



Women's Health Care Bibliography February 2004

1: Am J Clin Nutr. 2004 Feb;79(2):204-12.

Effects of moderate-fat (from monounsaturated fat) and low-fat weight-loss diets

on the serum lipid profile in overweight and obese men and women.

Pelkman CL, Fishell VK, Maddox DH, Pearson TA, Mauger DT, Kris-Etherton PM.
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BACKGROUND: Little evidence of the effects of moderate-fat (from monounsaturated fat) weight-loss diets on risk factors for cardiovascular disease exists because low-fat diets are typically recommended. Previous studies in weight-stable persons showed that a moderate-fat diet results in a more favorable lipid and lipoprotein profile (ie, lower serum triacylglycerol and higher HDL cholesterol) than does a low-fat diet.

OBJECTIVE: We evaluated the effects of energy-controlled, low-fat and moderate-fat diets on changes in lipids and lipoproteins during weight loss and subsequent weight maintenance. **DESIGN:** We conducted a parallel-arm study design in overweight and obese [body mass index (in kg/m²): 29.8 +/- 2.4] healthy men and women (n = 53) assigned to consume a low-fat (18% of energy) or moderate-fat (33% of energy) diet for 6 wk to achieve weight loss, which was followed by 4 wk of weight maintenance. All foods were provided and body weight was monitored to ensure equal weight loss between

groups. **RESULTS:** The moderate-fat diet elicited favorable changes in the lipoprotein profile. Compared with baseline, HDL cholesterol was unchanged, whereas triacylglycerol and the ratios of total and non-HDL cholesterol to HDL cholesterol were lower at the end of the weight-maintenance period in the moderate-fat diet group. Despite similar weight loss, triacylglycerol rebounded, HDL cholesterol decreased, and the ratios of total and non-HDL cholesterol to

HDL cholesterol did not change during the 10-wk interval in the low-fat diet group.

CONCLUSIONS: A moderate-fat weight-loss and weight-maintenance diet improves the cardiovascular disease risk profile on the basis of favorable changes in lipids and lipoproteins. There is merit in recommending a moderate-fat weight-loss diet.

PMID: 14749224 [PubMed - in process]

2: Am J Clin Nutr. 2004 Feb;79(2):282-8.

Dietary phytoestrogens and breast cancer risk.

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BACKGROUND: A high intake of phytoestrogens, particularly isoflavones, has been suggested to decrease breast cancer risk. Results from human studies are inconclusive. **OBJECTIVE:** We investigated the association between phytoestrogen intake and breast cancer risk in a large prospective study in a Dutch population with a habitually low phytoestrogen intake. **DESIGN:** The study population consisted of 15 555 women aged 49-70 y who constituted a Dutch cohort of the European Prospective Investigation into Cancer and Nutrition (EPIC; 1993-1997). Data concerning habitual dietary intake in the preceding year were obtained by using a validated food-frequency questionnaire. The content of isoflavones and lignans in relevant food items was estimated through a literature search, the use of food-composition tables, and contact with experts. Newly diagnosed breast cancer cases up to 1 January 2001 were identified through linkage with the Comprehensive Cancer Center Middle Netherlands. Hazard ratios for the disease were estimated by Cox proportional hazard analysis for quartiles of isoflavone and lignan intake. Associations were adjusted for known breast cancer risk factors and daily energy intake. **RESULTS:** A total of 280 women were newly diagnosed with breast cancer during follow-up. The median daily intakes of isoflavones and lignans were 0.4 (interquartile range: 0.3-0.5) and 0.7 (0.5-0.8) mg/d, respectively. Relative to the respective lowest intake quartiles, the hazard ratios for the highest intake quartiles for isoflavones and lignans were 1.0 (95% CI: 0.7, 1.5) and 0.7 (0.5, 1.1), respectively. Tests for trend were nonsignificant. **CONCLUSION:** In Western populations, a high intake of isoflavones or mammalian lignans is not significantly related to breast cancer risk.
PMID: 14749235 [PubMed - in process]

3: Am J Clin Oncol. 2004 Feb;27(1):46-50.

Paclitaxel and carboplatin as second-line therapy in women with platinum-sensitive ovarian carcinoma treated with platinum and paclitaxel as first-line therapy.

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The study was performed to assess response rate, progression-free interval (PFI), and side effects of the combination paclitaxel and carboplatin as second-line therapy among women with platinum-sensitive epithelial ovarian carcinoma (EOC). Thirty women who achieved partial surgical response at second-look surgery (n = 8) or who had recurrence (n = 22) more than 6 months after treatment with platinum-based chemotherapy were treated with paclitaxel (135 mg/m² for 3 hours) and carboplatin (area under the concentration-time curve 5) every 3 weeks. Response rate, PFI, and side effects of treatment were recorded. One hundred sixty-seven cycles of treatment (median = 6, range = 2-11) were administered. Among 22 patients with measurable or assessable disease, 14 had complete response and 3 had partial response. Five patients had progressive disease. The overall response rate was 77%. The median PFI was 10 months (range = 1-29). Among 22 patients in whom recurrence or progression developed after second-line therapy, the median interval was 9 months (range = 1-26). The incidence of grade III or IV neutropenia, leukopenia, and thrombocytopenia was 48%, 27%, and 3%, respectively. One patient discontinued treatment secondary to persistent thrombocytopenia. Eight patients died secondary to their disease. It was concluded that the combination paclitaxel and carboplatin has a high success rate, long duration of response, and is well tolerated as a second-line therapy among patients with platinum-sensitive EOC.
PMID: 14758133 [PubMed - in process]

4: Am J Epidemiol. 2004 Feb 1;159(3):308-17.

A Validation Study of Patient Interview Data and Pharmacy Records for Antihypertensive, Statin, and Antidepressant Medication Use among Older Women.

Boudreau DM, Daling JR, Malone KE, Gardner JS, Blough DK, Heckbert SR.
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A validation study evaluated the accuracy of self-reported use of commonly used medications among older women. Within a case-control study of breast cancer, drug information was ascertained by interview. Pharmacy records from 1990 to 1999 were obtained from a Washington State health maintenance organization (66% of subjects) and retail pharmacies (34% of subjects) on a sample of subjects (212 cases, 191 controls) and used as the "gold standard." Recall accuracy was assessed for 6-month, 2-year, and 8-year time windows. Sensitivity of antihypertensive use was 92% (95% confidence interval (CI): 85, 96) for cases and controls in the 6-month period and slightly lower for the 2-year (90% (95% CI: 82, 94) and 87% (95% CI: 78, 92)) and 8-year (80% (95% CI: 69, 88) and 79% (95% CI: 68, 88)) periods. For statins, sensitivity was 83% (95% CI: 64, 93) for cases and 93% (95% CI: 69, 99) for controls in the 6-month period, 75% (95% CI: 55, 88) and 86% (95% CI: 60, 96) in the 2-year period, and 67% (95% CI: 42, 85) and 75% (95% CI: 41, 93) in the 8-year period. For self-report of antidepressants, sensitivities ranged from 66% (95% CI: 47, 80) in the 6-month period to 44% (95% CI: 30, 60) in the 8-year period. Specificity was high among all drug classes, ranging from 91% to 100%. Recall did not differ by case-control status. Trivial changes in estimates were observed when health maintenance organization records alone were used as the gold standard. Self-reported use of antihypertensives and statins appears to be relatively accurate among older women.

PMID: 14742292 [PubMed - in process]

5: Am J Med Genet. 2004 Feb 1;124A(4):346-55.

Impact of BRCA1/2 testing and disclosure of a positive test result on women affected and unaffected with breast or ovarian cancer.

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To evaluate the impact of BRCA1/2 testing and disclosure of a positive test result on women affected and unaffected with cancer. Longitudinal cohort study including women affected and unaffected with breast or ovarian cancer testing for a BRCA1/2 mutation. Data on well-being (anxiety, depression, cancer related distress, general health), treatment choice, and decision making about cancer prevention were collected at baseline (1 week after blood sampling; affected n = 192, unaffected n = 176) and at follow-up (2 weeks after disclosure of a positive test result; affected n = 23, unaffected n = 66). Women affected and unaffected with breast or ovarian cancer were compared using univariate statistics. Change over time was examined using repeated measures analysis of variance. With respect to well-being, affected women scored worse at baseline. At follow-up, both affected and unaffected women experienced a decline in well-being, which tended to be stronger in affected women. Women diagnosed with cancer less than 1 year previously tended to report a worse well-being than those diagnosed longer ago. With respect to treatment choice, more affected women intended to obtain prophylactic surgery and valued it higher at both time points. With respect to decision making, affected women had a lower preference for

participation in decision making at baseline; no differences were found at follow-up. At follow-up, both affected and unaffected women showed an increase in strength of treatment preference and a decrease in decision uncertainty. Disclosure of a positive test result had a negative impact on well-being. Affected women, especially those who have been recently diagnosed with cancer, experienced the worst well-being and could benefit from psychosocial support. Copyright 2003 Wiley-Liss, Inc. PMID: 14735581 [PubMed - in process]

6: Ann Emerg Med. 2004 Feb;43(2):238-42.

Chronic migraineurs: An important subgroup of patients who visit emergency departments frequently.

Chan BT, Ovens HJ.

Study objective We examine whether patients with frequent migraines represent a distinct subgroup of patients who visit emergency departments (EDs) frequently. METHODS: This population-based, cross-sectional study used fiscal year 1998 physician billing data from Ontario, Canada. "Frequent ED visitors" were individuals with at least 12 ED visits per year and were classified as either "frequent migraineurs" ($\geq 50\%$ of ED visits for migraine) and "other frequent ED visitors." RESULTS: There were 2,158,291 ED visitors, of whom 6,839 were frequent ED visitors. These individuals accounted for 3.5% of all ED visits. Among frequent ED visitors, 478 were frequent migraineurs. The proportion of patients who were female was 79% among frequent migraineurs, 53% among other frequent ED visitors, and 50% among patients who were not frequent ED visitors. The proportions between ages 30 and 54 years for these 3 groups were 79%, 43%, and 31%, respectively. Average annual visits to EDs were 26, 18, and 1.7, respectively, and average visits to family physicians were 40, 20, and 5.9, respectively. Despite heavy health care use, frequent migraineurs sought 83% of their ED care from their most frequently visited ED and 71% of their primary care from their main family physician. CONCLUSION: Frequent migraineurs are predominantly women aged 30 to 54 years and with a particularly intense use of health care services. Management strategies may require targeted interventions for these individuals. Because these patients seek most of their care from 1 main ED and 1 principal primary care physician, coordination of care may be easier than expected. PMID: 14747814 [PubMed - in process]

7: Ann Intern Med. 2004 Feb 3;140(3):184-8.

