



Women's Health Care Bibliography November 2003

1: ACP J Club. 2003 Nov-Dec;139(3):75.

Both endurance training and strength training reduced disability and pain in chronic nonspecific neck pain in women.

Yelland M.

University of Queensland, Herston, Queensland, Australia.
PMID: 14594426 [PubMed - in process]

2: Age Ageing. 2003 Nov;32(6):626-635.

Women's health priorities and perceptions of care: a survey to identify opportunities for improving preventative health care delivery for older women.

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BACKGROUND: women live longer than men but consistently report poorer health status and health-related quality of life. Information is scarce on what components of care women desire to help them meet the challenges of their later years.

OBJECTIVES: to identify older women's priorities for maintaining physical, emotional and social well-being in later years and to measure the extent to which women perceive that these priorities are being met by the health care system. **METHODS:** a cross-sectional survey of community-dwelling women aged 55-93 years old (n = 609, mean age 70). Women attendees of outpatient medical clinics were invited to fill out a written questionnaire on health priorities and perceptions of care.

Mismatches between the care that women desired and the care they perceived to be receiving were identified. Predictors of unmet priorities were evaluated. **SETTING:** the Greater Montreal Area in Quebec, Canada.

RESULTS: in general, respondents were more concerned about preventing disability than with developing certain diseases later in life. Women prioritized feeling validated in the health care relationship and having their health care provider see them as a whole person. Deficiencies in addressing memory loss, preserving mobility and function and treating urinary incontinence were highlighted. Women aged 75 years and older were less likely to perceive that their priorities were unmet

compared to women aged 55-74 years (OR 0.571; 95% confidence interval 0.404-0.808), when adjusting for other socio-demographic and health variables.
CONCLUSIONS: Opportunities exist to improve the preventive health care that women are receiving to promote healthy ageing. Women aged 55-74 should especially be targeted for interventions to prevent disability in later life.
PMID: 14600004 [PubMed - as supplied by publisher]

3: AJR Am J Roentgenol. 2003 Nov;181(5):1309-14.

Is a large fibroid a high-risk factor for uterine artery embolization?

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OBJECTIVE: The objective of our study was to determine whether tumor size, specifically uterine fibroids of 10 cm or larger, predisposes a patient to an unacceptably high risk at uterine artery embolization. MATERIALS AND METHODS: One hundred fifty-two consecutive women underwent embolization for uterine fibroids. Complications and outcomes were analyzed using questionnaires and serial MRI between women with one or more uterine fibroids of 10 cm or larger diameter (mean, 12.4 cm; range, 10-19 cm) (n = 47, group 1) and women with each uterine fibroid of less than 10 cm diameter (mean, 6.8 cm; range, 2-9.5 cm) (n = 105, group 2). RESULTS: Thirty complications (19.7%, 30/152), which occurred in 27 women (17.8%, 27/152), were noted. However, 25 of 30 complications were minor, requiring no or nominal therapy. They occurred in 19.1% (9/47) of group 1 and in 15.2% (16/105) of group 2 women (p = 0.637). Major complications requiring major therapy, unplanned increased level of care, or unanticipated prolonged hospitalization (> 48 hr) or including permanent adverse sequelae were noted in 6.4% (3/47) of group 1 and in 1.9% (2/105) of group 2 women (p = 0.172). Of these five women, four underwent surgery because of sloughing fibroids. Permanent adverse sequelae were observed in one woman of group 1, who has had sexual dysfunction after embolization. No deaths occurred in either group. There was no significant difference in most outcomes or in intervals until the complete disappearance of postprocedural pain and full recovery between the two groups. CONCLUSION: We found no increased risk to patients undergoing uterine artery embolization for fibroids on the basis of tumor size. Successful outcomes can be obtained for such lesions.
PMID: 14573425 [PubMed - in process]

4: Am Heart J. 2003 Nov;146(5):824-31.

Sex differences in survival after acute myocardial infarction in patients with diabetes mellitus (Worcester Heart Attack Study).

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BACKGROUND: Women with diabetes mellitus are at particularly high risk for coronary heart disease-related morbidity and mortality compared with men with diabetes mellitus. However, recent data comparing hospital and long-term outcomes in women with diabetes mellitus and men hospitalized with acute myocardial infarction (AMI) are scarce. The objectives of our multi-hospital observational study were to examine sex differences and temporal trends (1975-99) in hospital and long-

term case-fatality rates (CFRs) in patients with diabetes mellitus and AMI from a population-based perspective. METHODS: A community-wide study of residents of the Worcester, Mass, metropolitan area who were hospitalized with confirmed AMI was conducted. Data were collected in 12 1-year periods between 1975 and 1999. The study sample consisted of 1354 men and 1280 women with diabetes mellitus. RESULTS: Overall hospital CFRs were significantly greater for women with diabetes mellitus (21.3%) than for men with diabetes mellitus (14.9%). Between 1975 and 1999, hospital CFRs declined from 39.2% to 17.5% for women and from 18.9% to 9.5% in men. In examining long-term survival patterns for as long as 10 years after hospital discharge, there were no significant sex differences in long-term survival rates after adjustment for a limited number of known potentially confounding factors. CONCLUSIONS: Hospital death rates after AMI in men and women with diabetes mellitus have declined in the last 2 decades. The gap in hospital CFRs between men and women with diabetes mellitus has decreased considerably with time, although women have a higher risk of dying after AMI than men. Patients with diabetes mellitus continue to represent a high-risk group who will benefit from enhanced surveillance efforts and increased use of effective cardiac treatments.
PMID: 14597931 [PubMed - in process]

5: Am J Clin Nutr. 2003 Nov;78(5):920-7.

Relation between changes in intakes of dietary fiber and grain products and changes in weight and development of obesity among middle-aged women.

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BACKGROUND: Although increased consumption of dietary fiber and grain products is widely recommended to maintain healthy body weight, little is known about the relation of whole grains to body weight and long-term weight changes. OBJECTIVE: We examined the associations between the intakes of dietary fiber and whole- or refined-grain products and weight gain over time. DESIGN: In a prospective cohort study, 74,091 US female nurses, aged 38-63 y in 1984 and free of known cardiovascular disease, cancer, and diabetes at baseline, were followed from 1984 to 1996; their dietary habits were assessed in 1984, 1986, 1990, and 1994 with validated food-frequency questionnaires. Using multiple models to adjust for covariates, we calculated average weight, body mass index (BMI; in kg/m²), long-term weight changes, and the odds ratio of developing obesity (BMI > or = 30) according to change in dietary intake. RESULTS: Women who consumed more whole grains consistently weighed less than did women who consumed less whole grains (P for trend < 0.0001). Over 12 y, those with the greatest increase in intake of dietary fiber gained an average of 1.52 kg less than did those with the smallest increase in intake of dietary fiber (P for trend < 0.0001) independent of body weight at baseline, age, and changes in covariate status. Women in the highest quintile of dietary fiber intake had a 49% lower risk of major weight gain than did women in the highest quintile (OR = 0.51; 95% CI: 0.39, 0.67; P < 0.0001 for trend). CONCLUSION: Weight gain was inversely associated with the intake of high-fiber, whole-grain foods but positively related to the intake of refined-grain foods, which indicated the importance of distinguishing whole-grain products from refined-grain products to aid in weight control.
PMID: 14594777 [PubMed - in process]

6: Am J Epidemiol. 2003 Oct 15;158(8):772-81.

Habitual tea consumption and risk of osteoporosis: a prospective study in the women's health initiative observational cohort.

