ultrasound, the ability of the artery in the arm to dilate after being compressed. This artery has similar properties to heart vessels. They found that the subjects that took the chocolate high in flavinoids had greater dilation of the artery than the chocolate that was low in flavinoids. It is hypothesized that the flavinoids have a beneficial effect on the endothelium, which is the inner lining of the blood vessels. This, of course, is a very preliminary study. I don't know which commercially available chocolates are high in flavi-

noids. Also, there is no evidence that chocolate high in flavinoids actually has a beneficial effect on preventing heart disease. I am certainly not advocating people to rush out to the candy store. But, perhaps in 10 years we will be saying "A Hershey Bar a day keeps the doctor away." Not surprisingly, this study was supported by a grant from the American Cocoa Research Institute.



Tai Chi Benefits Osteoarthritis

Tai Chi is an oriental movement activity that incorporates slow, continuous, and gentle motions. A study reported in the Journal of Rheumatology (2003) compared outcomes of patients who have osteoarthritis who engaged in Tai Chi activities to those who did not. The study was conducted in South Korea, was 12 weeks in duration and comprised 43 women. About half the women described themselves as being in poor health. The women were randomly assigned to receive Tai Chi or usual care (which did not comprise any

type of special exercise). Those in the exercise group had significantly better balance. They also reported reduction in joint pain and stiffness and improvement in physical functioning. Muscle strength and endurance were not affected.

This was not a perfectly designed study and subjects may have received a significant placebo effect benefit. However, Tai Chi is essentially without any side effects, so whether or not some of the benefit was due to placebo does not really matter. It

also makes sense to use low impact exercise that emphasizes stretching, posture, and proper balance.

Osteoarthritis is a chronic degenerative wear and tear condition of the joints. Although we have medications that help, they should probably be a third line treatment after acetaminophen and/or glucosamine and chondroitin which are nutritional supplements. Movement therapy such as Tai Chi or Yoga makes sense as well. In any case, it can't hurt.



Movement therapy such as Tai Chi or Yoga makes sense as well. In any case, it can't hurt.

Saline Nasal Irrigation For Chronic Sinusitis

Many people who have chronic recurrent sinusitis are frustrated because treatments often do not offer complete relief.

Options include antibiotics, nasal sprays, decongestants, allergy therapy, and surgery.

These treatments often work, but usually patients with recurrent sinusitis get only partial relief.

A yogic tradition has been irriga-

tion with salt water. Many ear nose and throat physicians and allergists now also recommend this. A recent study in the Journal of Family Practice reported results on a randomized study of 76 patients. One third of the subjects received the usual care and 2/3 supplemented that with salt water irrigation of the nose using the SinuCleanse nasal cup and 2% saline buffered with baking soda. At six months, patients

who received the sinus irrigation had improvement in terms of sinus symptoms, including headache, facial pain and nasal congestion. Furthermore, people who used the saline irrigation said that they would be inclined to use the treatment in the future.

This treatment should not be done without the approval of a physician and proper education on how to do the irrigation.



Cranford Family Practice

**CRANFORD
FAMILY
PRACTICE**

123 N. Union Ave Suite 204
Cranford, New Jersey 07016

Phone: 908-272-7990
Fax: 908-272-7970
Email: info@eidushealth.com

Family Medicine: Care for Every Stage of
Life



We Are Moving!!!



On July 1, we will be moving down the street to
123 S. Union Ave., Suite 204.

There is parking and access to the building (Cleveland Plaza) both on S. Union Ave as well as on Miln St. The new office building has handicapped parking and access as well as a paved parking lot. The office suite is a little more spacious and has greater privacy for patients. Although we will miss the homey nature of our current office, we feel that the new office will offer greater comfort and service to our patients. We will have the same phone number, fax, and email.

Health Plan Participation

We currently participate in the following health plans:

Medicare
Aetna
Amerihealth
Beech Street
Core Source
Cigna
First Health
Health Net
Horizon
Multiplan
Oxford
PHCS
United
Wellchoice

Please remember to bring your health insurance information with you. In addition, if your health plan required you to select a primary care physician, please do so, selecting Dr. Eidus



The content contained in this newsletter is for general informational purposes only. The content is not intended to be a substitute for individualized medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health professional with any questions you may have, including information in this newsletter. Never disregard the advice of your health professional because of something you have read in this newsletter