Changes in the use of postmenopausal hormone therapy after the publication of clinical trial results.

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BACKGROUND: The recent publication of clinical trial results has led to a dramatic shift in the evidence about postmenopausal hormone therapy. OBJECTIVE: To examine whether the publication of clinical trial results, specifically the Heart and Estrogen/progestin Replacement Study (HERS) in 1998 and the Women's Health Initiative (WHI) in 2002, has influenced the use of hormone therapy among postmenopausal women. DESIGN: Observational cohort (1997 to 2003). SETTING: San Francisco Mammography Registry, San Francisco, California. PARTICIPANTS: Postmenopausal women between the ages of 50 and 74 years without a personal history of breast cancer who underwent mammography (151862 mammograms). MEASUREMENTS: Self-reported current use of hormone therapy. RESULTS: Among menopausal women who had mammography, it was estimated that 41% were

currently using hormone therapy in 1997. Before the publication of HERS, the use of hormone therapy was increasing at a rate of 1% (95% CI, 0% to 2%) per quarter. After the publication of HERS, use decreased by 1% (CI, -3% to 0%) per quarter. In contrast, the publication of the WHI in 2002 was associated with a more substantial decline in the use of hormone therapy of 18% (CI, -21% to -16%) per quarter. Similar associations were observed for most subgroups of women, including women older than 65 years of age; women with a previous hysterectomy; and women who described their race or ethnicity as white, African American, Latina, Chinese, or Filipina. CONCLUSIONS: The release of the HERS data was temporally associated with a modest decline in the use of hormone therapy. In contrast, the release of the principal findings from the WHI was associated with a more substantial decline in use by postmenopausal women. The reason for the differences in decline may relate to the fact that the WHI results were widely publicized or were more applicable to most postmenopausal women because the WHI study was performed in healthy women. PMID: 14757616 [PubMed - in process]

8: Ann Oncol. 2004 Feb;15(2):211-7.

The effect of exemestane on serum lipid profile in postmenopausal women with metastatic breast cancer: a companion study to EORTC Trial 10951, 'Randomized phase II study in first line hormonal treatment for metastatic breast cancer with exemestane or tamoxifen in postmenopausal patients'.

Atalay G, Dirix L, Biganzoli L, Beex L, Nooij M, Cameron D, Lohrisch C, Cufer T, Lobelle JP, Mattiacci MR, Piccart M, Paridaens R. Jules Bordet Institute, Brussels.

BACKGROUND: The impact of aromatase inhibitors (AIs) on non-cancer-related outcomes, which are known to be affected by oestrogens, has become increasingly important in postmenopausal women with hormone-dependent breast cancer. So far, data related to the effect of AIs on lipid profile in postmenopausal women is scarce. This study, as a companion substudy of an EORTC phase II trial (10951), evaluated the impact of exemestane, a steroidal aromatase inactivator, on the lipid profile of postmenopausal metastatic breast cancer (MBC) patients. PATIENTS AND METHODS: The EORTC trial 10951 randomised 122 postmenopausal breast cancer patients to exemestane (E) 25 mg (n = 62) or tamoxifen (T) 20 mg (n = 60) once daily as a first-line treatment in the metastatic setting. Exemestane showed promising results in all the primary efficacy end points of the trial (response rate, clinical benefit rate and response duration), and it was well tolerated with low incidence of serious toxicity. As a secondary end point of this phase II trial, serum triglycerides (TRG), high-density lipoprotein cholesterol (HDL), total cholesterol (TC), lipoprotein a (Lip a), and apolipoproteins (Apo) B and A1 were measured at baseline and while on therapy (at 8, 24 and 48 weeks) to assess the impact of exemestane and tamoxifen on serum lipid profiles. Of the 122 randomised patients, those who had baseline and at least one other lipid assessment are included in the present analysis. The patients who received concomitant drugs that could affect lipid profile are included only if these drugs were administered throughout the study treatment. Increase or decrease in lipid parameters within 20% of baseline were considered as non-significant and thus unchanged. RESULTS: Seventy-two patients (36 in both arms) were included in the statistical analysis. The majority of patients had abnormal TC and normal TRG, HDL, Apo A1, Apo B and Lip a levels at baseline. Neither exemestane nor tamoxifen had adverse effects on TC, HDL, Apo A1, Apo B or Lip a levels at 8, 24 and 48 weeks of treatment. Exemestane and tamoxifen had opposite effects on TRG levels: exemestane lowered while tamoxifen increased TRG levels over time. There were too few patients with normal baseline TC and abnormal TRG, HDL, Apo A1, Apo B and Lip a levels to allow for assessment of E's impact on these subsets. The atherogenic risk determined by Apo A1:Apo B and TC:HDL ratios remained unchanged throughout the treatment period in both the E and T arms.

CONCLUSIONS: Overall, exemestane has no detrimental effect on cholesterol levels and the atherogenic indices, which are well-known risk factors for coronary artery disease. In addition, it has a beneficial effect on TRG levels. These data, coupled with E's excellent efficacy and tolerability, support further exploration of its potential in the metastatic, adjuvant and chemopreventive setting.

PMID: 14760111 [PubMed - in process]

9: Br J Cancer. 2004 Feb 9;90(3):590-4.

Clinical and endocrine data for goserelin plus anastrozole as second-line endocrine therapy for premenopausal advanced breast cancer.

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A total of 16 premenopausal women with metastatic breast cancer (N=13) or locally advanced primary breast cancer (N=3) were treated with a combination of a gonadotropin-releasing hormone agonist goserelin, and a selective aromatase inhibitor anastrozole. All had previously been treated with goserelin and tamoxifen. In all, 12 patients (75%) achieved objective response or durable stable disease at 6 months, with a median duration of remission of 17+ months (range 6-47 months). Four patients still have clinical benefit. Introduction of goserelin and tamoxifen resulted in an 89% reduction in mean oestradiol levels (pretreatment vs 6 months=224 vs 24 pmol l(-1)) (P<0.0001). Substitution of tamoxifen by anastrozole on progression resulted in a further 76% fall (to 6 pmol l(-1) at 3 months) (P<0.0001). Treatment with goserelin and tamoxifen led to a 90% fall in the mean follicle-stimulating hormone (P<0.001). This was reversed once therapy was changed to goserelin and anastrozole. A similar initial reduction was seen in the mean luteinising hormone levels, but substitution of tamoxifen by anastrozole on progression resulted in no significant change. Goserelin and tamoxifen did not lead to any significant change in testosterone and androstenedione levels. The combined use of goserelin and anastrozole as second-line endocrine therapy produces a significant clinical response of worthwhile duration, with demonstrable endocrine changes, in premenopausal women with advanced breast cancer, and offers them another therapeutic option. Further studies involving more patients and longer follow-up are indicated. British Journal of Cancer (2004) 90, 590-594. doi:10.1038/sj.bjc.6601557 www.bjcancer.com

PMID: 14760369 [PubMed - in process]

10: Breast. 2004 Feb;13(1):7-14.

Changes in survival after breast cancer: improvements in diagnosis or treatment?

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We have compared 5-year survival rates in two cohorts of women diagnosed with breast cancer in Brisbane, Australia, between 1981-1984 and 1990-1994. Tumours diagnosed in the early 1990s were significantly smaller and less likely to have nodal involvement than those diagnosed 10 years earlier ([Formula: see text]). The size difference was particularly striking for women aged over 50 at diagnosis, those targeted for screening. Five-year survival was greater among women diagnosed in the 1990s (84% vs. 74%; hazard ratio (HR) 0.61, 95% confidence interval (CI) 0.46-0.81). After adjusting for the effects of tumour size and

nodal status this difference was reduced, but women diagnosed more recently still showed improved survival (HR 0.75; 95% CI 0.56-1.01) and disease-free survival (HR 0.72; 0.56-0.92) at 5 years. This suggests that both earlier diagnosis and changes in breast cancer treatment have contributed to improved breast cancer survival.

PMID: 14759710 [PubMed - in process]

11: Cancer. 2004 Feb 1;100(3):465-9.

Effects of pregnancy after treatment for breast carcinoma on survival and risk of recurrence.

Blakely LJ, Buzdar AU, Lozada JA, Shullaih SA, Hoy E, Smith TL, Hortobagyi GN. Division of Cancer Medicine, The University of Texas M D Anderson Cancer Center, Houston, Texas 77030, USA.

BACKGROUND: The goal of the current study was to assess the effect of pregnancy on the subsequent risk of recurrence after treatment for breast carcinoma, adjusting for established prognostic factors. **METHODS:** Between 1974 and 1998, 383 patients age < or =35 years were treated for breast carcinoma with adjuvant chemotherapy at The University of Texas M. D. Anderson Cancer Center (Houston, TX). The median follow-up period was 13 years. Of these, 13 patients were excluded from analysis, as no history was available regarding pregnancy; 240

(65%) were >30 years old; 47 (13%) had at least 1 pregnancy after therapy; 32 had full-term pregnancies; 10 had spontaneous or elective abortions; 4 had miscarriages; and 1 had a premature delivery. Estrogen receptor (ER) status, lymph node involvement, and disease stage were evaluated as potential risk factors for recurrence. Information on ER status was unavailable for 123 (33%) patients.

RESULTS: Patients who experienced a pregnancy tended to have earlier-stage disease (Stage I/II: 80% vs. 73%), fewer positive lymph nodes (<4: 87% vs. 52%), more ER negativity (68% vs. 58%), and younger age (<30 years: 57% vs. 32%) than patients who did not. The incidence of disease recurrence was 23% for women who experienced a pregnancy and 54% for women who did not. The hazard ratio (using the multivariate Cox proportional hazards model) for disease recurrence in patients with posttreatment pregnancy was 0.71 (P=0.4).