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The purpose of this study was to prospectively investigate associations of habitual drinking of regular tea with bone mineral density and fracture risk. Study participants were a multiethnic postmenopausal cohort (n = 91,465) from the nationwide Women's Health Initiative Observational Study. These women were recruited in the United States and aged 50-79 years at the time of enrollment (1994-1998). The average follow-up time was 4.1 years. Habitual consumption of regular tea was assessed with a structured questionnaire at baseline. Clinical fractures during the follow-up were reported in questionnaires, and hip fractures were further confirmed by reviewing medical records. Bone mineral density measurements were conducted among a subgroup of women (n = 4,979) at three Women's Health Initiative bone mineral density centers using dual-energy x-ray absorptiometry. Multivariate analyses suggested a positive trend of increased total body bone mineral density with tea drinking (p < 0.05). However, results from the Cox proportional hazard models did not show any significant association between tea drinking and the risk of fractures at the hip and forearm/wrist. In conclusion, the results from this study indicate that the effect of habitual tea drinking on bone density is small and does not significantly alter the risk of fractures among the US postmenopausal population.

PMID: 14561667 [PubMed - indexed for MEDLINE]

7: Anesth Analg. 2003 Nov;97(5):1464-8.

Women experience more pain and require more morphine than men to achieve a similar degree of analgesia.

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Sex differences in pain perception and in response to opioids have been described, but the findings are inconsistent. We sought to determine the effect of sex on pain perception, morphine consumption, and morphine analgesia after surgery. We designed a prospective cohort study and included 423 women and 277 men who emerged from general anesthesia after surgical procedures and who reported pain intensity of ≥ 5 on the 0-10 numeric rating scale (NRS). We administered 2.5 mg of morphine IV every 10 min until the pain intensity was ≤ 4 of 10. Every 10 min, patients rated their pain on the NRS and indicated the degree of pain relief on a 5-point Likert scale. After adjustment for type of operation and age, we found that women had more intense pain and had larger morphine consumption than men. The difference in NRS pain intensity was 0.4 U (95% confidence interval, 0.1-0.6 U). Women required 0.03 mg/kg more morphine than men (95% confidence interval, 0.02-0.04 mg/kg). We conclude that women have more intense pain and require 30% more morphine to achieve a similar degree of analgesia compared with men. Clinicians should anticipate the differences in opioid requirement to avoid undertreatment of pain in women. IMPLICATIONS: The effect

of sex on opioid response is not clear. To determine the effect of sex on morphine consumption and morphine analgesia, we designed a cohort study. We found that women had more intense pain and required 30% more morphine to achieve a similar degree of analgesia compared with men.
PMID: 14570666 [PubMed - in process]

8: Ann Epidemiol. 2003 Nov;13(10):692-7.

Bone mineral density and mortality in women and men: the NHANES I epidemiologic follow-up study.

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We sought to assess the long-term association of bone mineral density with total, cardiovascular, and non-cardiovascular mortality. The First National Health and Nutrition Examination Survey data were obtained from a nationally representative sample of non-institutionalized civilians. A cohort aged 45 through 74 years at baseline (1971-1975) was observed through 1992. Subjects were followed for a maximum of 22 years. Included in the analyses were 3501 white and black subjects. Death certificates were used to identify a total of 1530 deaths. Results were evaluated to determine the relative risk for death per 1 SD lower bone mineral density, after controlling for age at baseline, smoking status, alcohol consumption, history of diabetes, history of heart disease, education, body mass index, recreational physical activity, and blood pressure medication. Bone mineral density showed a significant inverse relationship to mortality in white men and blacks, but did not reach significance in white women. Based on 1 SD lower bone mineral density, the relative risk for white men was 1.16 (95% confidence interval (CI), 1.07-1.26, $p < .01$), while for white women the relative risk was 1.10 (95% CI, 0.99-1.23, $p = .07$), and in blacks the relative risk was 1.22 (95% CI, 1.05-1.42, $p < .01$). Bone mineral density was also associated with non-cardiovascular mortality in all three race-gender groups. An association between bone mineral density and cardiovascular mortality was found only in white men. Bone mineral density is a significant predictor of death from all causes (white men, blacks), cardiovascular (white men only) and other causes combined, in whites and blacks.
PMID: 14599733 [PubMed - in process]

9: Ann Surg. 2003 Oct;238(4):467-84; discussion 84-5.

Effect of laparoscopic Roux-en Y gastric bypass on type 2 diabetes mellitus.

Schauer PR, Burguera B, Ikramuddin S, Cottam D, Gourash W, Hamad G, Eid GM, Mattar S, Ramanathan R, Barinas-Mitchel E, Rao RH, Kuller L, Kelley D.
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OBJECTIVE: To evaluate pre- and postoperative clinical parameters associated with improvement of diabetes up to 4 years after laparoscopic Roux-en-Y gastric bypass (LRYGBP) in patients with type 2 diabetes mellitus (T2DM). SUMMARY BACKGROUND DATA: The surgical treatment of morbid obesity leads to dramatic improvement in the comorbidity status of most patients with T2DM. However, little is known concerning what preoperative clinical factors are associated with postoperative long-term improvement in diabetes in the morbidly obese

patient with diabetes. METHODS We evaluated pre- and postoperative data, including demographics, duration of diabetes, metabolic parameters, and clinical outcomes, in all patients with impaired fasting glucose (IFG) and type T2DM undergoing LRYGBP from July 1997 to May 2002. RESULTS: During this 5-year period, 1160 patients underwent LRYGBP and 240 (21%) had IFG or T2DM. Follow up was possible in 191 of 240 patients (80%). There were 144 females (75%) with a mean preoperative age of 48 years (range, 26-67 years). After surgery, weight and body mass index decreased from 308 lbs and 50.1 kg/m² to 211 lbs and 34 kg/m² for a mean weight loss of 97 lbs and mean excess weight loss of 60%. Fasting plasma glucose and glycosylated hemoglobin concentrations returned to normal levels (83%) or markedly improved (17%) in all patients. A significant reduction in use of oral antidiabetic agents (80%) and insulin (79%) followed surgical treatment. Patients with the shortest duration (<5 years), the mildest form of T2DM (diet controlled), and the greatest weight loss after surgery were most likely to achieve complete resolution of T2DM. CONCLUSION: LRYGBP resulted in significant weight loss (60% percent of excess body weight loss) and resolution (83%) of T2DM. Patients with the shortest duration and mildest form of T2DM had a higher rate of T2DM resolution after surgery, suggesting that early surgical intervention is warranted to increase the likelihood of rendering patients euglycemic.
PMID: 14530719 [PubMed - indexed for MEDLINE]

10: BMJ. 2003 Oct 25;327(7421):939-40.

Health needs of women who have sex with women.

Hughes C, Evans A. Publication Types: Editorial

PMID: 14576218 [PubMed - indexed for MEDLINE]

11: BMJ. 2003 Oct 11;327(7419):845-6.

Changes in use of hormone replacement therapy after the report from the Women's Health Initiative: cross sectional survey of users.

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PMID: 14551101 [PubMed - indexed for MEDLINE]

12: Br J Cancer. 2003 Nov 3;89(9):1697-704.

Serum levels of insulin-like growth factor-I, IGF-binding protein 1 and 3, and insulin and endometrial cancer risk.

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Insulin-like growth factor-I (IGF-I) and IGF-binding protein-1 and 3 (IGFBP-1, IGFBP-3) are expressed in normal and neoplastic endometrium. Their role and the role of insulin in the aetiology of endometrial cancer, is unclear. We performed a population-based case-control study in Sweden, including 288 endometrial cancer patients and 392 control women and analyzed total serum IGF-I, IGFBP-1, IGFBP-3,

insulin and BMI levels stratified by disease and hormone replacement therapy status (HRT). Non-parametric statistical tests and logistic regression analyses were performed to assess associations with endometrial cancer. There were no substantial differences between the mean serum levels of IGF-I between cases (115.5, sd. 61.3) and controls (110.6; sd. 50.4; Wilcoxon P=0.84), or between subgroups of women classified according to other risk factors for endometrial cancer. There were no trends of increasing risk according to quartiles of IGF-I, IGFBP-1, IGFBP-3 and insulin serum levels. There was an increasing risk of endometrial cancer according to the serum levels of IGFBP-1, which was observed only among women who had ever used HRT. Serum IGF-I, IGFBP-1, IGFBP-3 and insulin levels seem unrelated to endometrial cancer risk. Among users of HRT, increasing IGFBP-1 levels seem to increase endometrial cancer risk. British Journal of Cancer (2003) 89, 1697-1704. doi:10.1038/sj.bjc.6601312
www.bjccancer.com
PMID: 14583772 [PubMed - in process]

13: Cancer. 2003 Nov 1;98(9):1977-86.

