

Women's Health Research Institute

Putting Women First

November 2013

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Dear Friend,

Happy November! Earlier this year in September, Northwestern's Elena Kamel, MD presented one of our monthly forums entitled: "Menopause: From Confusion to Clarity." Over the past decade, menopause management has been surrounded by controversy. The good news is that researchers have recognized that every woman's risk/benefit/ profile is unique and ongoing research is learning more about those differences.

Shortly after her lecture, Dr. Kamel attended the North American Menopause Society's Annual Meeting in October and has summarized the latest news from that important event for this e-newsletter. We hope that this information will not only prepare you for menopause, but also keep you up to date on your current treatment options! Make sure you visit our www.menopause.northwestern.edu website for future updates.

Sincerely,

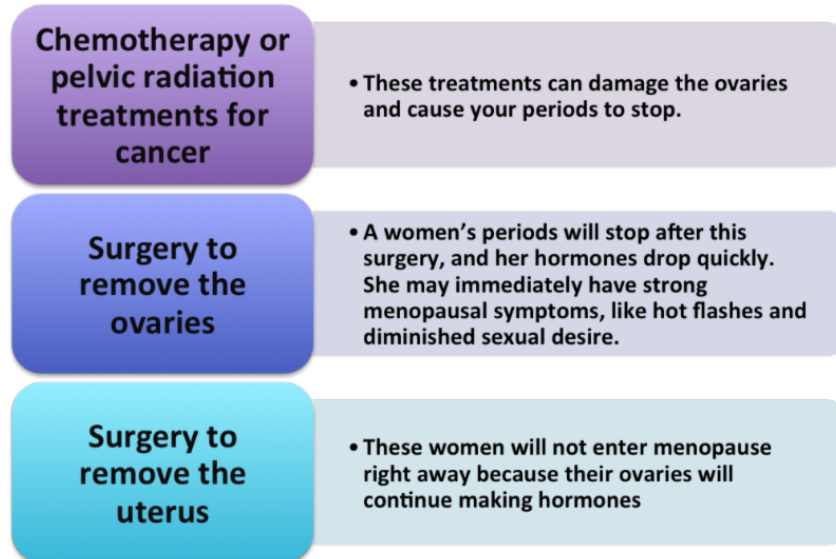
The Institute Staff

MENOPAUSE OVERVIEW

Menopause is the normal, natural transition in life that begins between the ages of 35-55. During this time, ovaries get smaller and stop producing the hormones

estrogen and progesterone that control the menstrual cycle, eggs are depleted and fertility declines. Eventually, you are no longer able to become pregnant. Symptoms include but are not limited to hot flashes, night sweats, elevated heart rate, mood changes and vaginal dryness.

Menopause is divided into several stages: Perimenopause, Menopause, and Postmenopause. Early menopause (before age 40) can occur naturally but can also be due to certain health conditions described below:



One of the ways to manage the symptoms associated with menopause is to replace the hormones you are losing with one of several types of prescription drugs known as hormone therapy (HT) and generally include single or combination forms of estrogen and progesterone. There are also other non-hormonal medications and treatments that address symptoms. Researchers continue to study the benefits and risks of these interventions.

Recent Findings from the 2013 North American Menopause (NAMS) Annual Meeting

Symptomatic Vulvovaginal Atrophy: This problem is under diagnosed and undertreated! It is a much bigger problem than we realize. It affects 45% of all midlife and older women. It significantly reduces the quality of life. Individualized therapy is available and necessary. Newer options that are on the horizon:

- Ospemifine- SERM derivative
- Selective tissue estrogenic activity regulator-Bazedoxifene and CEE (conjugated equine estrogen)
- Intravaginal DHEA, lower dose estrogen creams, Estrogen Receptor subtype-selective compounds, testosterone, oxytocin derivatives, Vaginal moisturizers, dilators that are more flexible, pelvic floor PT, intravaginal valium suppositories.

New options For Vasomotor Symptoms VMS (Hot Flashes, Night Sweats)

- Paroxetine 7.5 mg (Brisdelle) - Decreased hot flashes compared to placebo group by at least 9 flushes per week. Very favorable tolerability profile. Important to review contraindications. Unlike higher doses of Paroxetine, with this lower dose there was no weight gain and no decreased sex drive. Side effects: nausea, fatigue, dizziness. No increased sedation and decreased night time awakening from hot flashes. It may affect efficacy of tamoxifen. Potential Serotonin Syndrome Risk with other medications.
- Lexapro, Effexor and Gabapentin were successful in ameliorating vasomotor symptoms with variable side effect and risk profiles. These medications may not be approved by the FDA for menopause management but are often used off-label.
- **MS FLASH trial**
This is a randomized control trial of Venlafaxine 75 mg XR (Effexor) (nonhormonal option) compared to low dose oral 17 Beta estradiol 0.5 mg daily for the amelioration of VMS. First head to head trial of an SSRI vs. Estrogen. **Results:** Revealed very similar reduction of VMS with both products. Of note, the estrogen dosing was rather low.
- Another interesting option for women who can't tolerate progestational agents is the selective tissue estrogenic activity regulator, Bazedoxifene, and CEE (conjugated equine estrogen); avoids progesterone, protects breast, bone, uterus, decreases hot flashes, did not have a large influence on sleep, no bleeding. Comparable risk of venous clots compared to CEE alone.



