



Women's Health Care Bibliography June 2004

1: Acta Psychiatr Scand. 2004 Jun;109(6):457-66.

Mood changes during pregnancy and the postpartum period: development of a biopsychosocial model.

Ross LE, Sellers EM, Gilbert Evans SE, Romach MK.

OBJECTIVE: Women are vulnerable to mood changes during pregnancy and the postpartum period. We set out to empirically test the hypothesis that biological and psychosocial variables interact to result in this vulnerability. **METHOD:** Using structural equation modeling techniques, we developed an integrative model of perinatal mood changes from clinical, psychosocial, hormone and mood data collected from 150 women in late pregnancy and at 6-weeks postpartum. **RESULTS:** In the prenatal model, biological variables had no direct effect on depressive symptoms. However, they did act indirectly through their significant effects on psychosocial stressors and symptoms of anxiety. The same model did not fit the postpartum data, suggesting that different causal variables may be implicated in postpartum mood. **CONCLUSION:** This model demonstrates the importance of considering both biological and psychosocial variables in complex health conditions such as perinatal mood disorders.

PMID: 15117291 [PubMed - in process]

2: Am J Clin Nutr. 2004 Jun;79(6):999-1005.

Dietary fat and cholesterol and the risk of cardiovascular disease among women with type 2 diabetes.

Tanasescu M, Cho E, Manson JE, Hu FB.

BACKGROUND: Nutritional therapy is a cornerstone of diabetes management, but no epidemiologic studies have investigated the relation between specific dietary fatty acids and cholesterol and cardiovascular disease (CVD) risk among diabetic patients. **OBJECTIVE:** This study assessed the relation between specific dietary fatty acids and cholesterol and CVD risk among women with type 2 diabetes. **DESIGN:** Among 5672 women with type 2 diabetes from the Nurses' Health Study, diet was assessed prospectively and updated periodically. Relative risks of CVD were estimated from Cox proportional hazards analysis after adjustment for potential confounders. **RESULTS:** Between 1980 and 1998, we identified 619 new cases of CVD (nonfatal myocardial infarction, fatal coronary heart disease, and stroke). The relative risk (RR) of CVD for an increase of 200 mg cholesterol/1000 kcal was 1.37 (95% CI: 1.12, 1.68; P = 0.003). Each 5% of energy intake from saturated fat, as compared with equivalent energy from carbohydrates, was associated with a 29% greater risk of CVD (RR: 1.29; 95% CI: 1.02, 1.63; P = 0.04). The ratio of polyunsaturated to saturated fat (P:S) was inversely associated with the risk of fatal CVD. We estimated that replacement of 5% of energy from

saturated fat with equivalent energy from carbohydrates or monounsaturated fat was associated with a 22% or 37% lower risk of CVD, respectively. **CONCLUSIONS:** A higher intake of cholesterol and saturated fat and a low P:S were related to increased CVD risk among women with type 2 diabetes. Among diabetic persons, replacement of saturated fat with monounsaturated fat may be more effective in lowering CVD risk than is replacement with carbohydrates.

PMID: 15159229 [PubMed - in process]

3: Am J Epidemiol. 2004 Jun 1;159(11):1019-27.

Caregiving stress, endogenous sex steroid hormone levels, and breast cancer incidence.

Kroenke CH, Hankinson SE, Schernhammer ES, Colditz GA, Kawachi I, Holmes MD.

Stress is hypothesized to be a risk factor for breast cancer. The authors examined associations of hours of, and self-reported levels of stress from, informal caregiving with prospective breast cancer incidence. Cross-sectional analyses of caregiving and endogenous sex steroid hormones were also conducted. In 1992 or 1996, 69,886 US women from the Nurses' Health Study, aged 46-71 years at baseline, answered questions on informal caregiving; 1,700 incident breast cancer cases accrued over follow-up to 2000. A subset of 665 postmenopausal women not taking exogenous hormones returned a blood sample in 1990. Numbers of hours of care provided to an ill adult or to a child were each summed and analyzed as 0 (reference), 1-14, and ≥ 15 per week. Cox proportional hazards models were used in prospective analyses and linear models in cross-sectional analyses. High numbers of caregiving hours and self-reported stress did not predict a higher incidence of breast cancer. However, compared with women providing no adult care, women providing ≥ 15 hours of adult care (median, 54) had significantly lower levels of estradiol (geometric mean, 9.21 pg/ml vs. 7.46 pg/ml (95% confidence interval: 6.36, 8.76)) and bioavailable estradiol (geometric mean, 1.86 pg/ml vs. 1.35 pg/ml (95% confidence interval: 1.00, 1.82)). Stress from caregiving did not appear to increase breast cancer risk.