Estimation of an optimal radiotherapy utilization rate for breast carcinoma: a review of the evidence.

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BACKGROUND: Radiotherapy utilization rates for breast carcinoma vary widely, both within and between countries. Current estimates of the proportion of patients with carcinoma who optimally should receive radiotherapy are based either on expert opinion or on the measurement of actual utilization rates, and not on the best scientific evidence. **METHODS:** To develop an evidence-based benchmark for radiotherapy utilization in patients with breast carcinoma, the authors undertook a systematic review of treatment guidelines on the use of radiotherapy for breast carcinoma. A decision tree was constructed, and the proportions of patients with clinical features that lead to a decision for radiotherapy were obtained from epidemiological data. This ideal utilization rate was compared with the utilization rates of radiotherapy over the last decade for breast carcinoma in Australia and internationally. **RESULTS:** The proportion of patients with breast carcinoma in whom radiotherapy would be recommended according to the best available evidence was calculated at 83% (95% confidence interval, 82-85%) of all patients with breast carcinoma. A review of actual radiotherapy utilization rates for breast carcinoma revealed that, in clinical practice, actual utilization rates varied between 24% and 71%. **CONCLUSIONS:** A substantial difference was found between the recommended optimal utilization of radiotherapy based on evidence and the actual rates reported in clinical practice. The reasons for these differences need to be examined, and a plan for addressing the suboptimal use of radiotherapy needs to be implemented. Cancer 2003. Copyright 2003 American Cancer Society.
PMID: 14584082 [PubMed - indexed for MEDLINE]

14: Cardiol Rev. 2003 Nov-Dec;11(6):337-344.

Heart Failure in Women.

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The incidence of congestive heart failure in the US population is increasing as more women and men survive with chronic hypertensive and atherosclerotic heart disease. Almost half the patients in the US with heart failure are women. Hypertension, diabetes mellitus, and cigarette smoking are all more potent risk factors for the development of heart failure in women than in men. Important differences in presentation and mortality explain gender differences in the clinical course of heart failure. Overall mortality is lower for women than for men with symptomatic heart failure. Some but not all of this difference can be explained by a lower rate of ischemic heart disease. Standard treatments for congestive heart failure, including angiotensin converting enzyme inhibitors and beta-blockers, have been shown to be equally efficacious in men and in women. Preliminary data on angiotensin II receptor blockers suggests equivalent benefit with further trial data awaited. Peripartum cardiomyopathy is a form of heart failure unique to women, occurring in the last stages of pregnancy or within 5 months after delivery. Approximately half of affected women regain normal ventricular function but for those who do not, the risk of recurrent symptomatic heart failure and mortality during subsequent pregnancies is high.

PMID: 14580303 [PubMed - as supplied by publisher]

15: Circulation. 2003 Nov 3 [Epub ahead of print].

Women's Early Warning Symptoms of Acute Myocardial Infarction.

McSweeney JC, Cody M, O'Sullivan P, Elberson K, Moser DK, Garvin BJ. College of Nursing.

BACKGROUND: Data remain sparse on women's prodromal symptoms before acute myocardial infarction (AMI). This study describes prodromal and AMI symptoms in women. **METHODS AND RESULTS:** Participants were 515 women diagnosed with AMI from 5 sites. Using the McSweeney Acute and Prodromal Myocardial Infarction Symptom Survey, we surveyed them 4 to 6 months after discharge, asking about symptoms, comorbidities, and demographic characteristics. Women were predominantly white (93%), high school educated (54.8%), and older (mean age, 66+/-12), with 95% (n=489) reporting prodromal symptoms. The most frequent prodromal symptoms experienced more than 1 month before AMI were unusual fatigue (70.7%), sleep disturbance (47.8%), and shortness of breath (42.1%). Only 29.7% reported chest discomfort, a hallmark symptom in men. The most frequent acute symptoms were shortness of breath (57.9%), weakness (54.8%), and fatigue (42.9%). Acute chest pain was absent in 43%. Women had more acute (mean, 7.3+/-4.8; range, 0 to 29) than prodromal (mean, 5.71+/-4.36; range, 0 to 25) symptoms. The average prodromal score, symptom weighted by frequency and intensity, was 58.5+/-52.7, whereas the average acute score, symptom weighted by intensity, was 16.5+/-12.1. These 2 scores were correlated (r=0.61, P<0.001). Women with more prodromal symptoms experienced more acute symptoms. After controlling for risk factors, prodromal scores accounted for 33.2% of acute symptomatology. **CONCLUSIONS:** Most women have prodromal symptoms before AMI. It remains unknown whether prodromal symptoms are predictive of future events.

PMID: 14597589 [PubMed - as supplied by publisher]

16: Clin Nurse Spec. 2003 Sep;17(5):243-8.

A successful, long-term exercise program for women with fibromyalgia syndrome and chronic fatigue and immune dysfunction syndrome.

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This article describes an ongoing, long-term clinical exercise program for women with fibromyalgia syndrome (FMS), some of whom also have chronic fatigue and immune dysfunction syndrome (CFIDS). The recorded outcomes from the most recent year of the program also are reported. Participants engaged in sessions lasting 50-70 minutes, 5 days per week; each session involved aerobic activity, resistance training, and other dynamic exercise. One group was in the program for 3 years and another group was in the program for 2 years. Program outcomes for the year (comparing beginning and end-of-year results) are presented for both groups on physical fitness, psychosocial, and FMS/CFIDS symptoms. The outcomes support that all of the women appear to have benefited from the program in numerous ways, suggesting that the program works. Also, those outcomes are in agreement with past research reported in this journal. Implications for clinical nurse specialists working with FMS/CFIDS patients are discussed.
PMID: 14501305 [PubMed - in process]

17: Diabetes Care. 2003 Nov;26(11):3142-7.

Sex differences in the prognostic importance of diabetes in patients with ischemic heart disease undergoing coronary angiography.

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OBJECTIVE: Women with ischemic heart disease have poorer outcomes than men and are suggested to have greater risk associated with diabetes. We evaluated the prognosis associated with diabetes, in analyses stratified by sex, to determine whether similar differences are seen in a large unselected cohort of patients. **RESEARCH DESIGN AND METHODS:** Using the Alberta Provincial Project for Outcomes Assessment in Coronary Heart Disease (APPROACH), a clinical data collection and follow-up initiative capturing all patients undergoing cardiac catheterization in Alberta, Canada, the relative significance of diabetes on long-term survival in 13152 men and 4249 women was evaluated in patients presenting with or without myocardial infarction and according to first treatment received. **RESULTS:** The 1-year mortality rates were 4.7% and 6.8% in men and women ($P < 0.001$), 4.1% and 7.4% in nondiabetic and diabetic men ($P < 0.001$), and 5.8% and 9.6% in nondiabetic and diabetic women, respectively ($P < 0.001$). The risk-adjusted Cox proportional hazard ratios associated with diabetes in myocardial infarction were 1.03 in men and 1.20 in women. The diabetes hazard ratios for percutaneous coronary intervention were 1.28 in men and 1.40 in women, 1.23 in men and 1.32 in women for bypass surgery, and 1.26 in men and 1.31 in women for medical therapy ($P = \text{NS}$ for all diabetes hazard ratio comparisons between men and women). **CONCLUSIONS:** Hazard ratios quantifying the adverse prognosis associated

with diabetes in patients undergoing angiography are consistently higher among women than men, but the differences across sexes are not statistically significant. These slight sex differences noted in the APPROACH registry are similar to previously reported findings and may be clinically important.
PMID: 14578252 [PubMed - in process]

18: Diabetes Care. 2003 Nov;26(11):2977-82.