CONCLUSIONS: In the current study population, pregnancy was not associated with an increased risk of disease recurrence or poorer survival in patients previously treated for breast carcinoma. Copyright 2003 American Cancer Society.

PMID: 14745861 [PubMed - in process]

12: Circulation. 2004 Feb 4 [Epub ahead of print]

Evidence-Based Guidelines for Cardiovascular Disease Prevention in Women.

Mosca L, Appel LJ, Benjamin EJ, Berra K, Chandra-Strobos N, Fabunmi RP, Grady D, Haan CK, Hayes SN, Judelson DR, Keenan NL, McBride P, Oparil S, Ouyang P, Oz MC, Mendelsohn ME, Pasternak RC, Pinn VW, Robertson RM, Schenck-Gustafsson K, Sila CA, Smith SC Jr, Sopko G, Taylor AL, Walsh BW, Wenger NK, Williams CL.

Representing the following participating organizations and major cosponsors: the American Heart Association; American College of Cardiology; American College of Nurse Practitioners; American College of Obstetricians and Gynecologists; American College of Physicians; American Medical Women's Association; Association of Black Cardiologists; Centers for Disease Control and Prevention; National Heart, Lung and Blood Institute; Office of Research on Women's Health; Society of Thoracic Surgeons; and World Heart Federation.

PMID: 14761900 [PubMed - as supplied by publisher]

13: Circulation. 2004 Feb 4 [Epub ahead of print]

Tracking Women's Awareness of Heart Disease. An American Heart Association National Study.

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BACKGROUND: Cardiovascular disease (CVD) is the leading cause of mortality in men and women in the United States, yet prior research has shown a lack of awareness of risk among women. The purpose of this study was to assess the contemporary awareness, knowledge, and perceptions related to CVD risk among American women and to evaluate trends since 1997, when the American Heart Association initiated a national campaign to improve awareness of CVD among women. **METHODS AND RESULTS:** A telephone survey of a nationally representative random sample of women was conducted in June and July 2003, with an oversampling of black and Hispanic women; results were compared with those of similar surveys in 2000 and 1997. The present survey included 1024 respondents age ≥ 25 years; 68% were white, 12% black, 12% Hispanic, and 8% other ethnicities. Awareness, knowledge, and perceptions about heart disease were evaluated by use of a standard interviewer-assisted questionnaire. A shift in awareness of heart disease as the leading killer of women has occurred since 1997. In 2003, 46% of respondents spontaneously identified heart disease as the leading cause of death in women, up from 30% in 1997 ($P < 0.05$) and 34% in 2000 ($P < 0.05$). In contrast, the percentage of women citing cancer as leading cause of death has significantly decreased. Black, Hispanic, and younger women (< 45 years old) had lower awareness of heart disease as their leading cause of death than did white and older women. Nearly all women reported comfort in discussing prevention with healthcare providers, but only 38% of women reported that their doctors had ever discussed heart disease with them. **CONCLUSIONS:** Awareness of CVD has increased, although a significant gap between perceived and actual risk of CVD remains.

Educational interventions to improve awareness and knowledge are needed, particularly for minority and younger women.

PMID: 14761901 [PubMed - as supplied by publisher]

14: Clin Endocrinol (Oxf). 2004 Feb;60(2):208-213.

High leptin levels in women developing postpartum thyroiditis.

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BACKGROUND: There is experimental evidence that leptin is required for the development of T helper 1 (Th1)-mediated autoimmune diseases. However, to our knowledge, there are no studies demonstrating such a role in human autoimmune thyroid disease. **OBJECTIVE:** In the present study we have retrospectively examined patients developing postpartum thyroiditis (PPT), as a model of autoimmune disease, for changes in serum leptin levels during the postpartum period. **MATERIALS AND METHODS:** The study group included 61 women in the first month postpartum who were positive for thyroid peroxidase antibodies (TPOAb+ve). Twenty TPOAb-negative (-ve), age and body mass index (BMI)-matched, postpartum women were enrolled as the control group. All subjects were evaluated for BMI, serum leptin values, thyroid function [serum free-triiodothyronine (FT3), free-thyroxine (FT4),

thyrotropin (TSH)] and autoimmunity [TPOAb levels and complement activity index (C3 index)] at 4, 12, 16, 20 and 24 weeks' postpartum. During the postpartum period, 32 of 61 TPOAb+ve women (52.4%) showed one or more episodes of thyroid dysfunction (PPTD group), whereas the remaining 29 TPOAb+ve women remained euthyroid throughout the study period (PSTE group). None of the control group developed thyroid dysfunction. RESULTS: Four weeks postpartum, TPOAb+ve women showed higher serum leptin values than TPOAb-ve women, despite comparable BMI. At this time, PSTE and PPTD patients showed no significant differences in leptin levels or leptin/BMI ratio. Throughout the postpartum period, PPTD patients maintained significantly higher leptin values and leptin/BMI ratio compared to the healthy women. In PSTE women, however, a significant reduction in leptin levels and leptin/BMI ratio was seen at 12 weeks' postpartum. This decrease was transient and correlated negatively with the variation in C3 index at the same time. No significant correlation was found between serum leptin variations and FT4 or TSH levels. CONCLUSIONS: This study has demonstrated that women developing postpartum thyroiditis have higher leptin values compared to the healthy women. The higher levels were maintained for 6 months postpartum. This result would suggest an involvement of leptin in the pathogenesis of postpartum thyroid disease, although further studies are needed to characterize the reciprocal effects of leptin, immune system and thyroid hormones during the course of this disease.
PMID: 14725682 [PubMed - as supplied by publisher]

15: Clin Infect Dis. 2004 Feb 15;38(4):579-584. Epub 2004 Jan 30.

The Effect of Highly Active Antiretroviral Therapy on Dermatologic Disease in a Longitudinal Study of HIV Type 1-Infected Women.

Maurer T, Rodrigues LK, Ameli N, Phanuphak N, Gange SJ, DeHovitz J, French AL, Glesby M, Jordan C, Khalsa A, Hessol NA.

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The effect of highly active antiretroviral therapy (HAART) on skin diseases was evaluated in 878 human immunodeficiency virus type 1 (HIV-1)-infected women in the Women's Interagency HIV Study, a multicenter prospective study. HIV-1-infected women receiving HAART were less likely to have eczema, folliculitis, tinea pedis, and xerosis than were women who had not initiated HAART, independent of CD4(+) cell count. Participants who had a prior history of a nadir CD4(+) cell count of <200 cells/ mu L and recent CD4(+) cell counts of 200-349 cells/ mu L were more likely to have eczema and xerosis than were women with a nadir CD4(+) cell count of >200 cells/ mu L and recent CD4(+) cell counts of >349 cells/ mu L. An HIV-1 RNA load of >100,000 copies/mL was associated with increased prevalence of herpes zoster infection (odds ratio, 6.10; 95% confidence interval, 2.00-18.65). History of injection drug use was associated with a higher prevalence of onychomycosis, tinea pedis, and xerosis. Molluscum contagiosum was more prevalent among younger women.
PMID: 14765353 [PubMed - as supplied by publisher]

16: Contraception. 2004 Feb;69(2):121-7.

Cervical changes associated with progestagen-only contraceptives: a team approach.

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OBJECTIVES: To report clinical, cytologic and colposcopic findings among women using progestagen-only contraceptives for more than 3 years as compared to nonhormonal contraceptives; and to assess the role of nursing in increasing the

women's knowledge about Pap test and risk factors for cervical cancer in a developing country set-up. DESIGN: A prospective cross-sectional comparative study. SETTING: Family-planning clinic of a tertiary care university hospital. SUBJECTS: A total of 325 current users of contraceptive methods for more than 3 years. INTERVENTIONS: Patients were divided into two groups. Group A included 200 patients using progestagen-only contraceptives. While group B comprised 125 patients wearing intrauterine devices. In both groups, the patient was asked about the risk factors and her knowledge about cancer cervix. Clinical and cytologic evaluations of the cervix were done. For each patient, two cervical smears were taken using Ayre's spatula and the endocervical brush. MAIN OUTCOME MEASURES: Clinical, cytologic and histopathologic cervical abnormalities after prolonged use, and the effect of health education or counseling on the patient's knowledge about preinvasive or invasive cervical cancer. RESULTS: Initial naked eye assessment of the cervix revealed statistically significant difference between both groups ($p < 0.000$). However, cytologic examinations revealed positive cases of low- and high-grade squamous intraepithelial lesions (SIL) in 38 (19%) and 22 (17.6%) in the study and control groups, respectively, without any statistically significant difference. There were no statistically significant differences in both groups regarding the frequency of positive cases whether using Ayre's spatula or the endocervical brush. Women's knowledge was compared in the first and last interviews by the nursing staff involved in health education or counseling. It increased in the counseling group; however, the difference was statistically insignificant. CONCLUSIONS: Prolonged use of progestagen-only contraceptives is not associated with increased risk of abnormal cytologic findings. There was a marked lack of women's knowledge as regards Pap test and cervical cancer with some statistically insignificant improvement after interview and counseling. Extended training of the nursing staff on the procedure of Pap smear would help establish screening programs in the developing countries.

PMID: 14759616 [PubMed - in process]

17: Curr Rheumatol Rep. 2004 Feb;6(1):49-58.

The use of intermittent human parathyroid hormone as a treatment for osteoporosis.

Deal C.

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Parathyroid hormone (PTH), given intermittently, is an anabolic agent. PTH has been demonstrated to increase bone mass and reduce vertebral and nonvertebral fractures, and has been approved for use in the US and Europe. PTH is a genetically engineered 34 amino acid protein with the designation teriparatide (recombinant DNA origin) or recombinant human PTH 1-34. A recombinant DNA preparation with all 84 amino acids of the native PTH molecule is in clinical trials. These PTH preparations are self-administered daily injections, and it is approved for women and men at high risk for fractures, including patients with prevalent fractures, low bone mass, and multiple risk factors. PTH is likely to be used most frequently in patients who fracture on therapy, but can be used in high-risk treatment-naive patients. Previous treatment with alendronate appears to impair the anabolic response of PTH preparations. Patients who have Paget's disease, prior radiation therapy to the skeleton, as well as children and young adults with open epiphyses, are at higher risk for osteosarcoma and should not be given PTH. Patients with hypercalcemia and hyperparathyroidism also should not receive the drug.