PMID: 15155286 [PubMed - in process]

4: Am J Prev Med. 2004 Jun;26(5):407-18.

Physical activity decreases cardiovascular disease risk in women; Review and meta-analysis.

Oguma Y, Shinoda-Tagawa T.

OBJECTIVE: To review and quantify the dose-response relationship of physical activity (PA) in initially healthy women on cardiovascular disease (CVD) outcomes, especially coronary heart disease (CHD) and stroke, and to assess the minimum amount of PA to reduce CVD risk. **DATA SOURCES:** Studies on PA and CVD were searched in MEDLINE (January 1966-March 2003) with additional manual searches. **DATA SELECTION:** Studies were included if they (1) provided data on women; (2) assessed PA (exposure) as either a continuous variable or a categorical variable with three or more levels, and CVD (outcome); and (3) provided information on relative risks (RRs) and 95% confidence intervals. **DATA EXTRACTION:** Studies were reviewed, abstracted, and rated for quality by each author. **DATA SYNTHESIS:** Thirty articles met the inclusion criteria. When studies were combined according to relative PA levels, the RRs showed a dose-response relationship for CHD (RR=1 [reference], 0.78, 0.53, 0.61, respectively; p for trend was <0.0001 for studies with four PA levels, n =5); for stroke (RR=1 [reference], 0.73, 0.68, p for trend was <0.0001 for studies with three PA levels, n =7); and for overall CVD (RR=1 [reference], 0.82, 0.78, p for trend was <0.0001 for studies with three PA levels, n =6). When studies were combined by

absolute walking amount, even 1 hour/week walk was associated with reduced risk of CVD outcome. **CONCLUSIONS:** Physical activity was associated with reduced risk of CVD among women in a dose-response fashion. Inactive women would benefit by even slightly increasing their PA (e.g., walking 1 hour per week or possibly less) and even more from additional PA.

PMID: 15165657 [PubMed - in process]

5: Am J Prev Med. 2004 Jun;26(5):377-85.

A community health center smoking-cessation intervention for pregnant and postpartum women.

Pbert L, Ockene JK, Zapka J, Ma Y, Goins KV, Oncken C, Stoddard AM.

OBJECTIVES: To evaluate the effect of a provider counseling and office systems intervention in obstetric, pediatric, and Special Supplemental Nutrition Program for Women, Infants and Children (WIC) clinics on smoking and relapse rates in pregnant and postpartum women. **METHODS:** Five community health centers were randomized to special intervention (SI) or usual care (UC). Subjects (n =601) were current smokers or had quit with pregnancy. Prenatal and postpartum interviews assessed smoking status and related factors. Data were collected between May 1997 and November 2000. **RESULTS:** There was a statistically significant difference in 30-day abstinence rates between SI (26%) and UC (12%) conditions at the end of pregnancy among women who had not quit spontaneously with pregnancy (odds ratio [OR]=2.57, p =0.05). This effect remained at 1 month postpartum but was lost at 3- and 6-month postpartum follow-ups. **CONCLUSIONS:**

Brief interventions delivered by healthcare providers during routine prenatal care increased smoking abstinence during pregnancy among women who did not quit spontaneously. Interventions extended into postpartum care did not affect relapse and smoking rates postdelivery.

PMID: 15165653 [PubMed - in process]

6: Ann Oncol. 2004 Jun;15(6):896-905.

Prevalence and course of fatigue in breast cancer patients receiving adjuvant chemotherapy.

De Jong N, Candel MJ, Schouten HC, Huijter Abu-Saad H, Courtens AM.