Effective exercise modality to reduce insulin resistance in women with type 2 diabetes.

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OBJECTIVE: The purpose of this study was to evaluate whether a combined resistance and aerobic training program would improve insulin sensitivity compared with aerobic training alone in postmenopausal women with type 2 diabetes. A second objective was to relate the improved insulin sensitivity to changes in abdominal adipose tissue (AT) and thigh muscle density. RESEARCH DESIGN AND METHODS: A total of 28 obese postmenopausal women with type 2 diabetes were randomly assigned to one of three 16-week treatments: control, aerobic only training (Ae only), or aerobic plus resistance training (Ae+RT). Pre- and posttreatment outcome measures included glucose disposal by hyperinsulinemic-euglycemic clamp and computed tomography scans of abdominal AT and mid-thigh skeletal muscle. RESULTS: Glucose infusion rates increased significantly ($P < 0.05$) in the Ae+RT group. Both exercise groups had reduced abdominal subcutaneous and visceral AT and increased muscle density. The Ae+RT training group exhibited a significantly greater increase in muscle density than the Ae only group. Improved glucose disposal was independently associated with changes in subcutaneous AT, visceral AT, and muscle density. Muscle density retained a relationship with glucose disposal after controlling for abdominal AT. CONCLUSIONS: Adding resistance training to aerobic training enhanced glucose disposal in postmenopausal women with type 2 diabetes. The improved insulin sensitivity is related to loss of abdominal subcutaneous and visceral AT and to increased muscle density.
PMID: 14578226 [PubMed - in process]

19: Diabetes Care. 2003 Nov;26(11):3194-5.

Rosiglitazone lowers blood pressure and increases arterial compliance in postmenopausal women with type 2 diabetes.

Honisett SY, Stojanovska L, Sudhir K, Kingwell BA, Dawood T, Komesaroff PA.
PMID: 14578270 [PubMed - in process]

20: Eur J Endocrinol. 2003 Nov;149(5):439-42.

Prevalence of polycystic ovaries in women with androgenic alopecia.

Cela E, Robertson C, Rush K, Kousta E, White DM, Wilson H, Lyons G, Kingsley P, McCarthy MI, Franks S.
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OBJECTIVE: Although androgenic alopecia is recognized to be a symptom of polycystic ovary syndrome (PCOS), it is not known whether polycystic ovaries (PCO) and associated endocrine abnormalities are present in patients who present with alopecia as a primary complaint. We therefore set out to determine the strength of the association between androgenic alopecia and PCO. We examined the prevalence of ultrasound-based polycystic ovarian morphology and associated clinical and biochemical features in a large multiethnic group of women whose presenting complaint was of alopecia, and in a control group. **SUBJECTS AND METHODS:** We studied 89 women of mixed ethnic origin with androgenic alopecia and compared them to 73 control women. A detailed history was taken, anthropometry was performed and assessment of body-hair distribution was made. The presence of PCO was established by pelvic ultrasound scan. Serum gonadotrophins, testosterone, androstenedione, dihydrotestosterone and sex hormone binding globulin concentrations were measured. **RESULTS:** Women with alopecia had a higher prevalence of PCO and hirsutism than the control population (PCO: 67% vs 27%, $P < 0.00001$; hirsutism: 21% vs 4%, $P = 0.003$). Women with alopecia (with or without PCO) had higher testosterone, androstenedione and free androgen index than controls, even though few had frankly abnormal androgens. **CONCLUSIONS:** These findings confirm an association between androgenic alopecia and PCO, and other symptoms of hyperandrogenaemia. Thus most women who present with androgenic alopecia as their primary complaint also have PCO and have indices of abnormal androgen production. Since PCO is a well known risk factor for development of type 2 diabetes, this association has important implications for long-term management.

PMID: 14585091 [PubMed - in process]

21: Expert Opin Pharmacother. 2003 Oct;4(10):1687-95.

Current trends in fibromyalgia research.

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The development of standardized criteria for the diagnosis of fibromyalgia in 1990 has allowed careful study of this chronically painful syndrome. Epidemiological studies show increased symptoms and disability in patients with fibromyalgia, compared with other conditions associated with chronic, widespread pain. In addition, prevalence and severity of fibromyalgia symptoms are increased in women. Current studies have identified strong evidence for central sensitization in fibromyalgia. Data from these studies may expand effective treatment options for fibromyalgia.

PMID: 14521479 [PubMed - in process]

22: Gut. 2003 Nov;52(11):1623-9.

Long term benefits of hypnotherapy for irritable bowel syndrome.

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BACKGROUND AND AIMS: There is now good evidence from several sources that hypnotherapy can relieve the symptoms of irritable bowel syndrome in the short term. However, there is no long term data on its benefits and this information is

essential before the technique can be widely recommended. This study aimed to answer this question. PATIENTS AND METHODS: 204 patients prospectively completed questionnaires scoring symptoms, quality of life, anxiety, and depression before, immediately after, and up to six years following hypnotherapy. All subjects also subjectively assessed the effects of hypnotherapy retrospectively in order to define their "responder status". RESULTS: 71% of patients initially responded to therapy. Of these, 81% maintained their improvement over time while the majority of the remaining 19% claimed that deterioration of symptoms had only been slight. With respect to symptom scores, all items at follow up were significantly improved on pre-hypnotherapy levels ($p < 0.001$) and showed little change from post-hypnotherapy values. There were no significant differences in the symptom scores between patients assessed at 1, 2, 3, 4, or 5+ years following treatment. Quality of life and anxiety or depression scores were similarly still significantly improved at follow up ($p < 0.001$) but did show some deterioration. Patients also reported a reduction in consultation rates and medication use following the completion of hypnotherapy. CONCLUSION: This study demonstrates that the beneficial effects of hypnotherapy appear to last at least five years. Thus it is a viable therapeutic option for the treatment of irritable bowel syndrome.
PMID: 14570733 [PubMed - in process]

23: Int J Eat Disord. 2003 Nov;34(3):331-6.

Pain perception in recovered bulimia nervosa patients.

Stein D, Kaye WH, Matsunaga H, Myers D, Orbach I, Har-Even D, Frank G, Rao R. Sheba Medical Center, 21Tel Hashomer, Israel.

OBJECTIVE: Decreased pain sensitivity is found in individuals who are ill with bulimia nervosa (BN). The purpose of this study is to determine whether altered pain perception persists after recovery from bulimia nervosa (RBN). METHODS: Eleven women who were recovered from BN for more than 1 year were compared with 15 healthy volunteer women. The participants received two pain evaluations--thermal pain stimulation (TPS), which evaluates threshold and tolerance to heat, and the submaximal effort tourniquet test (SETT), which assesses threshold and tolerance to ischemic pain induced by inflation of a blood pressure cuff. RESULTS: Compared with the controls, the RBN women showed elevated pain threshold as measured with the SETT and a tendency to elevated pain threshold on the TPS. DISCUSSION: Decreased pain sensitivity persists after recovery from BN and may reflect altered modulatory function in this illness. Copyright 2003 by Wiley Periodicals, Inc.
PMID: 12949924 [PubMed - in process]

24: Int J Obes Relat Metab Disord. 2003 Nov 11 [Epub ahead of print].

Influence of weight loss on pain, perceived disability and observed functional limitations in obese women.