PMID: 14713402 [PubMed - in process]

18: Dermatol Surg. 2004 Feb;30(2):234-235.

Secondary Mucinous Carcinoma of the Skin: Metastatic Breast Cancer.

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BACKGROUND. : Breast cancer is the most common cancer in women. Its involvement of skin is the most frequent of visceral cancers in women. In cutaneous metastatic disease, including breast cancer, the clinical and histologic pattern may be specific or nonspecific. Specific clinical patterns of cutaneous metastatic disease are linked with breast cancer but occur less often with other cancers metastatic to skin. Likewise, specific histologic patterns of cutaneous metastatic disease are linked with breast cancer but occur less often with other cancers metastatic to skin. **OBJECTIVE.** : To present a case of a mucinous breast cancer metastatic to skin where the histologic pattern is similar to the primary tumor. **METHODS.** : This is a case report and a literature review. **RESULTS.** : Metastatic breast cancer may rarely resemble primary skin cancer, in this case primary mucinous carcinoma of the skin. We describe a 60-year-old woman with breast cancer with the incidental finding of a nonspecific, soft, solitary nodule on her back. It was found to contain mucinous material and on close examination was found to be a metastatic mucinous carcinoma of the skin from a primary adenocarcinoma of the breast. **CONCLUSION.** : One usually considers that hard, firm nodules are more suggestive of cutaneous metastatic disease than soft, nondescript ones, but one should be careful to consider secondary mucinous carcinoma of the skin and a histologically similar solitary cutaneous metastasis.

PMID: 14756660 [PubMed - as supplied by publisher]

19: Diabetes Care. 2004 Feb;27(2):522-529.

Left Ventricular Mass Increases With Deteriorating Glucose Tolerance, Especially in Women: Independence of Increased Arterial Stiffness or Decreased Flow-Mediated Dilatation: The Hoorn Study.

Henry RM, Kamp O, Kostense PJ, Spijkerman AM, Dekker JM, Van Eijck R, Nijpels G, Heine RJ, Bouter LM, Stehouwer CD.

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OBJECTIVE:-Type 2 diabetes and impaired glucose metabolism (IGM) are associated with an increased cardiovascular disease (CVD) risk. Increased left ventricular mass (LVM) is thought to increase CVD risk through several unfavorable cardiac changes. Type 2 diabetes and IGM are associated with increased LVM, but the underlying mechanism is unclear. We investigated the association between glucose tolerance status (GTS) and LVM and explored whether any such association could be mediated through increased arterial stiffness, impaired endothelial function, or the presence of atherosclerosis. **RESEARCH DESIGN AND METHODS:**-We used ultrasound to measure LVM, carotid and femoral stiffness, carotid-femoral transit time, and flow-mediated vasodilation (FMD) and tonometry to estimate compliance and augmentation index. The study population (n = 780) consisted of 287 individuals

with normal glucose metabolism (NGM), 179 with IGM, and 314 with type 2 diabetes, and the mean age was 68.4 years. RESULTS:-In women, after adjusting for age, height, BMI, and mean arterial pressure, LVM increased significantly with deteriorating GTS (LVM 157 g in NGM, 155 g in IGM, and 169 g in type 2 diabetes; P for trend <0.018). Additional adjustment for arterial stiffness, FMD, or the presence of atherosclerosis did not materially alter the results, even though these variables were significantly associated with both GTS and LVM. Indexes of hyperglycemia/-insulinemia or insulin resistance explained at most 7% of the association between GTS and LVM. In men, no statistically significant associations were observed. CONCLUSIONS:-Our data expand the conceptual view of the pathogenesis of GTS-related changes in LVM because we show that the increase in LVM in women is independent of increased arterial stiffness, impaired FMD, or the presence of atherosclerosis. In addition, we show that this increase in LVM is only minimally explained by indexes of hyperglycemia/-insulinemia or insulin resistance. Our data may, in part, explain the increased CVD risk seen in women with deteriorating GTS.
PMID: 14747239 [PubMed - as supplied by publisher]

20: Diabetes Care. 2004 Feb;27(2):354-361.

Ethnic Differences in Insulin Sensitivity and beta-Cell Function in Premenopausal or Early Perimenopausal Women Without Diabetes: The Study of Women's Health Across the Nation (SWAN).

Torrens JI, Skurnick J, Davidow AL, Korenman SG, Santoro N, Soto-Greene M, Lasser N, Weiss G.

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OBJECTIVE:-To assess differences in insulin sensitivity and beta-cell function between nondiabetic premenopausal or early perimenopausal non-Hispanic white women and African American, Chinese American, Japanese American, and non-Mexican-American Latino women. RESEARCH DESIGN AND METHODS-Homeostasis model assessments (HOMAs) of insulin sensitivity (HOMA%S) and beta-cell function (HOMA%beta) were used. Stepwise multivariable ethnic-specific ANCOVA models were used to compare HOMA%S and HOMA%beta between non-Hispanic whites and each of the four ethnic groups. RESULTS:-HOMA%S was lower in African Americans, Chinese Americans, and Japanese Americans when compared with non-Hispanic white women after correcting for waist circumference, presence of impaired fasting glucose, and site. Significant differences persisted only between African Americans and non-Hispanic whites after inclusion of triglycerides in the model. Triglycerides indirectly corrected for the differences in HOMA%S in the other two groups. There were no differences in HOMA%S between the non-Mexican-American Latinos and the non-Hispanic whites. Japanese Americans and Chinese Americans had lower HOMA%beta than non-Hispanic whites, whereas African Americans had higher HOMA%beta than non-Hispanic whites after correcting for confounders. HOMA%beta was similar between non-Mexican-American Latinos and non-Hispanic whites. CONCLUSIONS:-These data suggest that type 2 diabetes prevention strategies for African-American women should initially target decreased insulin sensitivity, whereas

strategies for Japanese-American and Chinese-American women may initially need to target both decreased insulin sensitivity and beta-cell function. Previous studies of Mexican-American populations may not apply to non-Mexican-American Latino women.

PMID: 14747213 [PubMed - as supplied by publisher]

21: Diabetes Care. 2004 Feb;27(2):331-334.

Health Literacy and Pregnancy Preparedness in Pregestational Diabetes.

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OBJECTIVE:-We investigated the association between functional health literacy and markers of pregnancy preparedness in women with pregestational diabetes.

RESEARCH DESIGN AND METHODS-English- and Spanish-speaking pregnant women with pregestational diabetes were recruited. Women completed the Test of Functional Health Literacy in Adults (TOFHLA) short form and a questionnaire. A TOFHLA score of ≤ 30 was defined as low functional health literacy. RESULTS:-Of 74 women participating in the study, 16 (22%) were classified as having low functional health literacy. Compared with women with adequate health literacy, those with low health literacy were significantly more likely to have an unplanned pregnancy ($P = 0.02$) and significantly less likely to have either discussed pregnancy ahead of time with an endocrinologist or obstetrician ($P = 0.01$) or taken folic acid ($P = 0.001$).

CONCLUSIONS:-The results of this study suggest that low functional health literacy among women with pregestational diabetes is associated with several factors that may adversely impact birth outcomes.

PMID: 14747209 [PubMed - as supplied by publisher]

22: Diabetes Care. 2004 Feb;27(2):320-325.

Low Cardiorespiratory Fitness Is Associated With Elevated C-Reactive Protein Levels in Women With Type 2 Diabetes.

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OBJECTIVE:-The purpose of this study was to examine differences in novel markers of cardiovascular disease (CVD) in women with type 2 diabetes stratified according to cardiorespiratory fitness. RESEARCH DESIGN AND METHODS-A total of 28 women (mean age 57 +/- 6 years) with type 2 diabetes who were free from overt CVD were placed into low cardiorespiratory fitness (LCF) or average cardiorespiratory fitness (ACF) groups based on a graded exercise test to exhaustion. A group of eight women without type 2 diabetes were also examined and served as healthy control subjects. The median $\dot{V}O_2(\text{peak})$ value was used

as a cutoff for group determination. We assessed both conventional CVD risk factors, including blood pressure, BMI, and lipid profile, as well as novel CVD risk factors, such as left ventricular filling dynamics, arterial stiffness, fasting insulin, and C-reactive protein (CRP). RESULTS:- $\dot{V}O_2(\text{peak})$ values were 69 +/- 14 and 91 +/- 24% of predicted values for sedentary age-matched healthy individuals in the LCF and ACF groups, respectively. BMI was significantly

greater in the LCF group ($P < 0.05$); however, no differences were observed in age, lipid profile, or resting hemodynamics. CRP was 3.3-fold higher in the LCF group (6.3 ± 4.1 vs. 1.9 ± 1.7 mg/l, $P < 0.05$), whereas other novel markers of CVD were not significantly different between the groups. Significant negative relationships were observed between V_{O2peak} and both CRP ($r = -0.49$) and the homeostasis model assessment index ($r = -0.48$) ($P < 0.05$). CONCLUSIONS:-The novel finding of this investigation is that low cardiorespiratory fitness is associated with elevated CRP and reduced fasting glucose control in women with type 2 diabetes.

PMID: 14747207 [PubMed - as supplied by publisher]

23: Diabetes Care. 2004 Feb;27(2):378-383.

Obesity and the Development of Insulin Resistance and Impaired Fasting Glucose in Black and White Adolescent Girls: A longitudinal study.

Klein DJ, Aronson Friedman L, Harlan WR, Barton BA, Schreiber GB, Cohen RM, Harlan LC, Morrison JA.