New therapies for osteoporosis on the horizon

Two agents are in late stage development. Odanacatib, an inhibitor of cathepsin K, inhibits osteoclastic bone resorption without affecting other osteoclastic functions and without significantly decreasing bone formation. Significant increases in long bone cortical thickness are observed in animals with odanacatib.

Testosterone

Data was presented on using low dose transdermal testosterone to improve sex drive for patients on Selective Serotonin Reuptake Inhibitor (SSRI) with associated sexual dysfunction. There was enhanced sexual interest, arousal and increased sexual activity in women with treatment.

Mental Health

Hot debate continues over the impact of hormone therapy on Alzheimer's Disease (AD). Early hormone therapy may confer benefit (early window hypothesis). Exercise may have an affect on AD. Increased dementia was noted in women with BMI of >30. Women with early surgical menopause without estrogen replacement were found to have a 70% increased risk of AD. Once estrogen was added, risk decreased.

KEEPS and ELITE Trial Updates:

Clinicians are all patiently waiting to glean more substantial information from these two studies. So far, the take home message is that in new onset or early onset menopausal patients less than 10 years from onset of loss of menses, in a case by case basis, estrogen therapy may be advantageous for heart, brain, bone, and sexual function.

Sources

1. [Women's Health Research Institute, menopause.northwestern.edu.](http://menopause.northwestern.edu)
2. [Office of Women's Health, womenshealth.gov](http://womenshealth.gov)
3. [North American Menopause Society \(NAMS\)](http://nams.org)

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Health Tip: Keeping up your energy

No matter what you have in store for your day, a little extra energy, concentration, alertness, and a memory boost is always welcome! Here are some examples of foods you can eat to help feel full, healthy, and always ready to go.



A cup of caffeine, can energize you and help you concentrate. But be cautious, too much can make you jittery and uncomfortable.



Glucose is your brain's preferred fuel source. a glass of something sweet to drink can offer a short-term boost to memory, thinking, and mental ability.



Studies have found that eating breakfast may improve short-term memory and attention. Just DON'T over eat. Researchers also found high-calorie breakfasts appear to hinder concentration.



Enjoy up to an ounce a day of nuts and dark chocolate to get all the benefits you need without excess calories, fat, or sugar.



Research in animals shows that blueberries may help protect the brain from the damage caused by free radicals and may reduce the effects of age-related conditions such as Alzheimer's disease or dementia.

Additional recommended practices to improve energy and concentration are

- Get good night's sleep
- Stay Hydrated
- Exercise to help sharpen thinking
- Meditate to clear thinking and relax

Source: WebMD

INSTITUTE HAPPENINGS



Janine Clayton, MD Visit

Dr. Clayton, Director for the NIH Office of Research on Women's Health (ORWH) and Associate Director for the NIH Research on Women's Health celebrated the Sixth Anniversary of the WHRI on November 6 with us. She participated in a breakfast meeting with our Leadership Council to discuss the current state of women's health research at the federal level followed by a presentation at our monthly forum. Key points discussed were: 1) we need to increase the number of women who enter science, technology, engineering and math (STEM) careers; 2) include sex as a variable in bench research and sex and gender in human studies; 3) encourage the pipeline of investigators coming behind us to include sex and gender in future studies.

Institute Director Teresa K Woodruff, PhD met a number of our federal legislators this month. On November 5, she met U.S. Senator Dick Durbin (D-IL) to discuss the importance of biomedical research. Dr. Woodruff is widely recognized as one of nation's leading medical researchers, and was recently named to TIME Magazine's 2013 list of the World's Most Influential People.



"I was pleased to meet today with Dr. Teresa Woodruff, who is a leader in her field not just in the United States, but around the world," Durbin said. "The important work that she and her colleagues at Northwestern are doing improves lives and help supports our nation's leadership role in the scientific research community."

In addition, during her trip to Washington DC in her role as President of the Endocrine Society, she met with Senators Barbara Mikulski (MD), Mary Landrieu (LA) and Lisa Murkowski (AK).

Oncofertility Consortium News

The Oncofertility Consortium has just published *Oncofertility Communication: Sharing Information and Building Relationships across Disciplines*. The book describes the corridors of collaboration between disciplines that are needed to bridge fields that are not traditionally used to talking with each other - e.g. oncologists, reproductive scientists, and others.

On the policy front, the federal Family Act has been introduced in both houses of Congress to help provide financial support in the form of a tax credit for young people with cancer, autoimmune disorders, and other conditions whose treatment may save their lives yet damage their ability to have children in the future. There is also interest on this issue at the local state level by Illinois State Representative Robyn Gabel.

Menopause

This edition of the e-newsletter focuses on some new data on menopause. This area of research is changing daily and the WHRI has created its new menopause tool as a vehicle that can be updated weekly. Visit our [menopause website](#) periodically to learn the latest news on managing your or your patient's symptoms. If you are a physician and would like promotional cards for your office, please contact us at 312-503-1385.

Illinois Women's Health Registry

In virtually every medical discipline, there exist unanswered questions pertaining to women's health and well-being. However, as more women participate in research studies, finding answers to these difficult questions will become a reality. The [Illinois Women's Health Registry](#) is the gateway to research studies taking place in Illinois looking for women to participate. Join now!

UPCOMING EVENTS

December 17, 2013, Monthly Forum, 12:00pm Recent Advance in Pelvic Floor Disorders in Women presented by Kimberly Kenton, MD, MS

Fred W. Turek, PhD

November 20, 2013 - 6pm, Genetics of Circadian Rhythms and Sleep: Modern Life battles Ancient Drives and Mother Nature

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