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OBJECTIVES:: To evaluate the effects of weight reduction by dieting on musculoskeletal pain, perceived disability and observed functional limitations in everyday life. SUBJECTS:: Female outpatients in weight-loss programs at the Karolinska Hospital, who met the criteria for participating in this study: age 20-65 y

and body mass index (BMI) ≥ 30 kg/m²). In all, 57 entered the program studied and 43 completed it. INTERVENTIONS:: Diet programs for 8-12 weeks and thereafter 6688 kJ/day for >52 weeks. MAIN OUTCOME MEASURES: Questionnaires on musculoskeletal symptoms and obesity-specific questions on basic activities of daily living (ADL), mobility, housework, occupational disability and activities outside home. Test protocol developed for observation of functional limitations in obese women. Assessments at baseline, after 12 and after 64 weeks of dieting. RESULTS:: In all, 75% completed the study. Weight loss was 14% (14.7 \pm 6.1 kg) at 12 weeks and, due to a weight relapse, 10% (10.1 \pm 8.1 kg) at 64 weeks. At the end of the study period, the proportion of current pain from lower backs and feet had normalized. Important perceived improvements were ability to rise from having fallen over, to walk up stairs and to lift heavy things. Most functional limitations improved, such as climbing onto high stools, walking up stairs with grocery bags, doing pedicure, rising from floor or low furniture. The questionnaire results partly followed the weight development, but the observed improvements were long-lasting. CONCLUSIONS:: Weight reduction had positive short-term effects on musculoskeletal pain, perceived disability and observed functional limitations. A partial weight relapse had some impact on perceived pain and disability, but not on observed limitations. The maintained improvements may be due to weight loss, but also less pain and increased physical activity. International Journal of Obesity advance online publication, 11 November 2003; doi:10.1038/sj.ijo.0802534 PMID: 14610533 [PubMed - as supplied by publisher]

25: J Acquir Immune Defic Syndr. 2003 Nov 1;34(3):320-30.

Rates and Risk Factors for Condition-Specific Hospitalizations in HIV-Infected and Uninfected Women.

Gardner LI, Klein RS, Szczech LA, Phelps RM, Tashima K, Rompalo AM, Schuman P, Sadek RF, Tong TC, Greenberg A, Holmberg SD; HIV Epidemiology Research Study Group.

SUMMARY: BACKGROUND The rates and risk factors for overall and medical condition-specific hospitalizations in HIV-positive women have not been examined in detail or compared with rates in risk factor-matched HIV-negative women. OBJECTIVE To determine the rates and risk factors for overall and condition-specific hospitalizations. METHODS Prospective cohort study of 885 HIV-positive women and 425 HIV-negative women followed for semiannual research visits between 1993 and 2000 in 4 urban locations in the United States. Outcome measures were hospitalization diagnoses with diabetes mellitus, nonacute renal conditions, cardiovascular conditions, liver conditions, AIDS defining conditions, and overall hospitalizations. Clinical and laboratory risk factors were assessed at research visits every 6 months, and effects of risk factors on hospitalization rates were calculated using generalized estimating equations and Poisson regression. RESULTS Renal laboratory abnormalities, hypertension, and clinical AIDS were each associated with 3 of the 5 condition-specific hospitalization rates. Over time, diabetes-, nonacute renal-, and cardiovascular-related rates were flat or slightly increased and liver-related rates were significantly increased in HIV-positive women. Hospitalization rates with an AIDS-defining condition declined sharply in the latter half of the study period. CONCLUSIONS In this population of largely African-American, inner-city, HIV-infected women, renal abnormalities, hypertension, and hepatitis C virus infection were common. Rate ratios indicated that "non-AIDS" risk factors were important predictors of hospitalization. In the highly active antiretroviral therapy era,

clinicians must pay attention to these risk factors for morbidity and should closely monitor renal abnormalities, hypertension, and hepatitis status.
PMID: 14600579 [PubMed - in process]

26: J Am Coll Cardiol. 2003 Oct 1;42(7):1246-8.

Comment on: J Am Coll Cardiol. 2003 Oct 1;42(7):1238-45.

New hope for hormone replacement and the heart?

Petitti DB. Publication Types: Comment, Editorial
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27: J Am Coll Cardiol. 2003 Oct 1;42(7):1238-45.

Comment in: J Am Coll Cardiol. 2003 Oct 1;42(7):1246-8.

Hormone replacement therapy is associated with improved survival in women with advanced heart failure.

Lindenfeld J, Ghali JK, Krause-Steinrauf HJ, Khan S, Adams K, Goldman S, Peberdy MA, Yancy C, Thaneemit-Chen S, Larsen RL, Young J, Lowes B, Rosenberg YD; BEST Investigators.
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OBJECTIVES: We sought to determine whether hormone replacement therapy (HRT) is associated with an improved prognosis in women with advanced heart failure (HF) and systolic dysfunction. **BACKGROUND:** There are about two million postmenopausal women in the U.S. with HF. However, limited data are available to assess the effects of HRT on survival in this large group of patients. **METHODS:** A retrospective analysis of women age 50 years and over entered into the Beta-Blocker Evaluation of Survival Trial (BEST) was conducted using Cox regression analysis comparing survival in HRT users and non-users after correcting for baseline variables known to predict survival in women with HF and systolic dysfunction. **RESULTS:** In 493 women age 50 years and older, HRT was associated with a significant reduction in mortality-21% mortality in HRT users and 34% in non-users ($p = 0.025$). Multivariate analysis demonstrated a hazard ratio for mortality of 0.6 (95% confidence interval = 0.36 to 0.97) ($p = 0.039$) for HRT users. The benefits of HRT were noted only in women with a nonischemic etiology of HF ($n = 237$). **CONCLUSIONS:** Hormone replacement therapy is associated with a marked improvement in survival in postmenopausal women with advanced HF. A prospective, randomized trial of HRT should be performed in this large group of patients.
PMID: 14522488 [PubMed - indexed for MEDLINE]

28: J Appl Physiol. 2003 Nov;95(5):1833-42. Epub 2003 Jun 27.

Toll-like receptor 4 and CD14 mRNA expression are lower in resistive exercise-trained elderly women.

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The purpose of this study was to examine the influence of resistive exercise training and hormone status on mRNA expression of toll-like receptor 4 (TLR4), CD14, IL-1beta, IL-6, and TNF-alpha. Resistive exercise-trained women on "traditional" hormone replacements [hormone replacement therapy (HRT), n = 9], not taking hormones (NHR, n = 6), or taking medications known to influence bone (MIB, n = 7) were compared with untrained subjects not taking supplemental hormones (Con, n = 6). Blood was taken from trained subjects before, immediately after, and 2 h after resistive exercise (same time points for resting Con). TLR4 mRNA expression (RT-PCR) was not different among groups or across time but was significantly (P = 0.044) lower (1.9-fold) when trained groups were collapsed and compared with Con. There was also a significant group effect (P < 0.0001) for TLR4 mRNA when expressed per monocyte. CD14 expression was significantly (P = 0.006) lower (2.3-fold) for training groups collapsed and compared with Con. CD14 mRNA, expressed per monocyte, was significantly lower immediately after resistive exercise for NHR, HRT, and MIB compared with Con. There were few significant effects detected for IL-6, IL-1beta, and TNF-alpha mRNA, but there was a significant group effect (P < 0.0001) for TNF-alpha mRNA expressed per monocyte (Con > HRT, NHR, MIB). These findings suggest that there may be a resistive exercise training-induced reduction in TLR4/CD14 expression in older women. Further research is needed to determine whether lower TLR4/CD14 could explain the lower LPS-stimulated inflammatory cytokines observed in these women.
PMID: 12832426 [PubMed - in process]

29: J Clin Endocrinol Metab. 2003 Nov;88(11):5381-6.

Moderate alcohol consumption, dietary fat composition, and abdominal obesity in women: evidence for gene-environment interaction.