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OBJECTIVE:-Age at onset of type 2 diabetes has decreased during the past 20 years, especially in black women. Studies of factors associated with insulin resistance and hyperglycemia in preadolescent and adolescent populations are essential to understanding diabetes development. RESEARCH DESIGN AND METHODS-The National Heart, Lung, and Blood Institute (NHLBI) Growth and Health Study (NGHS) is a 10-year cohort study of the development of obesity in black and white girls. Two NGHS centers examined the associations of obesity, puberty, and race with fasting insulin, glucose, and homeostasis model assessment of insulin resistance (HOMA-IR; a calculated index of insulin resistance) measures at 9-10 years of age (baseline) and 10 years later. RESULTS:-Black girls had greater baseline and year-10 BMI than white girls, with a greater 10-year incidence of obesity. BMI-insulin correlations were positive in both black and white girls at both visits, but insulin remained higher in black girls after controlling for BMI. In black girls, insulin and HOMA-IR were higher in the prepubertal period

(before the emergence of racial differences in BMI), increased more during puberty, and decreased less with its completion. Baseline BMI predicted year-10 glucose and the development of impaired fasting glucose (IFG) in black girls. In white girls, the rate of BMI increase during follow-up predicted these outcomes. The 10-year incidence of diabetes in black girls was 1.4%.CONCLUSIONS:-Black-white differences in insulin resistance are not just a consequence of obesity, but precede the pubertal divergence in BMI. The development of IFG appears to be a function of the rate of increase of BMI in white girls and early obesity in black girls.

PMID: 14747217 [PubMed - as supplied by publisher]

24: Eur J Cancer. 2004 Feb;40(3):365-74.

Preoperative psychological reactions and quality of life among women with an increased risk of breast cancer who are considering a prophylactic mastectomy.

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A consecutive sample of 56 women with a familial risk for breast cancer who were considering a prophylactic mastectomy (PM) completed questionnaires preoperatively concerning risk perception, expectations with regard to surgery, anxiety and depressive symptoms (the Hospital Anxiety and Depression Scale (HAD) scale) and quality of life (The Swedish SF-36 Health Survey). 16 had had a previous breast cancer (Group BC) and 40 had not (Group R). They were compared with normative data from an age-matched random sample of the Swedish population and with a reference sample of women with breast cancer. Most women estimated their breast cancer risk accurately. No statistically significant differences were found between Group BC and the normative sample on the HAD scale and SF-36, but Group R reported better physical functioning, emotional role functioning and mental health than the reference sample with breast cancer. Group BC scored closer to them than to the normative sample. Levels of emotional problems and quality of life were comparable to normative values among women considering PM. All women in the present study had previous genetic counselling and our results suggest that their interest in PM was not due to an overestimation of their personal risk.
PMID: 14746854 [PubMed - in process]

25: Eur J Cancer. 2004 Feb;40(3):445-51.

Alkaline single-cell gel electrophoresis (comet assay). a simple technique to show genomic instability in sporadic breast cancer.

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The alkaline comet assay was used to study the genomic instability of lymphocytes derived from untreated sporadic breast cancer patients (50 cases), and also following their in vitro irradiation up to 5 Gy. We compared the results (mean tail moment (MTM)) with a control population of 25 patients and with breast cancer patients who had been 'cured' of their disease, with a follow-up of 10 years or more (25 cases). At the basal level, 77.5% ($P < 0.01$) of the untreated patients and 73.7% ($P < 0.05$) of the 'cured' women had values higher than the basal cut-off level of 5.3, compared with only 44% of the controls. After in vitro irradiation, 83% of the untreated patients were above the cut-off value of 10.8 at the 5-Gy dose compared with only 48% of the controls ($P < 0.01$). These results support the hypothesis that women affected by sporadic breast cancer have a constitutional genomic instability. The assessment of the prognostic value of this test could be of interest, particularly in women without axillary nodal involvement.

PMID: 14746864 [PubMed - in process]

26: Eur J Clin Nutr. 2004 Feb;58(2):231-7.

Diet during pregnancy in relation to maternal weight gain and birth size.

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OBJECTIVE:: Maternal weight gain has been consistently linked to birth weight but, beyond maternal energy intake, no macronutrient has been associated with either of them. We have examined whether maternal energy-adjusted intake of macronutrients is associated with either maternal weight gain or birth-size parameters. DESIGN:: Cohort study. SETTING:: University hospital in Boston, USA. SUBJECTS:: A total of 224 pregnant women coming for their first routine prenatal

visit. The women were followed through delivery. INTERVENTIONS:: None. Pregnant women's dietary intake during the second trimester was ascertained at the 27th week of pregnancy through a food frequency questionnaire. RESULTS:: Intake of neither energy nor any of the energy-generating nutrients was significantly associated with birth size. In contrast, maternal weight gain by the end of the second trimester of pregnancy was significantly associated with energy intake (+0.9 kg/s.d. of intake; P approximately 0.006) as well as energy-adjusted intake of protein (+3.1 kg/s.d. of intake; P<10(-4)), lipids of animal origin (+2.6 kg/s.d. of intake; P<10(-4)) and carbohydrates (-5.2 kg/s.d. of intake; P<10(-4)). CONCLUSIONS:: Although maternal weight gain is strongly associated with birth size, the indicated nutritional associations with weight gain are not reflected in similar associations with birth-size parameters. The pattern is reminiscent of the sequence linking diet to coronary heart disease (CHD) through cholesterol: diet has been conclusively linked to blood cholesterol levels and cholesterol levels are conclusively linked to this disease, even though the association of diet with CHD has been inconclusive and controversial. SPONSORSHIP:: This study was supported in part by Grant No. CA54220 from the National Institutes of HealthEuropean Journal of Clinical Nutrition (2004) 58, 231-237. doi:10.1038/sj.ejcn.1601771 PMID: 14749741 [PubMed - in process]

27: Hum Reprod. 2004 Feb;19(2):371-377.

The Polycystic Ovary Syndrome Health-Related Quality of Life Questionnaire (PCOSQ): a validation.

Jones GL, Benes K, Clark TL, Denham R, Holder MG, Haynes TJ, Mulgrew NC, Shepherd KE, Wilkinson VH, Singh M, Balen A, Lashen H, Ledger WL.

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BACKGROUND: We wished to evaluate the psychometric properties of the Polycystic Ovary Syndrome Questionnaire (PCOSQ), a questionnaire developed to measure the health-related quality of life (HRQoL) of women with polycystic ovary syndrome. METHOD: To assess reliability and validity, women recruited from an outpatient gynaecology clinic at the Jessop Wing, Royal Hallamshire Hospital, Sheffield completed two copies of the PCOSQ and the Short Form-36 (SF-36). Secondary factor analysis was carried out to verify the composition of the dimensions. Semi-structured interviews were conducted to assess face validity. RESULTS: Of the 92 women who consented, 82 women (89%) returned questionnaires at time 1, and 69 women (75%) returned questionnaires at time 2. All five PCOSQ dimensions were internally reliable with Cronbach's alpha scores ranging from 0.70 to 0.97. Intra-class correlation coefficients to evaluate test-retest reliability were high (range 0.89-0.95, P < 0.001). Construct validity was demonstrated by high correlations for all comparisons of similar scales of the SF-36 and PCOSQ (0.49 and 0.54). Acne was identified as an important area of HRQoL missing from the questionnaire. CONCLUSIONS: The PCOSQ is a reliable instrument for measuring the HRQoL in women with PCOS. However, the validity of the questionnaire needs to be improved by incorporating a dimension on acne into the instrument. PMID: 14747184 [PubMed - as supplied by publisher]

28: Int J Cancer. 2004 Feb 10;108(4):620-7.

Assessment of highly angiogenic and disseminated in the peripheral blood disease in breast cancer patients predicts for resistance to adjuvant chemotherapy and early relapse.

Giatromanolaki A, Koukourakis MI, Kakolyris S, Mavroudis D, Kouroussis C, Mavroudi C, Perraki M, Sivridis E, Georgoulas V. Department of Pathology, Democritus University of Thrace, Alexandroupolis, Greece. targ@her.forthnet.gr

The assessment of tumor molecular features in combination with the detection of occult malignant cells may provide important clinical information, beyond the standard staging of breast cancer. Using a nested RT-PCR technique, we assessed prospectively the presence of cytokeratin-19 (CK19) mRNA positive cells in the blood of 100 operated patients with breast cancer before the initiation of adjuvant chemotherapy and local radiotherapy. Tissue samples were prospectively collected and analyzed for estrogen (ER) and progesterone (PgR) receptor, c-erbB-2 overexpression, mutant-p53 and bcl-2 protein accumulation, proliferation index and microvessel density (MVD). CK-19 mRNA-positive cells were detected in the peripheral blood of 33% of patients. Simultaneous display of high intratumoral MVD and of CK-19 mRNA-positive cells, which characterized highly angiogenic and disseminated in the peripheral blood (HAD) disease was noted in 25% of patients. Detection of CK-19 positive cells was significantly associated with increased MVD ($p = 0.002$). In univariate analysis (median follow-up 30 months) CK19 mRNA detection and MVD were the most significant factors related to a short relapse-free survival (RFS), ($p < 0.0001$). In multivariate analysis, CK19 positivity, high MVD and c-erbB-2 overexpression were the only significant and independent variables associated with relapse ($p = 0.0005$, 0.03 and 0.04 , respectively). Patients with HAD had an expected relapse rate close to 70% vs. <5% in the remaining patients irrespectively of the used chemotherapy regimen. The simultaneous presence of high MVD and CK19-positive cells in the blood of patients with early breast is linked with poor prognosis, which cannot be improved with standard chemotherapy regimens. Copyright 2003 Wiley-Liss, Inc.

PMID: 14696130 [PubMed - indexed for MEDLINE]

29: J Affect Disord. 2004 Feb;78(2):93-100.

Depressed mothers coming to primary care: maternal reports of problems with their children.

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BACKGROUND: Studies of depressed mothers have generally been conducted in psychiatric settings with non-minority, middle-class women. Primary care has an increasing role in early detection and treatment, especially for the poor who have less access to specialized mental health services. Data on the relationship between maternal depression and problems in the offspring in a primary care context could help physicians to more effectively identify children in need of psychiatric help.