BACKGROUND: The purpose of this study was to determine the prevalence of fatigue and the course of fatigue as a function of chemotherapy in breast cancer patients undergoing adjuvant chemotherapy. **PATIENTS AND METHODS:** In a prospective cohort study, a sample of 157 patients with breast cancer were interviewed, using the Rotterdam Symptom Checklist and the Multidimensional Fatigue Inventory, at the first, third and fifth cycle of adjuvant chemotherapy, as well as 4 and 12 weeks after the last cycle of adjuvant chemotherapy. Patients were treated with either a doxorubicin-containing schedule, or cyclophosphamide, methotrexate and 5-fluorouracil (CMF). **RESULTS:** The courses of general and physical fatigue are to a large extent similar. After the last cycle of chemotherapy, the CMF group reported a significant increase in fatigue, which was followed by a significant reduction. In the doxorubicin group a significant increase in fatigue was only seen during the first cycles of chemotherapy. The fatigue experienced at the first and the last measurements do not differ significantly. **CONCLUSIONS:** The prevalence of fatigue increased significantly after the start of chemotherapy. After chemotherapy treatment the prevalence rate seemed to decline. A different impact of chemotherapy on the course of fatigue was found. In the doxorubicin group a direct increase in fatigue was found. In the CMF group a moderate direct increase occurred, followed by a delayed strong increase.

An increase in fatigue was associated with a decrease in daily functioning. At all measurement occasions fatigue was affected by type of operation, such that women with a mastectomy were more fatigued than women that underwent a lumpectomy. Receiving radiotherapy also led to an increase in fatigue. With this knowledge breast cancer patients can be better informed about what they can expect. Further research should include interventions addressing how to reduce or cope with fatigue during as well as after receiving adjuvant chemotherapy.

PMID: 15151946 [PubMed - in process]

7: Ann Pharmacother. 2004 Jun 8 [Epub ahead of print]

Selective Serotonin-Reuptake Inhibitors for the Treatment of Hot Flashes (July/August).

De Sloover Koch Y, Ernst ME.

Department of Veterans Affairs Medical Center, Iowa City, IA.

OBJECTIVE: To review the literature evaluating the use of selective serotonin-reuptake inhibitors (SSRIs) for the treatment of hot flashes. **DATA SOURCES:** Biomedical literature was accessed through MEDLINE (1966-June 2003), MD Consult, and references of reviewed articles. Key search terms used were hot flashes, vasomotor symptoms, antidepressants, and SSRIs. **DATA SYNTHESIS:** Recent evidence from the Women's Health Initiative precludes the use of traditional hormonal therapy in some women. Nonhormonal therapies are possible options, but conflicting evidence of efficacy exists. **CONCLUSIONS:** Although further studies are warranted, preliminary data suggest that SSRIs are generally modestly successful in reducing the frequency and severity of hot flashes.

PMID: 15187211 [PubMed - as supplied by publisher]

8: Arthritis Rheum. 2004 Jun 15;51(3):429-32.

Cardiovascular care and cancer screening in female nurses with and without rheumatoid arthritis.

Solomon DH, Karlson EW, Curhan GC.

OBJECTIVE: To compare frequencies of cancer screening and cardiovascular treatments aimed at reducing acute myocardial infarction in women with and without rheumatoid arthritis (RA). **METHODS:** Data from the prospective Nurses' Health Study were analyzed for the 491 women diagnosed with RA prior to 1998 and the 82,884 women without RA. Cardiovascular treatments included aspirin use, treatment with a cholesterol-lowering agent, cardiac catheterization, and coronary artery revascularization; cancer screening consisted of mammography and bimanual pelvic examinations. Adjustments were made for potential confounders using multivariate logistic regression. **RESULTS:** After adjusting for cardiovascular risk factors, use of nonsteroidal antiinflammatory drugs, and a history of gastric or duodenal ulcer, women with RA and no history of cardiac disease were 35% less likely to report taking aspirin regularly (odds ratio [OR] 0.65, 95% confidence interval [95% CI] 0.51-0.84). The use of cholesterol-lowering treatment, angiography, and revascularization was not statistically different in women with and without RA. After adjusting for cancer risk factors, there appeared to be an increased likelihood of mammography in women with RA compared with those without RA (OR 1.41, 95% CI 0.97-2.04), although this result was not statistically significant. Bimanual pelvic examination was reported with similar frequency between the 2 groups. **CONCLUSION:** Other than aspirin use, care to prevent acute myocardial infarction and cancer screening practices were similar among women with RA compared with women without RA.