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We examined relationships among alcohol intake, dietary fat composition, and total body fat (TBF) and central abdominal fat (CAF), independent of genetic confounders, and evaluated the modulating effect of genetic susceptibility. We studied 334 female twins (57.7 +/- 6.7 yr) after excluding dietary underreporters. Diet was assessed by Food-Frequency Questionnaire and body fat by dual-energy x-ray absorptiometry. Moderate alcohol consumers (12-17.9 g/d) had less TBF (20.6 +/- 5.6 vs. 24.8 +/- 8.4 kg, P = 0.03) and CAF (1.2 +/- 0.6 vs. 1.6 +/- 0.7 kg, P = 0.03) than abstainers. In multiple regression, alcohol consumption remained independently associated with body fat distribution. In cotwin case-control (monozygotic twin) analysis, moderate alcohol consumption accounted for 300 g less CAF, independent of genetic and other environmental factors. Gene-environment interaction analysis indicated that this association was limited to subjects at high genetic risk of abdominal obesity. There was no relationship between dietary fat composition and adiposity. However, in women at low genetic risk of abdominal obesity, subjects with polyunsaturated fat intakes in the highest tertile had about 50% less CAF than subjects with intakes in the lowest tertile (0.9 +/- 0.4 vs. 1.6 +/- 0.4 kg, P = 0.0007), an association absent in subjects with high genetic risk. In conclusion, genetic risk modulates relationships between dietary factors and adiposity. Lower abdominal fat may mediate associations between dietary intake and type 2 diabetes risk.
PMID: 14602777 [PubMed - in process]

30: J Clin Endocrinol Metab. 2003 Nov;88(11):5137-44.

Minimal response of circulating lipids in women with polycystic ovary syndrome to improvement in insulin sensitivity with troglitazone.

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We hypothesized that the administration of troglitazone (TGZ), an insulin-sensitizing agent of the thiazolidinedione class, would improve dyslipidemia associated with insulin resistance in polycystic ovary syndrome (PCOS). Three hundred and ninety-eight women with PCOS in a multicenter, double-blind trial were randomly assigned to 44 wk of treatment with: placebo or troglitazone (150, 300, or 600 mg/d). We examined the responses of circulating lipid and lipoproteins [total cholesterol, high density lipoprotein cholesterol (HDL-C), low density lipoprotein cholesterol (LDL-C), and triglycerides (TTG)] by treatment arm, and the influence of glycemic parameters on baseline levels and response to treatment. There was a high prevalence of abnormal baseline lipid parameters, as defined by National Cholesterol Education Program guidelines [total cholesterol, ≥ 200 mg/dl (35%); LDL-C, ≥ 130 mg/dl (31%); HDL-C, < 35 mg/dl (15%); TTG, > 200 mg/dl (16%)]. Baseline models showed that parameters of insulin action had poor predictive power on lipid parameters. There was no significant response of any of the circulating lipids to treatment with either placebo or one of the troglitazone arms (after correction for multiple analyses). There were favorable, but nonsignificant, trends in HDL-C (increase) and LDL-C (decrease) and a trend toward decreased circulating TTG in the 300- and 600-mg TGZ dose treatment arms, both in an intention to treat analysis ($n = 375$) and in study completers (44 wk; $n = 152$). There also was a minimal treatment effect noted when only subjects with abnormal baseline levels were examined, and responders differed little from nonresponders in terms of indices of insulin action. There is a substantial prevalence of clinically recognized dyslipidemia in the population of women with unrecognized PCOS without type 2 diabetes. Treatment with an insulin-sensitizing agent may have minimal impact on circulating lipids. Further surveillance and treatment of abnormal lipid levels may be necessary in these women.
PMID: 14602740 [PubMed - in process]

31: J Clin Oncol. 2003 Nov 1;21(21):4027-33.

Breast cancer in older women: quality of life and psychosocial adjustment in the 15 months after diagnosis.

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PURPOSE: We examined the health-related quality of life (QOL) of a cohort of older women with breast cancer after their diagnosis. **PATIENTS AND METHODS:** Six hundred ninety-one women aged 65 years and older were interviewed approximately 3 months after breast cancer surgery and two additional times in the following year using standardized QOL measures. Demographic factors, breast cancer treatments, and comorbid conditions were used to model ratings of health-related QOL over time. Self-perceived health and psychosocial adjustment at 15 months after surgery were modeled. **RESULTS:** Physical and mental health scores declined

significantly in the follow-up year, independent of age. However, a cancer-specific psychosocial instrument showed significant improvement in scores. Better 3-month physical and mental health scores, as well as better emotional social support, predicted more favorable self-perceived health 15 months after surgery. Psychosocial adjustment at 15 months was significantly predicted by better mental health, emotional social support, and better self-rated interaction with health care providers assessed at 3 months. CONCLUSION: Contrary to reports from younger women with breast cancer, we observed significant declines in the physical and mental health of older women in the 15 months after breast cancer surgery, whereas scores on a cancer-specific psychosocial QOL measure improved over time, consistent with patterns in younger women. Predictive models indicate that older women with impaired physical functioning, mental health, and emotional social support after surgery have poorer self-perceived health and psychosocial adjustment 1 year later. Interventions to address the physical and emotional needs of older women with breast cancer should be developed and evaluated to determine their impact on subsequent health-related QOL.

PMID: 14581426 [PubMed - in process]

32: J Clin Oncol. 2003 Nov 1;21(21):4042-57. Epub 2003 Sep 08.

American Society of Clinical Oncology 2003 update on the role of bisphosphonates and bone health issues in women with breast cancer.

Hilner BE, Ingle JN, Chelbowski RT, Gralow J, Yee GC, Janjan NA, Cauley JA, Blumenstein BA, Albain KS, Lipton A, Brown S; American Society of Clinical Oncology.

PURPOSE: To update the 2000 ASCO guidelines on the role of bisphosphonates in women with breast cancer and address the subject of bone health in these women. RESULTS: For patients with plain radiographic evidence of bone destruction, intravenous pamidronate 90 mg delivered over 2 hours or zoledronic acid 4 mg over 15 minutes every 3 to 4 weeks is recommended. There is insufficient evidence supporting the efficacy of one bisphosphonate over the other. Starting bisphosphonates in women who demonstrate bone destruction through imaging but who have normal plain radiographs is considered reasonable treatment. Starting bisphosphonates in women with only an abnormal bone scan but without evidence of bone destruction is not recommended. The presence or absence of bone pain should not be a factor in initiating bisphosphonates. In patients with a serum creatinine less than 3.0 mg/dL (265 μ mol/L), no change in dosage, infusion time, or interval is required. Infusion times less than 2 hours with pamidronate or less than 15 minutes with zoledronic acid should be avoided. Creatinine should be monitored before each dose of either agent in accordance with US Food and Drug Administration (FDA) labeling. Oncology professionals, especially medical oncologists, need to take an expanded role in the routine and regular assessment of the osteoporosis risk in women with breast cancer. The panel recommends an algorithm for patient management to maintain bone health. CONCLUSION: Bisphosphonates provide a supportive, albeit expensive and non-life-prolonging, benefit to many patients with bone metastases. Current research is focusing on bisphosphonates as adjuvant therapy. Although new data addressing when to stop therapy, alternative doses or schedules for administration, and how to best coordinate bisphosphonates with other palliative therapies are needed, they are not currently being investigated.

PMID: 12963702 [PubMed - in process]

33: J Hum Hypertens. 2003 Nov;17(11):775-9.

Changes in body weight and onset of hypertension in perimenopausal women.