METHODS: All mothers aged 25 to 55 from a systematic sample of consecutive adults (response rate, 80%) in an urban general medicine practice were screened using the PRIME-MD Patient Health Questionnaire (PHQ). Mothers who screened positive for major depression ($n=85$); other psychiatric disorders, but not major depression ($n=67$); or no psychiatric disorders ($n=191$) were compared on their children's history of emotional problems, unmet need for mental health

treatment, parent-child discord, maternal functional status and mental health treatment. RESULTS: Compared to non-psychiatric controls, depressed mothers reported a three-times greater risk of serious emotional problems in their children (95% confidence interval [CI], 1.7-6.1); a four-times greater risk of having their children's problems left untreated (95% CI, 2.3-8.2), and a 10-times greater risk of having poor mother-child relations within the past month (95% CI, 3.9-29.4). Depressed mothers reported more functional disability, more psychiatric treatment and more problems in their offspring than mothers with non-depressive psychiatric disorders. Although a majority of mothers (regardless of psychiatric status) believed that counseling (96%) or medication (84%) should be offered to those with serious emotional problems, only about half (49%) of the depressed mothers had received mental health treatment in the past month. LIMITATIONS: Children were not assessed directly. CONCLUSIONS: The children of low-income depressed women at a general medicine practice were reported to have a greatly increased risk for emotional problems. Many mothers had not received treatment for their own emotional problems. By enquiring about the emotional health of children of adult primary care patients, primary care providers have an opportunity to promote early detection and to facilitate appropriate treatment for both the mothers and their children.

PMID: 14706719 [PubMed - in process]

30: J Am Diet Assoc. 2004 Feb;104(2):208-14.

Dietary patterns, smoking, and subclinical heart disease in women: Opportunities for primary prevention from the Framingham nutrition studies.

Millen BE, Quatromoni PA, Nam BH, O'horo CE, Polak JF, Wolf PA, D'agostino RB.

OBJECTIVES: To investigate the relationship between a heart-healthy dietary pattern and subclinical heart disease in women, and to identify potential opportunities for primary prevention. DESIGN: Prospective analysis in which dietary patterns and cardiovascular disease (CVD) risk factors were assessed at baseline. Presence of subclinical heart disease was assessed using carotid atherosclerosis (stenosis $\geq 25\%$) measured by ultrasound at 12-year follow-up. Subjects/setting We studied 1,423 women in the population-based Framingham Offspring/Spouse (FOS) Study cohort, Framingham, Massachusetts. Subjects did not have CVD at baseline. Statistical analyses CVD risk factor differences among the dietary clusters were evaluated using analysis of covariance and logistic regression. The relationship between heart-healthy and less heart-healthy dietary patterns and the presence of subclinical heart disease at follow-up was examined using odds ratios calculated from multivariate logistic regressions; stratification by smoking status (current, former, never) was also explored. RESULTS: Women who ate a heart-healthy diet had more favorable baseline CVD risk factor profiles. The age-adjusted odds of subclinical heart disease at follow-up was 40% lower for heart-healthy women (OR 0.60, $P=.02$). Multivariate adjustment for BMI, blood lipid levels, and blood pressure only slightly attenuated these odds. The odds remained reduced after adding pack-years of smoking to the multivariate model, but statistical significance was attenuated (OR 0.74, $P=.20$). In analyses stratified by smoking status, women who consumed a heart-healthy diet and who had never smoked had more than 80% less odds for subclinical heart disease compared with smokers whose diets were less heart-healthy (adjusted OR 0.17; $P=.0001$). CONCLUSIONS: Women who achieve a heart-healthy eating pattern, in combination with the avoidance of smoking, have a lower odds of subclinical heart disease. Among former smokers, the avoidance of smoking seemed to have somewhat more influence than diet on stenosis risk. A public health priority for women to promote the primary prevention of heart disease is the adoption of positive lifestyle behaviors, especially

healthful eating (dietary patterns rich in fruits, vegetables, low-fat dairy foods, leaner protein sources, and lower in fats) and the avoidance of smoking.
PMID: 14760568 [PubMed - in process]

31: J Am Geriatr Soc. 2004 Feb;52(2):182-6.

Hormone use and cognitive performance in women of advanced age.

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OBJECTIVES: : To explore the association between hormone replacement therapy (HRT) and cognitive performance in a group of elderly women (≥ 75) using a battery of well-standardized neuropsychological instruments. DESIGN: : Equivalent samples from existing cohort. SETTING: : Healthcare provider organization. PARTICIPANTS: : All women enrolled were participants in an ongoing study of the association between HRT and the prevalence and incidence of dementia. Prescription records were used to establish HRT status. Fifty-eight users and 47 nonusers of HRT participated in this substudy. MEASUREMENTS: : Given previous reports that HRT has a positive effect on verbal memory, the California Verbal Learning Test and the Logical Memory Test were used as primary outcomes. A range of validated tests that assess other cognitive domains was also included. RESULTS: : There were no significant differences between users and nonusers of HRT on any cognitive measures. CONCLUSION: : Given equivalent groups of users and nonusers of HRT no support was found for the hypothesis that use of HRT improves cognitive performance in older women.
PMID: 14728625 [PubMed - in process]

32: J Clin Endocrinol Metab. 2004 Feb 1;89(2):733-739.

Estrogen Receptor Genotypes and Their Association with the 10-Year Changes in Bone Mineral Density and Osteocalcin Concentrations.

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We conducted a 10-yr prospective study of peak bone mass and its change in 604 women, aged 24-44 yr at study initiation, and related changes in bone mineral density (BMD) and osteocalcin (OCN) concentrations to estrogen receptor (ER) alpha gene polymorphisms in 442 of these women. We examined the association of ERalpha PvuII and XbaI polymorphisms with the 10-yr change in lumbar spine (LS) and femoral neck (FN) BMD, measured by densitometry, as well as serum OCN levels, after accounting for weight and menstrual status change. The women were members of the Michigan Bone Health Study, a population-based longitudinal study of BMD. There was a linear loss of LS BMD and curvilinear loss of FN BMD from peak bone mass over a 10-yr period. Women homozygous for the ERalpha gene variant without an XbaI restriction site (XbaI -/- genotype) had higher FN BMD and less change in LS over time. Women homozygous for the ERalpha gene variant without a PvuII restriction site (PvuII -/- genotype) had less LS BMD change over time as well as higher FN BMD. However, this higher FN BMD was dependent upon the rate of bone turnover as estimated from serum OCN change over time. The ERalpha genotype associations were statistically significant in explaining the rate of perimenopausal bone loss and its turnover; however, BMI or becoming postmenopausal contributed more to the magnitude of the difference in bone change.

PMID: 14764789 [PubMed - as supplied by publisher]

33: J Clin Pharm Ther. 2004 Feb;29(1):59-63.

Longer than recommended empiric antibiotic treatment of urinary tract infection in women: an avoidable waste of money.

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CONTEXT: Current Israeli guidelines for the empiric treatment of uncomplicated urinary tract infection (UTI) in women recommend nitrofurantoin for 5 days. Some physicians nevertheless opt for ofloxacin, which should be prescribed for 3 days according to universally accepted guidelines. OBJECTIVE: To evaluate the economic consequences of longer than recommended durations of antibiotic therapy in the empiric treatment of uncomplicated UTI in women. DESIGN, SETTING AND PATIENTS: Data were derived from the electronic records of one of the four health maintenance organizations in Israel. The sample included all women aged 18-75 years who were diagnosed with acute cystitis or UTI from January 2001 to June 2002 and were empirically treated with antibiotics. Of the 7738 patients identified, 1138 received nitrofurantoin and 1054 ofloxacin. The excess expenditure accrued due to longer than recommended therapy with these drugs was evaluated. RESULTS: The rate of adherence was 22.23% for nitrofurantoin (95% CI = 19.81%, 24.65%), and 4.08% for ofloxacin (95% CI = 2.88%, 5.28%). The average excess expenditure per case was 5.78 USD (US Dollar) with ofloxacin and 3.43 USD with nitrofurantoin, resulting in an annual loss to the health maintenance organizations of reverse similar 19 000 USD. When extrapolated to the national population of 6.5 million, the loss due to inappropriate treatment of adult women is 190 000 USD. CONCLUSIONS: The lack of adherence to national and international guidelines with regard to the recommended duration of antibiotic treatment of UTI in women resulted in a significant and avoidable waste of health system resources. This study suggests that drug utilization analyses that concentrate solely on the choice of drug may be overlooking important information.

PMID: 14748899 [PubMed - in process]

34: J Epidemiol Community Health. 2004 Feb;58(2):120-5.

Birth weight is inversely associated with coronary heart disease in post-menopausal women: findings from the British women's heart and health study.

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OBJECTIVES: (1) To assess the association between birth weight and coronary heart disease (CHD) risk in a cohort of post-menopausal women, (2) to determine the combined effects of birth weight and adult body mass index on CHD, (3) to assess the role of insulin resistance as a mediating factor in the associations. DESIGN: Cross sectional survey. SETTING: 23 British towns. PARTICIPANTS: 1394 women aged 60-79 years. MAIN OUTCOME MEASURES: coronary heart disease (n = 199 cases). RESULTS: Birth weight was inversely associated with CHD: age and survivor status of participant's mother adjusted odds ratio (95% confidence intervals) per 1 standard deviation (0.80 kg) increase in birth weight was 0.84 (0.72 to 0.97). This association strengthened to 0.80 (0.68 to 0.93) with further adjustment for adult body mass index, but there was no evidence of an interaction between birth weight and adult body mass index (p = 0.61). The association was not confounded by childhood or adulthood socioeconomic position or by adult smoking status of the participant. Adjustment for components of the

insulin resistance syndrome attenuated the association to 0.87 (0.72 to 1.03).
CONCLUSIONS: Intrauterine exposures that affect fetal growth also affect future adult CHD risk. The inverse association between birth weight and CHD may in part be mediated via insulin resistance.
PMID: 14729890 [PubMed - in process]

35: J Natl Cancer Inst. 2004 Feb 4;96(3):218-28.

Risk factors for breast cancer according to estrogen and progesterone receptor status.