PMID: 15188329 [PubMed - in process]

9: Best Pract Res Clin Endocrinol Metab. 2004 Jun; 18(2):267-88.

Hyperthyroidism in pregnancy.

Mestman JH.

Graves' disease may complicate the course of pregnancy; pregnancy on the other hand may alter the natural course of the disease. It is imperative for women of childbearing age affected by the disease to be informed about the potential maternal and fetal problems if the condition is not properly managed. Preconception control in women with diabetes has resulted in a dramatic decrease in the number of perinatal complications. The same approach should be encouraged for women with thyroid diseases. Ideally, the women suffering from hyperthyroidism or any other thyroid disease should be metabolically compensated at time of conception-the need for contraception until the disease is controlled should be openly discussed. A multidisciplinary approach by a health care team is of paramount importance during pregnancy, with the involvement of the obstetrician, perinatologist, endocrinologist, neonatologist, pediatrician and anesthesiologist. In many situations the assistance of social workers, nutritionists, and other health care professionals may be needed. The future mother and her family should be aware of the potential complications for both mother and her offspring if proper management guidelines are not carefully followed.

PMID: 15157840 [PubMed - in process]

10: Br J Cancer. 2004 Jun 8 [Epub ahead of print]

Primary breast sarcoma: clinicopathologic series from the Mayo Clinic and review of the literature.

Adem C, Reynolds C, Ingle JN, Nascimento AG.

Primary sarcomas of the breast are extremely rare, with less than 0.1% of all malignant tumours of the breast. Mayo Clinic Surgical Pathology database was searched for all breast sarcoma from 1910 to 2000. Pathology reports and slides were reviewed and tumour types were determined. Metaplastic carcinomas and phyllodes tumours were excluded. There were 25 women ranging in age 24-81 years (mean 45 years). All but one patient presented with a palpable lump. Mastectomy was performed in 19 patients and lumpectomy in five patients. Histopathological diagnoses were fibrosarcoma (six), angiosarcoma (six), pleomorphic sarcoma (six), leiomyosarcoma (two), myxofibrosarcoma (three), hemangiopericytoma (one) and osteosarcoma (one). Tumour size ranged from 0.3 to 12 cm (mean 5.7). Low-grade lesions were observed in 10 cases and high-grade in 15. Overall, mean follow-up was 10.5 years. Local recurrence was observed in 11 patients and ranged from 2 to 36 months (mean 15 m), while distant metastasis was observed in 10 patients (40%) affecting lungs, bones, liver, spleen, and skin. Of the 25 patients, 12 have died of disease and six of other causes. Five-year overall (OS) and cause-specific survival (CSS) were 66 and 70%, respectively. OS and DFS at 5 years were 91% for tumours ≤ 5 cm and 50% for tumours > 5 cm. Tumour size was significantly associated with OS (risk ratio=1.3 per 1 cm increase; 95% CI, 1.02-1.7; P=0.036). There was no significant difference in OS or CSS between low- and high-grade lesions. In this series, tumour size was a more valuable prognostic factor than tumour grade. British Journal of Cancer advance online publication, 8 June 2004; doi:10.1038/sj.bjc.6601920

PMID: 15187996 [PubMed - as supplied by publisher]

11: Chest. 2004 Jun; 125(6):2046-52.

Effect of weight reduction on respiratory function and airway reactivity in obese women.

Aaron SD, Fergusson D, Dent R, Chen Y, Vandemheen KL, Dales RE.