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We assessed the determinants of onset of hypertension in a large, prospective population-based study of perimenopausal women from the Kuopio Osteoporosis Risk Factor and Prevention (OSTPRE) study. The data collection started in 1989, when a baseline postal inquiry was sent to all women aged 47-56 years (n=14 220) residing in the Kuopio Province in Eastern Finland. Names, social security numbers and addresses were obtained from the Population Register Centre of Finland. A total of 11 798 women responded at baseline and at 5-year follow-up in 1994. After the exclusion of 1777 women with prevalent hypertension at baseline and women with missing height or weight information, the study population consisted of 9485 without established hypertension at baseline. New cases of established hypertension during the follow-up (n=908) were ascertained with the Registry of Specially Refunded Drugs of the Finnish Social Insurance Institution (SII). According to the National Health Insurance, the SII granted 90% reimbursement for drug costs in defined chronic illnesses necessitating continuous medication, like arterial hypertension. Weight and weight gain both raised the risk by 5% per kg (P<0.001). Weight gain of 4-6 kg increased the risk of hypertension 1.25 times and a gain of more than 7 kg 1.65 times compared with the control (zero) group. To conclude, the onset of hypertension in peri- and early postmenopausal women was related to an increase in body weight despite controlling for initial body weight, reported physical activity and use of HRT.

Therefore, preventing weight gain by dietary means and exercise is of great importance at menopausal age. *Journal of Human Hypertension* (2003) 17, 775-779.
doi:10.1038/sj.jhh.1001611
PMID: 14578917 [PubMed - in process]

34: *J Natl Cancer Inst.* 2003 Oct 15;95(20):1530-8.

A prospective study of pigmentation, sun exposure, and risk of cutaneous malignant melanoma in women.

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BACKGROUND: Although sun exposure is an established cause of cutaneous malignant melanoma, possible interactions with host factors remain incompletely understood. Here we report the first results from a large prospective cohort study of pigmentation factors and sun exposure in relation to melanoma risk. **METHODS:** The Women's Lifestyle and Health Cohort Study included 106 379 women from Norway and Sweden who were aged 30-50 years in 1991 or 1992 when they completed an extensive questionnaire on personal characteristics and exposures. Linkages to national registries ensured complete follow-up through December 31, 1999. Poisson regression models were used to estimate relative risks (RRs). All statistical tests were two-sided. **RESULTS:** During an average follow-up of 8.1 years, 187 cases of melanoma were diagnosed. Risk of melanoma was statistically significantly associated with increasing body surface area (RR for > or =1.79 m² versus < or =1.61 m² = 1.60, 95% confidence interval [CI] = 1.03 to 2.48; P(trend) = .02), number of large asymmetric nevi on the legs (RR for > or =7 nevi versus 0

nevi = 5.29, 95% CI = 2.33 to 12.01; P(trend)<.001), hair color (RR for red versus dark brown or black = 4.05, 95% CI = 2.11 to 7.76; P(trend)<.001), sunburns per year at ages 10-19, 20-29, and 30-39 years (P(trend)<.001, P(trend) =.03, and P(trend) =.05, respectively), and use of a device that emits artificial light (solarium) one or more times per month (P =.04). CONCLUSIONS: Our results confirm previous findings that hair color, number of nevi on the legs, and history of sunburn are risk factors for melanoma and suggest that use of a solarium is also associated with melanoma risk. Adolescence and early adulthood appear to be among the most sensitive age periods for the effects of sunburn and solarium use on melanoma risk. However, it may be too early to see the full effect of adult exposures in this cohort.
PMID: 14559875 [PubMed - indexed for MEDLINE]

35: J Obstet Gynaecol Can. 2003 Nov;25(11):918-21.

"SCREENING" for domestic violence.

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Domestic violence has been recognized as a public health concern worldwide with serious social and health consequences, including adverse pregnancy outcome. Although health-care professionals are becoming better informed about domestic violence, and women accept being questioned in this regard, studies have shown that fewer than 10% of physicians ask women routinely about domestic violence, even during pregnancy. Further, based on traditional criteria for screening, reviews have not supported screening programs for domestic violence. This purist approach to screening is inconsistent with what we know about domestic violence and provides a rationale for health-care professionals who are personally uncomfortable with routinely asking women about domestic violence to avoid such an approach. Biomedical models are inadequate to measure the "success" of screening for complex psychosocial health issues. Recent studies suggest that merely asking about violence and providing validation and support reduces violent incidents. The term "screening" in this context may be a misnomer better replaced by "routine enquiry." Published systematic reviews and guidelines about domestic or relationship violence acknowledge the seriousness of the problem from a health perspective and the justification to include routine enquiry about domestic violence as part of health care, even when concluding that the evidence is lacking to justify screening programs as traditionally defined. Continued education and support for health professionals is essential in ensuring that women are not unknowingly left at greater risk due to a non-systematic approach.
PMID: 14608441 [PubMed - in process]

36: Maturitas. 2003 Nov 20;46(3):213-8.

The effects of hormone replacement therapy type on pulmonary functions in postmenopausal women.

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OBJECTIVE: To study whether hormone replacement therapy (HRT) or Tibolone has an effect on pulmonary function in postmenopausal women. METHODS: Seventy-five

postmenopausal women without any risk factor for pulmonary disease were included in this randomized, prospective study. Fifty women had undergone natural menopause and 25 had had a hysterectomy/oophorectomy. Twenty-five natural menopause women were randomly allocated to two groups: 25 patients (Group I) were treated with Tibolone 2.5 mg/day, 25 patients (group II) with Estradiol Hemihydrate 2 mg+Norethindron Asetate 1 mg/day. Twenty-five induced menopause women were treated with 17beta-estradiol 2 mg/day. Lung function tests including forced vital capacity (FVC), forced expiratory volume (FEV(1)), FEV(1)/FVC, forced expiratory flow rate over the 25-75% of the forced vital capacity volume (FEF(25-75%)), and peak expiratory flow rate (PEF) were evaluated at the beginning and 3 months after the treatment to assess the effects of HRT and Tibolone on respiratory function. RESULTS: Regardless of HRT types a significant difference was observed in FVC and FEV(1) after 3 months of the therapy (P=0.001, 0.0001, respectively). No significant difference was found between pre and post therapy values in the other parameters (P>0.05). CONCLUSIONS: We determined a significant increase in FVC and FEV(1) parameters of pulmonary functions after 3 months of the therapy regardless of HRT types. Therefore, we think that HRT regimens have modifying effects on pulmonary function in postmenopausal women.

PMID: 14585524 [PubMed - in process]

37: Maturitas. 2003 Nov 20;46(3):219-24.

Effects of estradiol alone or in combination with cyproterone acetate on carotid artery pulsatility index in postmenopausal women.

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OBJECTIVES: The incidence of cardiovascular disease (CVD) increases dramatically with the loss of ovarian function. Observational studies indicate that the risk of CVD may be reduced by up to 50% in postmenopausal women who take estrogen replacement therapy. Estrogen therapy reduces internal carotid artery pulsatility index (PI). The improvement in carotid PI following HRT has been proposed as a marker of the cardioprotective effect of estrogen therapy. Cyclical progesterone addition to ERT partially antagonizes the reduction on the carotid artery PI. As progesterone, androgens has been shown to decreases arterial vasodilatation and carotid PI. To our knowledge no information is available regarding the effect of CPA addition on the carotid artery PI in women taking estrogen replacement therapy. **METHODS:** We recruited a total of 30 women in postmenopause for at least 12 months and were in good health. Fifteen women were postmenopausal following surgical bilateral oophorectomy for benign condition. Fifteen postmenopausal women received estradiol valerate for 21 days and CPA (1 mg) for 10 days for 3 months (Group E/CPA). Ovariectomized women (n=15) received estradiol hemihydrate (2 mg) for 3 months (Group E). The main factor investigated was PI, an indicator of impedance to blood flow down stream. Doppler US were performed before the start and at the end of the therapy. **RESULTS:** The mean reductions respect to basal values were 11.5% in women treated with E and 10.8% in women treated with E/CPA. No significant difference was found between treatment values. **CONCLUSIONS:** The results of the present study demonstrate that cyproterone acetate addition to E do non-antagonize the effect of estrogen on carotid artery PI. The present study demonstrate that both estradiol hemihydrate and estradiol valerate plus cyproterone acetate lead to similar improvement in carotid artery; through this mechanism both treatments could

potentially reduce the incidence of cerebrovascular disease in postmenopausal women.