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BACKGROUND: Evaluations of epidemiologic risk factors in relation to breast cancer classified jointly by estrogen receptor (ER) and progesterone receptor (PR) status have been inconsistent. To address this issue, we conducted a prospective evaluation of risk factors for breast cancer classified according to receptor status. METHODS: During 1 029 414 person-years of follow-up of 66 145 women participating in the Nurses' Health Study from 1980 through 2000, we identified 2096 incident cases of breast cancer for which information on ER/PR status was available: 1281 were ER+/PR+, 318 were ER+/PR-, 80 were ER-/PR+, and 417 were ER-/PR-. We fit a log-incidence model of breast cancer and used polychotomous logistic regression to compare coefficients for breast cancer risk factors in patients with different ER/PR status. To test for differences in risk factor odds ratios based on marginal ER/PR categories, we evaluated ER status controlling for PR status and vice versa. The predictive ability of our log-incidence model to discriminate between women who would develop ER+/PR+ breast cancer and those who would not (and similarly for ER-/PR- breast cancer) was evaluated by using receiver operator characteristic curve analysis. All statistical tests were two-sided. RESULTS: We observed statistically significant heterogeneity among the four ER/PR categories for some risk factors (age, menopausal status, body mass index [BMI] after menopause, the one-time adverse effect of first pregnancy, and past use of postmenopausal hormones) but not for others (benign breast disease, family history of breast cancer, alcohol use, and height). The one-time adverse association of first pregnancy with incidence was present for PR- but not for PR+ tumors after controlling for ER status (P =.007). However, the association of BMI after menopause with incidence was present for PR+ but not PR- tumors (P =.005). Statistically significant differences in the incidence of ER+ and ER- tumors were seen with age, both before and after menopause (P =.003), and with past use of postmenopausal hormones (P =.01). Area under the receiver operator characteristic curve, adjusted for age, was 0.64 (95% confidence interval [CI] = 0.63 to 0.66) for ER+/PR+ tumors and 0.61 (95% CI = 0.58 to 0.64) for ER-/PR- tumors. CONCLUSIONS: Incidence rates and risk factors for breast cancer differ according to ER and PR status. Thus, to accurately estimate breast cancer risk, breast cancer cases should be divided according to the ER and PR status of the tumor.
PMID: 14759989 [PubMed - in process]

36: J Natl Cancer Inst. 2004 Feb 4;96(3):229-33.

Dietary glycemic load and risk of colorectal cancer in the Women's Health Study.

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Although diet is believed to influence colorectal cancer risk, the long-term effects of a diet with a high glycemic load are unclear. The growing recognition that colorectal cancer may be promoted by hyperinsulinemia and insulin resistance suggests that a diet inducing high blood glucose levels and an elevated insulin response may contribute to a metabolic environment conducive to tumor growth. We prospectively followed a cohort of 38 451 women for an average of 7.9 years and identified 174 with incident colorectal cancer. We used baseline dietary intake measurements, assessed with a semiquantitative food-frequency questionnaire, to examine the associations of dietary glycemic load, overall dietary glycemic index, carbohydrate, fiber, nonfiber carbohydrate, sucrose, and fructose with the subsequent development of colorectal cancer. Cox proportional hazards models were used to estimate relative risks (RRs). Dietary glycemic load was statistically significantly associated with an increased risk of colorectal cancer (adjusted RR = 2.85, 95% confidence interval [CI] = 1.40 to 5.80, comparing extreme quintiles of dietary glycemic load; P(trend) = .004) and was associated, although not statistically significantly, with overall glycemic index (corresponding RR = 1.71, 95% CI = 0.98 to 2.98; P(trend) = .04). Total carbohydrate (adjusted RR = 2.41, 95% CI = 1.10 to 5.27, comparing extreme quintiles of carbohydrate; P(trend) = .02), nonfiber carbohydrate (corresponding RR = 2.60, 95% CI = 1.22 to 5.54; P(trend) = .02), and fructose (corresponding RR = 2.09, 95% CI = 1.13 to 3.87; P(trend) = .08) were also statistically significantly associated with increased risk. Thus, our data indicate that a diet with a high dietary glycemic load may increase the risk of colorectal cancer in women.
PMID: 14759990 [PubMed - in process]

37: Lung Cancer. 2004 Feb;43(2):127-34.

Environmental tobacco smoke exposure in women with lung cancer.

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BACKGROUND: Investigations on environmental tobacco smoke (ETS) exposure that include source intensity, childhood exposure, and association with histologic subtypes among never smoking lung cancer cases are limited. We report the patterns of ETS exposure history in a clinical cohort of women with newly diagnosed lung cancer. **METHODS:** From 1997 to 2001, 810 women with lung cancer were interviewed to obtain data including the source, intensity, and duration of ETS exposure. In this descriptive study, relationships between smoking history, ETS exposure, and lung cancer histologic subtypes were analyzed. **RESULTS:** Among the 810 patients, 773 (95.4%) reported personal smoking or ETS exposure including 170 of 207 (82%) never smokers. Among the never smokers with a history of ETS exposure, the mean years of exposure were 27 from a smoking spouse, 19 from parents, and 15 from co-workers. For each major subtype of lung cancer (adenocarcinoma, squamous cell, unclassified non-small cell lung cancer, small cell, or carcinoids) among never smokers, 75-100% of patients had ETS exposure. Trends for adenocarcinoma, squamous, and small cell carcinoma are statistically significant using the Cochran-Armitage Test for Trend ($P < 0.001$) among never smokers without ETS exposure, never smokers with ETS exposure, former smokers, and current smokers. **CONCLUSIONS:** Over 95% of women with lung cancer in our study were exposed to tobacco smoke through a personal smoking history or ETS. The cumulative amount of tobacco smoke exposure may be significantly

underestimated if only personal smoking history is considered. Our results add to the public health implications of exposure to tobacco smoke and highlight the importance of eliminating tobacco smoking in public and private settings.
PMID: 14739032 [PubMed - in process]

38: Maturitas. 2004 Feb 20;47(2):99-105.

Relationship between soft tissue body composition and bone mass in perimenopausal women.

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OBJECTIVES: Perimenopause, the transition into menopause, marks the beginning of accelerated bone loss, contributing to the development of osteoporosis, a major public health problem. This perimenopausal transition has also been associated with a decrease in body lean mass, an increase in fat mass, and an increase in body weight. How these changes in fat mass and lean mass may influence bone mineral density (BMD) is currently unknown. The purpose of this study is to determine the independent effect and relative contribution of lean mass and fat mass to BMD in perimenopausal women. **MATERIAL AND METHODS:** The sample consisted

of 43 sedentary perimenopausal women (age: mean=49.6; S.D.=3.2) with an intact uterus and ovaries, participating in a study of exercise and perimenopausal symptoms. Total body BMD, regional BMD, and soft tissue body composition were measured by dual-energy X-ray absorptiometry. Other measures including age, height, weight, and serum FSH and E(2) were also obtained. **RESULTS:** Findings revealed that 14% of these perimenopausal women had low bone mass (osteopenia) in the lumbar spine and/or the femoral neck. Overall body fat mass and lean mass had positive relationships with BMD of lumbar spine and the femur. However, using multiple regression analyses, only lean mass and ethnicity remained significant predictors for BMD of the femoral neck ($r^2=45\%$) with lean mass explaining more variance than ethnicity. Lean mass was the sole predictor of total proximal femur BMD explaining 38% of the variance. Fat mass was not a significant predictor of BMD at any skeleton site. **CONCLUSIONS:** These findings suggest that body lean mass, not fat mass, is a significant contributor to femoral BMD in perimenopausal women.
PMID: 14757268 [PubMed - in process]

39: Maturitas. 2004 Feb 20;47(2):139-49.

Quantitative ultrasound (QUS) of bone in the management of postmenopausal women.

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OBJECTIVES: Postmenopausal osteoporosis is becoming a major problem for healthcare institutions as it has a growing social and economic impact. The incidence of osteoporotic fractures is constantly increasing due to the increase in life expectancy. The gynaecologist plays an important role in establishing a "biological zero" in each perimenopausal patient, and controlling the rate of bone loss during postmenopausal period. **RESULTS:** Dual energy X-ray absorptiometry (DXA) has been widely used for the diagnosis and management of osteoporosis and represents a strong risk factor for fractures, but it presents several limitations with regards to diagnosis, treatment follow-up and differential diagnosis of secondary osteoporosis. In these last years quantitative ultrasound (QUS) technique has been introduced for the evaluation

of bone status in postmenopausal women and several in vitro and clinical studies have demonstrated the reliability of the examination in terms of: reproducibility, evaluation of fracture risk, treatment follow-up, differential diagnosis. QUS has proven to be equally capable in the prediction of future osteoporosis related fractures in comparison to DXA. Large-scale cross-sectional and longitudinal studies have demonstrated the applicability of QUS in screening the female population during the climacteric period. QUS technique seems to be very efficient in identifying "fast losers", identifying subjects at risk for osteoporosis requiring second-level investigation (DXA, X-ray), diagnosing secondary osteoporosis. CONCLUSION: If QUS is used in a systematic and rational manner in clinical practice, it is a valid technique for the prevention of osteoporosis in postmenopausal women.

PMID: 14757273 [PubMed - in process]

40: Maturitas. 2004 Feb 20;47(2):131-8.

Menopause induced by oophorectomy reveals a role of ovarian estrogen on the maintenance of pressure homeostasis.

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OBJECTIVES: Following spontaneous menopause women show a greater increase in systolic and diastolic blood pressure than men of the same age. The aim of the present study was to assess the effect of acute ovarian hormone withdrawal and replacement on blood pressure and forearm blood flow. METHODS: We studied 18 fertile middle-aged normotensive women (48+/-1.5 years, range 46-51 years) 1 week prior and 1 month subsequent to bilateral oophorectomy by means of 24-h blood pressure monitoring and strain-gauge venous occlusion lethysmography. Eighteen subjects who had undergone hysterectomy with ovarian sparing, matched for age and biophysical characteristics, were used as a control group. All women were free from cardiovascular risk factors or disease. RESULTS: Oophorectomy increased the mean values of 24 h ($P<0.001$), daytime ($P<0.05$), and nighttime ($P<0.01$) diastolic blood pressure and nighttime systolic blood pressure ($P<0.01$). Blood pressure increase was associated with a rise in forearm vascular resistance ($P<0.01$). No significant changes in either blood pressure or forearm vascular resistance values were observed in hysterectomized women. In 16 oophorectomized women a 3-month estrogen replacement therapy (ERT) (17beta-estradiol, 100 mcg/day by transdermal patches) brought blood pressure and forearm vascular resistance values to a level comparable to that recorded before intervention. CONCLUSIONS: Surgically-induced menopause causes an increase in peripheral vascular resistance and blood pressure suggesting a role of ovarian hormones in the homeostatic pressure modulation. Recovery of the baseline condition after ERT suggests that the accelerated increase in blood pressure after menopause is due to ovarian and above all estrogen insufficiency.