BACKGROUND: Population-based studies have documented an association between obesity and an increased prevalence of asthma in women. **METHODS:** We prospectively studied 58 obese women with a body mass index of > 30 kg/m², 24 of whom had asthma, who were enrolled in an intensive 6-month weight loss program to determine whether loss of body mass would be correlated with improvements in bronchial reactivity, lung function, and disease-specific health status. **RESULTS:** Patients lost an average of 20 kg over the 6-month period. For every 10% relative loss of weight, the FVC improved by 92 mL (p = 0.05) and the FEV(1) improved by 73 mL (p = 0.04), however, bronchial reactivity did not significantly change with weight loss (p = 0.23). Patients who lost > 13% of their pretreatment weight experienced improvements in FEV(1) (p = 0.01), FVC (p = 0.02), and total lung capacity (p = 0.05) compared to patients in the lowest quartile who failed to lose significant amounts of weight. Neither group experienced any significant change in methacholine responsiveness (p = 0.57). Patients who completed the 6-month weight loss program experienced improvements in respiratory health status, irrespective of weight loss. **CONCLUSION:** We concluded that weight loss can improve lung function in obese women, however, the improvements appear to be independent of changes in airway reactivity.
PMID: 15189920 [PubMed - in process]

12: Clin Chest Med. 2004 Jun;25(2):257-68.

Gender differences in sleep and sleep-disordered breathing.
Collop NA, Adkins D, Phillips BA.

Sleep and sleep disorders are different in several important ways between men and women. Because of pregnancy and menopause, women experience changes in sleep that may present as clinical problems. In clinical populations, women are more likely to present with insomnia than are men, although their sleep may be better preserved. The presentation of sleep apnea in women is distinct from that of men and is less likely to include a "classic" history of witnessed apnea or heavy snoring. More likely it presents with nonspecific symptoms, such as fatigue or mood disturbance. There are little data on the effects of different treatments for OSA between men and women. OHS is a syndrome that may be as common in women as in men. The role of hormones in its pathophysiology is not well-defined.
PMID: 15099887 [PubMed - in process]

13: Clin Chest Med. 2004 Jun;25(2):247-55.

Physiologic considerations for exercise performance in women.
Charkoudian N, Joyner MJ.

Women exhibit several anatomic and physiologic characteristics that distinguish their responses to exercise from those of men. Women are smaller than men, have less muscle mass, and more fat mass for a given body size. Blood volume, stroke volume, and cardiac output are all lower in women than in men. These and other factors contribute to lower maximal aerobic power (even for similar training status) in women. The reproductive hormones, estrogen and progesterone, can influence ventilation, substrate metabolism, and thermoregulation during exercise. Women have a greater tendency for EIAH, which can limit VO₂max as well as submaximal exercise performance at higher intensities. Women tend to use a greater percentage of fats during exercise, but also rely on CHOs. Thermoregulatory control is altered significantly over the course of the menstrual cycle by fluctuations in circulating levels of progesterone and estrogen. It is important for women to include regular exercise in their daily routines, particularly because regular physical activity has been implicated in the prevention of osteoporosis, breast cancer, heart disease, and depression.

PMID: 15099886 [PubMed - in process]

14: Clin Experiment Ophthalmol. 2004 Jun;32(3):265-9.

Menstrual cycle dependent changes in blue-on-yellow visual field analysis of young diabetic women with severe non-proliferative diabetic retinopathy.

Apaydin KC, Akar Y, Akar ME, Zorlu GC, Ozer HO.

Abstract Purpose: To evaluate menstrual cycle dependent changes on blue-on-yellow visual fields of diabetic women, and to compare the results with those of healthy women. **Methods:** Left eyes of 93 normally menstruating women were included in the study, comprising 45 with type-1 diabetes mellitus and severe non-proliferative diabetic retinopathy and 48 healthy controls. All subjects underwent baseline complete ocular examination and achromatic visual field analysis. Blue-on-yellow visual field tests (short-wavelength automated perimetry) were performed in both follicular (days 7-10 of the cycle) and luteal phases (days 3-6 before the bleeding) of two consecutive menstrual cycles. Visual field analyses were performed using Humphrey Field Analyser II with full threshold, central 30-2 program. Visual fields were divided into four regions: superior temporal, inferior temporal, superior nasal and inferior nasal. Visual field mean sensitivity (MS) was calculated for all regions separately. **Results:** The mean ages of diabetic and control subjects were not significantly different ($P > 0.05$). Mean MS values of the diabetic group were significantly lower than that of the control group ($P < 0.05$). Control subjects did not demonstrate any menstrual cycle dependent changes in MS values ($P > 0.05$). However, diabetic women demonstrated a significant decrease in MS values in the luteal phase ($P < 0.05$). The decrease in MS was most marked in the nasal visual field ($P < 0.05$). **Conclusion:** Young diabetic women demonstrated a significant depression in visual field threshold sensitivity in the luteal phase of the menstrual cycle. Nasal visual fields are more prone to have menstrual cycle dependent threshold sensitivity depression. This should be taken into consideration in the clinical assessment of women with advanced diabetes who are at risk of glaucomatous optic neuropathy.