PMID: 14585525 [PubMed - in process]

38: Oncol Nurs Forum. 2003 Nov-Dec;30(6):927-33.

Ovarian cancer: early symptom patterns.

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PURPOSE/OBJECTIVES: To examine early symptom and diagnostic-seeking experiences of women newly diagnosed with ovarian cancer. **DESIGN:** Longitudinal descriptive. **SETTING:** Homes of families. **SAMPLE:** Purposive; 19 families were obtained by referrals. **METHODS:** Interviews and questionnaires; descriptive analysis. **MAIN RESEARCH VARIABLES:** Early symptoms and delays in diagnosis. **FINDINGS:** Families were 88% Caucasian and 12% African American. Almost two-thirds had annual incomes of 25,000 dollars or more. The ages of the patients with cancer ranged from 28-73 years (mean = 56 years). Delay between initial symptoms and diagnosis was mean = 14 weeks. Early symptoms experienced by 95% of women were abdominal bloating, vague abdominal pain and "spots," indigestion problems, fatigue, and urinary problems. **CONCLUSIONS:** Women usually experience a cluster of symptoms, unrecognized and discounted, which delays diagnosis. **IMPLICATIONS FOR NURSING:** Pelvic assessments should be reformulated to conceptualize early symptoms, risk factors, and family cancer history as a dynamic, interconnected whole to guide and interpret ovarian health.

PMID: 14603350 [PubMed - in process]

39: Prev Med. 2003 Nov;37(5):475-84.

Racial, ethnic, socioeconomic, and access disparities in the use of preventive services among women.

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BACKGROUND: In this article we estimate the variations in receipt of age-appropriate preventive services among adult women between 21 and 64 years of age, by race and ethnic group, socioeconomic status, and access to health care. We also assess whether differences in access to care and socioeconomic status may explain racial and ethnic differences in the use of preventive services. **METHOD:** Nationally representative data on adult women from the Medical Expenditure Panel Survey were used to estimate the effect of socioeconomic characteristics on the receipt of each preventive service. Receipt of each of four preventive services-cholesterol test, blood pressure reading, and two cancer screening tests (Papanicolaou smear, mammogram)-according to the 1996 recommendations of the U.S. Preventive Services Task Force were examined. **RESULTS:** An overwhelming majority of adult women (93%) had had a blood pressure reading within the last 2 years. Eighty-four percent of women had had their cholesterol checked within the last 5 years. Seventy-five percent of women had received a mammogram and 80% received Pap tests. College education, high income, usual source of care, and health insurance consistently predicted use of

preventive services. These factors also explained ethnic disparities in the receipt of preventive services between Latinas and white women. **CONCLUSIONS:** The results from our study are encouraging because only a minority of women do not receive age-appropriate preventive services. However, low socioeconomic status, lack of insurance, and lack of a usual source of care represent significant barriers to preventive care for adult women.

PMID: 14572431 [PubMed - in process]

40: Rheumatology (Oxford). 2003 Nov;42(11):1324-31. Epub 2003 Jun 16.

Does psychological vulnerability determine health-care utilization in fibromyalgia?

Dobkin PL, De Civita M, Bernatsky S, Kang H, Baron M.

OBJECTIVES: Patients with fibromyalgia (FM) undergo multiple testing and referral to specialists, and often use complementary/alternative medicine (CAM) services. The objectives of the study were: (i) to document health service utilization, and (ii) to examine whether psychological vulnerability was associated with visits to physicians and CAM providers. **METHODS:** Women (N = 178) with a diagnosis of primary FM completed a psychosocial test measuring pain, perceived stress, global psychological distress, sexual abuse history, co-morbidity and disability due to FM. Subjects also completed a health services questionnaire, documenting visits to physicians and CAM providers during the previous 6 months. Psychological vulnerability was operationalized as obtaining high scores on psychological distress, perceived stress and reporting at least one abusive event. **RESULTS:** The average number of visits was 7.2 to physicians and 11.3 to CAM providers. **CONCLUSIONS:** The number of physician visits was significantly associated with more co-morbidity. Psychologically vulnerable subjects were more likely to use CAM services than those not so classified.

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41: Rheumatology (Oxford). 2003 Oct;42(10):1202-6. Epub 2003 Jun 16.

Bone health in patients with fibromyalgia.

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OBJECTIVES: To determine whether women with fibromyalgia are at increased risk of developing osteoporosis or osteomalacia. **METHODS:** Forty premenopausal women with fibromyalgia and 37 age-matched female controls were studied. Broadband ultrasound attenuation (BUA) and velocity of sound (VOS) were measured at the calcaneum and bone mineral density was measured at the forearm and lumbar spine using dual-energy X-ray absorptiometry. Serum calcium, alkaline phosphatase, gamma-glutamyl transferase, 25-hydroxyvitamin D and plasma viscosity were measured in all subjects and parathyroid hormone was measured in subjects recruited in the latter part of the study. **RESULTS:** Seventeen patients with fibromyalgia syndrome and seven controls had 25-hydroxyvitamin D concentrations <20 nmol/l (P < 0.015) and in three FMS patients serum parathyroid hormone was raised. Bone density in fibromyalgia patients was slightly lower at the mid-distal forearm but comparable to that in controls at other sites. **CONCLUSIONS:** There is no reason to recommend routine bone densitometry in fibromyalgia patients. However, vitamin D subnutrition is common in these patients and this should be sought.

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42: Soc Sci Med. 2003 Oct;57(8):1409-19.

It is hard work behaving as a credible patient: encounters between women with chronic pain and their doctors.

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In various studies during the last decade, women with medically unexplained disorders have reported negative experiences during medical encounters. Accounts of being met with scepticism and lack of comprehension, feeling rejected, ignored, and being belittled, blamed for their condition and assigned psychological explanation models are common. Women patients exerted themselves to attract the doctor's medical attention and interest, and were anxious to be considered as whiners or complainers. Here, we explore the nature of "work" done by the patients in order to be believed, understood, and taken seriously when consulting the doctor. A qualitative study was conducted with in-depth interviews including a purposeful sampling of 10 women of varying ages and backgrounds with chronic muscular pain. The main outcome measures were descriptions reflecting the patients' activities or efforts invested in being perceived as a credible patient. We focused on the gendered dimensions of the experiences. The women patients' accounts indicated hard work to make the symptoms socially visible, real, and physical when consulting a doctor. Their efforts reflect a subtle balance not to appear too strong or too weak, too healthy or too sick, or too smart or too disarranged. Attempting to fit in with normative, biomedical expectations of correctness, they tested strategies such as appropriate assertiveness, surrendering, and appearance. The most important activities or efforts varied. However, the informants were not only struggling for their credibility. Their stories illustrated a struggle for the maintenance of self-esteem or dignity as patients and as women. The material was interpreted within a feminist frame of reference, emphasizing the relationship between dignity and shame, power and disempowerment for women patients' with medically unexplained disorders.

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43: Soc Sci Med. 2003 Oct;57(8):1505-14.

Age and education patterns of smoking among women in high-income nations.

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In suggesting that levels of female smoking in high-income nations result from patterns of adoption and abatement during the process of cigarette diffusion, theories of diffusion predict that age and education patterns of smoking shift from concentration among young and highly educated women to older and less educated women as cigarette use spreads through a population and begins to decline. Using survey data on individuals from 16 European nations, aggregate measures of cigarette diffusion, and multilevel statistical models, this study demonstrates that age and education patterns vary with the stage of cigarette diffusion as predicted by

the diffusion theories, and provides some evidence concerning future patterns of change in female smoking across nations at diverse stages of cigarette diffusion.
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