PMID: 14757272 [PubMed - in process]

41: Maturitas. 2004 Feb 20;47(2):107-13.

Effect of postmenopausal hormone replacement therapy on cardiovascular performance.

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SUMMARY: Postmenopausal hormone replacement therapy (HRT) has usually been evaluated the relationship with atherosclerotic disease, whereas its effect on direct

cardiac functions hasn't been investigated in detail. This study was planned to investigate the long-term effects of HRT on cardiac functions and exercise performance. METHODS: Thirty-six postmenopausal women (mean age: 51+/-4 years, 39-60 years) were prospectively analyzed with pulsed wave Doppler echocardiography and symptom-limited exercise stress test before HRT (oral 0.625 mg conjugated estrogen and 2.5 mg medroxyprogesteron acetate/day), and at the third and the sixth months. The effect of HRT on left ventricular ejection fraction (EF), early filling velocity (E wave) and late filling velocity (A wave), E wave deceleration time (EDT), E/A ratio, myocardial performance index (MPI), exercise duration and METS changes were examined. RESULTS: HRT did not significantly alter the left ventricular EF. At the third month of HRT, there was an insignificant increase in E wave, EDT, and E/A ratio, whereas an insignificant decrease was noted in MPI (P>0.05). However, at the sixth month of HRT, these changes became significant (68+/-12 vs. 75+/-13 cm/s, P<0.01; 171+/-24 vs. 184+/-14 ms, P<0.01; 1.01+/-0.23 vs. 1.11+/-0.27, P<0.01, and 44+/-9 vs. 39+/-8%, P<0.001, respectively). On the other hand, exercise duration and exercise METS values showed significant improvements at the third month of HRT (423+/-104 vs. 482+/-104 s, P<0.001; 8.2+/-1.7 vs. 9.1+/-2 METS, P<0.001). These improvements also continued at the sixth month of HRT. In conclusion, postmenopausal HRT leads to a progressive improvement on left ventricular function parameters, and in parallel, in exercise performance. PMID: 14757269 [PubMed - in process]

42: Med Care. 2004 Feb;42(2):164-75.

Health-related quality of life among patients with breast cancer receiving zoledronic Acid or pamidronate disodium for metastatic bone lesions.

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SUMMARY: BACKGROUND Research on individual differences in health-related quality of life (HRQOL) can identify intervention targets and important covariates in analyses of treatment outcomes.OBJECTIVES The objectives of this study were to describe HRQOL trajectories for women with metastatic breast cancer in a randomized trial of bisphosphonates and to identify characteristics associated with variations in HRQOL.RESEARCH DESIGN We conducted a prospective quality-of-life study within a randomized, controlled trial.SUBJECTS We studied women with metastatic breast cancer receiving zoledronic acid or pamidronate disodium to reduce the incidence of skeletal-related events (SREs).MAIN OUTCOME MEASURES HRQOL was measured at fixed time points during the trial. Individual growth-curve modeling was used to describe longitudinal trajectories and to identify predictors of trajectories.RESULTS For most domains of HRQOL, the mean trajectory reflected a mild increase, which leveled off later in the trial. Older age and full-time employment were associated with higher baseline HRQOL. Longer time from cancer diagnosis to randomization, lower Eastern Cooperative Oncology Group (ECOG) status (score of 2 ["inactive"]), and a history of SREs were associated with lower baseline HRQOL. Significant differences across geographic regions were observed for all domains. Active ECOG status (score of 0-1) at baseline was predictive of greater increases in all domains of HRQOL except Social/Family Well-Being. Age, geographic region, and time from first bone metastases to randomization were associated with longitudinal changes in some domains.CONCLUSIONS Women with metastatic breast cancer receiving bisphosphonates for prevention of SREs experienced an overall increase in HRQOL.

Variations among women's experiences are explained partly by such characteristics as a history of SREs.

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43: Med J Aust. 2004 Feb 2;180(3):132-7.

4: Polycystic ovary syndrome.

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Polycystic ovary syndrome (PCOS) is a common condition characterised by menstrual abnormalities and clinical or biochemical features of hyperandrogenism. Features of PCOS may manifest at any age, ranging from childhood (premature puberty), teenage years (hirsutism, menstrual abnormalities), early adulthood and middle life (infertility, glucose intolerance) to later life (diabetes mellitus and cardiovascular disease). While pelvic ultrasound examination is useful, many women without PCOS have polycystic ovaries; ultrasound evidence is not necessary for the diagnosis.

Testing for glucose intolerance and hyperlipidaemia is wise, specially in obese women, as diabetes mellitus is common in PCOS. Lifestyle changes as recommended in diabetes are fundamental for treatment; addition of insulin-sensitising agents (eg, metformin) may be valuable in circumstances such as anovulatory infertility. Infertility can be treated successfully in most women by diet and exercise, clomiphene citrate with or without metformin, ovarian drilling, or ovulation induction with gonadotrophins; in-vitro fertilisation should be avoided unless there are other indications. This common condition may have multisystem complications across the lifespan

PMID: 14748678 [PubMed - in process]

44: Obstet Gynecol. 2004 Feb;103(2):254-60.

Postmenopausal hormone therapy and risk of developing urinary incontinence.

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OBJECTIVE: To better understand associations between post-menopausal hormone therapy and the development of urinary incontinence. **METHODS:** Postmenopausal hormone use was assessed via biennial mailed questionnaires beginning in 1976 among Nurses' Health Study participants. In 1996, 39,436 post-menopausal women aged 50-75 years reported no leaking of urine and were followed-up for 4 years to identify incident cases of incontinence. We used logistic regression to estimate multivariable-adjusted relative risks (RRs) and 95% confidence

intervals (CIs) for the relation of postmenopausal hormone use from 1976 to 1996 to the development of incontinence from 1996 to 2000. **RESULTS:** We identified 5,060 incident cases of occasional (leaking urine 1-3 times/month) and 2,495 cases of frequent incontinence (leaking at least weekly) for average yearly incidence rates of 3.2% and 1.6%, respectively. The risk of incontinence was elevated among women taking postmenopausal hormones compared with women who had never taken hormones (oral estrogen: RR 1.54, 95% CI 1.44, 1.65; transdermal estrogen: RR 1.68, 95% CI 1.41, 2.00; oral estrogen with progestin: RR 1.34, 95% CI 1.24, 1.44; transdermal estrogen with progestin: RR 1.46, 95% CI 1.16, 1.84).

There was little risk after the cessation of hormones (RR 1.14, 95% CI 1.06, 1.23) and a decreasing risk of incontinence with increasing time since last hormone use; 10 years after stopping hormones, the risk was identical in women who had and had

never taken hormone therapy (RR 1.02, 95% CI 0.91, 1.14). CONCLUSION: Postmenopausal hormone therapy appears to increase risk of developing urinary incontinence. This risk does not vary by route of administration, type of hormones, or dose taken, but is diminished upon cessation of use. LEVEL OF EVIDENCE: II-2
PMID: 14754692 [PubMed - in process]

45: Osteoporos Int. 2004 Feb 3 [Epub ahead of print]

Vitamin A intake and the risk of hip fracture in postmenopausal women: the Iowa Women's Health Study.

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Excessive intake of vitamin A is postulated to have a detrimental effect on bone by inducing osteoporosis. This may lead to an increased risk of fracture, particularly in persons who are already at risk of osteoporosis. However, few studies have specifically examined the association of vitamin A intake through diet and supplement use, with fractures in a cohort of older, community-dwelling women. We prospectively followed a cohort of 34,703 postmenopausal women from the Iowa Women's Health Study to determine if high levels of vitamin A and retinol intake through food and supplement use were associated with an increased risk of hip or all fractures. A semiquantitative food frequency questionnaire was used to obtain the participants' baseline vitamin A and retinol intake. Participants were followed for a mean duration of 9.5 years for incident self-reported hip and nonhip fractures. After multivariate adjustment, it was revealed that users of supplements containing vitamin A had a 1.18-fold increased risk of incident hip fracture (n=525) compared with nonusers (95% CI, 0.99 to 1.41), but there was no evidence of an increased risk of all fractures (n=6,502) among supplement users. There was also no evidence of a dose-response relationship in hip fracture risk with increasing amounts of vitamin A or retinol from supplements. Furthermore, our results showed no association between vitamin A or retinol intake from food and supplements, or food only, and the risk of hip or all fractures. In conclusion, we found little evidence of an increased risk of hip or all fractures with higher intakes of vitamin A or retinol among a cohort of older, postmenopausal women.

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46: Surg Endosc. 2004 Feb 2;17(12). [Epub ahead of print]

Favorable early results of gastric banding for morbid obesity: the American experience.

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Background: In 2001 a new device for surgical weight loss was approved by the Food and Drug Administration (Lap-Band, Inamed Health). We describe initial results of laparoscopic gastric banding for morbid obesity in two American academic centers. Methods: Prospective data was collected on consecutive morbidly obese patients undergoing laparoscopic adjustable gastric banding, and evaluated retrospectively. Results: Four hundred forty-five consecutive patients underwent Lap-Band from May 2001 through December 2002. The 103 men and 341 women had an average age of 42.1 years (range 17-72 years) and an average body mass index (BMI) of 49.6 kg/m² (range 35.2-92.2 kg/m²). One operation required conversion to laparotomy due to bleeding; the rest were completed

laparoscopically. Mean length of stay was 1.1 days (range 1-10 days). There was one death. Additional complications included band slippage in 14 patients (3.1%), gastric obstruction without slip in 12 (2.7%), port migration in 2 (0.4%), tubing disconnections in 3 (0.7%), and port infection in 5 (1.1%). Two bands (0.4%) were removed due to intraabdominal abscess 2 months after placement. There was one band erosion (0.2%) and no clinically significant esophageal dilation. Ninety-nine patients have 1-year follow-up and have lost an average of 44.3% excess body weight. Conclusion: Laparoscopic gastric banding has much to offer the morbidly obese. We present data showing weight loss rivaling gastric bypass and acceptably low complications. These results parallel success with this device outside America.

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