PMID: 15180838 [PubMed - in process]

15: Hum Reprod. 2004 Jun 10 [Epub ahead of print]

Surrogate end-points or primary outcomes in clinical trials in women with polycystic ovary syndrome?

Legro RS, Myers E.

There are multiple surrogate variables in polycystic ovary syndrome (PCOS), including biometric and biochemical parameters. The number of surrogate variables and their poor validity in relationship to primary clinical end-points pose major problems to conducting a trial in women with PCOS. The aim of this review is to discuss the use of surrogate variables compared with primary clinical end-points in women with PCOS. Arguably the best documented correlation between a surrogate variable and a primary clinical end-point is that between ovulation and pregnancy in women with PCOS. Good correlation has been noted between the increase in ovulation frequency with clomiphene citrate and the chance of pregnancy in women with PCOS. However, ovulation cannot be equated with pregnancy, as a host of other factors may affect the true outcome of interest: a healthy liveborn child. Pregnancy and an improvement in hirsutism are clinical end-points that have been successfully studied in past and ongoing clinical trials in women with PCOS. Many other clinical end-points, such as endometrial cancer and cardiovascular disease, are rare in premenopausal women with PCOS, and may not be suitable as the primary outcome of clinical studies. Future multicentre trials in women with PCOS should focus on primary clinical end-points.

PMID: 15192061 [PubMed - as supplied by publisher]

16: Hum Reprod. 2004 Jun 3 [Epub ahead of print]

Ovulation induction using laparoscopic ovarian drilling in women with polycystic ovarian syndrome: predictors of success.

Amer SA, Li TC, Ledger WL.

BACKGROUND: Although laparoscopic ovarian drilling (LOD) has been widely used to induce ovulation in women with polycystic ovarian syndrome (PCOS), predicting the clinical response to this treatment remains to be elucidated further. This study was carried out to identify factors that may help to predict the outcome of LOD. **METHODS:** This retrospective study included 200 patients with anovulatory infertility due to PCOS who underwent LOD between 1990 and 2002. The influence of the various patients' pre-operative characteristics on the ovulation and pregnancy rates after LOD was evaluated. In addition, women were divided into two or three categories according to the severity of each of the various clinical and biochemical parameters of PCOS. The success rates were compared between the categories of each factor using contingency table analyses. Multiple logistic regression analysis was used to identify independent predictors of success of LOD. **RESULTS:** Women with body mass index (BMI) ≥ 35 kg/m², serum testosterone concentration ≥ 4.5 nmol/l, free androgen index (FAI) ≥ 15 and/or with duration of infertility >3 years seem to be poor responders to LOD. In LOD responders, serum LH levels >10 IU/l appeared to be associated with higher pregnancy rates. **CONCLUSION:** Marked obesity, marked hyperandrogenism and/or long duration of infertility in women with PCOS seem to predict resistance to LOD. High LH levels in LOD responders appear to predict higher probability of pregnancy.

PMID: 15178663 [PubMed - as supplied by publisher]

17: Hum Reprod Update. 2004 Jun 10 [Epub ahead of print]

Are routine breast and pelvic examinations necessary for women starting combined oral contraception?

Scott A, Glasier AF.

Millions of women worldwide use combined oral contraception (COC). Most of them are in good health and have no contraindications to using any contraceptive method. Although extremely safe for the vast majority of women and even though the absolute risk of complications is very small, COC is associated with an increased relative risk of serious conditions including cardiovascular disease and breast and cervical cancer. In many countries, breast and pelvic examinations are routinely undertaken annually for all women using hormonal contraception. Breast and pelvic examination have low detection rates for abnormality and may yield clinically irrelevant results, causing anxiety and inconvenience to the patient for no obvious gain. There is no good evidence to support routine breast or pelvic examination either for women starting hormonal contraception or for monitoring long-term use.

PMID: 15192060 [PubMed - as supplied by publisher]

18: Hypertension. 2004 Jun; 43(6):1297-300. Epub 2004 Apr 26.

Tooth loss is associated with an increased risk of hypertension in postmenopausal women.

Taguchi A, Sanada M, Suei Y, Ohtsuka M, Lee K, Tanimoto K, Tsuda M, Ohama K, Yoshizumi M, Higashi Y.

Tooth loss has been associated with an increased risk of vascular diseases such as coronary heart disease and cerebrovascular disease. Little is known whether hypertension is an important factor linking 2 phenomena in postmenopausal women.

We compared an incidence of hypertension and traditional risk factors for vascular diseases between 2 age-matched groups: 67 postmenopausal women with missing teeth and 31 without missing teeth. In addition to blood pressure, serum concentration of total cholesterol, high- and low-density lipoprotein cholesterol and triglycerides, plasma angiotensin-converting enzyme activity, plasma angiotensin II concentration, plasma renin activity, and resting heart rate were measured as traditional risk factors for vascular diseases. Subjects without missing teeth had significantly lower diastolic blood pressure than did subjects with missing teeth ($P=0.021$). The former tended to have lower systolic blood pressure than did the latter ($P=0.058$). There were no significant differences in other variables between subjects with and without missing teeth. The odds ratio of having hypertension in subjects with missing teeth was 3.59 (95% confidence interval, 1.10 to 11.7) after adjustment of obesity, hypercholesterolemia, and hypertriglyceridemia. Our results suggest that hypertension may be an important factor linking tooth loss and an increased risk of vascular diseases in postmenopausal women.

PMID: 15117916 [PubMed - in process]

19: Int J Cancer. 2004 Jun 10;110(2):271-7.

A prospective study of dietary lactose and ovarian cancer.

Fairfield KM, Hunter DJ, Colditz GA, Fuchs CS, Cramer DW, Speizer FE, Willett WC, Hankinson SE.

The milk sugar lactose is an hypothesized risk factor for epithelial ovarian cancer because of possible direct toxic effects of its metabolites on oocytes or by compensatory gonadotropin stimulation. Women are presently encouraged to consume dairy products as a source of calcium to prevent osteoporosis. The objective of our study was to prospectively assess lactose, milk and milk product consumption in relation to ovarian cancer risk among 80326 participants in the Nurses' Health Study who had no history of cancer other than nonmelanoma skin cancer. Participants in the Nurses' Health Study reported on known and suspected ovarian cancer risk factors in questionnaires mailed biennially from 1976 to 1996. Food frequency questionnaires were included in the years 1980, 1984, 1986 and 1990. Newly reported ovarian cancer was documented by review of medical records. During 16 years of follow-up (1980-1996), 301 cases of invasive epithelial ovarian cancer were confirmed. Pooled logistic regression was used to control for age, body mass index (kg/m^2), caffeine intake, oral contraceptive use, smoking history, parity and tubal ligation. For all subtypes of invasive ovarian cancer combined, we observed a nonsignificant 40% greater risk for women in the highest category of lactose consumption compared to the lowest (multivariate relative risk (RR) 1.40, 95% confidence interval (CI), 0.98-2.01). We observed a 2-fold higher risk of the serous ovarian cancer subtype among those in the highest category of lactose consumption compared to the lowest (RR 2.07, 95% CI, 1.27-3.40). For each 11-gram increase in lactose consumption (the approximate amount in one glass of milk), we observed a 20% increase in risk of serous cancers (RR 1.20, 95% CI, 1.04-1.39). Skim and low-fat milk were the largest contributors to dietary lactose. Women who consumed one or more servings of skim or low-fat milk daily had a 32% higher risk of any ovarian cancer (RR 1.32, 95% CI, 0.97-1.82) and a 69% higher risk of serous ovarian cancer (RR 1.69, 95% CI, 1.12-2.56) compared to women consuming 3 or less servings monthly. Controlling for fat intake did not change our findings. Our findings provide some support for the hypothesis that lactose intake increases risk of epithelial ovarian cancer. However, the observed excess risk appeared limited to the serous subtype of ovarian cancer in our study. Copyright 2004 Wiley-Liss, Inc.

PMID: 15069693 [PubMed - indexed for MEDLINE]

