Women's Health Care Bibliography
November 2004

1: Addiction. 2004 Nov;99(11):1393-402.
Risky drinking and alcohol use patterns in a national sample of women of childbearing age.
Nayak MB, Kaskutas LA.

ABSTRACT Aims We examined risky drinking and alcohol use patterns associated with prenatal effects of alcohol exposure in women of childbearing age, using various definitions of low-risk drinking. Design Computer-assisted telephone interview (CATI) methodology was used to gather information in a cross-sectional survey on alcohol use and problems, pregnancy and likelihood of future pregnancy. Setting Participants were respondents in the 2000 National Alcohol Survey (NAS, N10, response rate 58%) which includes men and women from all 50 states of the United States and the District of Columbia. Participants A total of 1504 women aged 18-39 years were included; 72 were pregnant, 511 were currently not pregnant but reported being likely to be pregnant in the next 5 years, and 921 women were neither pregnant nor likely to be in the next 5 years. Measurements Various alcohol use patterns in the past 12 months including average volume, amount per session, drinking with food and time spent drinking were assessed. Findings Seven per cent of childbearing age women exceeded guidelines used to classify women as risky drinkers in the past month. Thirty per cent were classified as risky drinkers when these guidelines were extended to past-year drinking. Examination of specific alcohol use patterns revealed that while under 10% of risky drinkers reported past-month heavy episodic drinking, 30% or more reported heavy episodic drinking and exceeding daily
limits for alcohol consumption in the past year. Conclusions Public health professionals should note that past-year drinking in a significant proportion of women of childbearing age exceeds guidelines for alcohol use. When targeting such prevention efforts, they should thus include assessment of past-year alcohol use patterns.
PMID: 15500592 [PubMed - in process]

2: Am J Cardiol. 2004 Nov 1;94(9):1147-52.
Gender and risk of adverse outcomes in heart failure.
Lee WY, Capra AM, Jensvold NG, Gurwitz JH, Go AS; Epidemiology, Practice, Outcomes, and Cost of Heart Failure (EPOCH) Study.

Congestive heart failure (CHF) is the leading cause of hospitalization in the elderly, and these patients are at high risk for subsequent hospitalization. Whether gender affects the risk of rehospitalization in patients who have CHF is less well understood. We studied a random sample of 1,700 adults who had been hospitalized with CHF (from July 1, 1999 to June 30, 2000) and identified all readmissions through June 30, 2001. We used proportional hazards regression to evaluate whether gender affects the risk of all-cause and CHF-specific rehospitalization, after adjusting for differences in demographic characteristics, health-related behaviors, co-morbid conditions, left ventricular systolic function status, and use of CHF therapies. Among 1,591 adults who had confirmed CHF, 752 were women (47.3%). Women were older than men (73 vs 71 years, p <0.001) and more likely to have preserved systolic function (55.3% vs 40.9%, p <0.001), hypertension (83.1% vs 75.2%, p <0.001), and prior renal insufficiency (46.8% vs 34.6%, p <0.001). No significant differences existed between

women and men with respect to crude rates of any readmission (144.7 vs 134.6 per 100 person-years, p = 0.36) or CHF-specific readmission (39.9 vs 37.4 per 100 person-years, p = 0.65). After adjusting for potential
confounders, there was no significant difference between women and men with respect to risk of any readmission (adjusted hazard ratio 0.88, 95% confidence interval 0.76 to 1.02) or readmission for CHF (adjusted hazard ratio 0.89, 95% confidence interval 0.71 to 1.11). Among a contemporary, diverse population of patients who had CHF, rates of readmission overall and for CHF remained high, but gender was not independently associated with a differential risk of readmission.
PMID: 15518609 [PubMed - in process]

3: Am J Epidemiol. 2004 Nov 15;160(10):1011-1022.
Dietary Fat and Fatty Acids and Risk of Colorectal Cancer in Women.
Lin J, Zhang SM, Cook NR, Lee IM, Buring JE.
The authors examined the association of intakes of different types of fat and fatty acids with risk of colorectal cancer using data from the Women's Health Study, a randomized trial of low-dose aspirin and vitamin E carried out among 39,876 healthy US women aged >/=45 years. Among the 37,547 women eligible for the present study, 202 developed colorectal cancer during an average follow-up period of 8.7 years (1993-2003). Intakes of dietary fat and its food sources were assessed at baseline by food frequency questionnaire. Cox proportional hazards regression was used to estimate relative risks and 95% confidence intervals. Total fat intake was not related to colorectal cancer risk, nor were intakes of the different types of fat and major fatty acids. However, the authors observed a positive association between intake of fried foods away from
home and colorectal cancer risk (highest quintile vs. lowest: relative risk = 1.86, 95% confidence interval: 1.09, 3.16; p for trend = 0.01). These prospective cohort data provide little support for an association between
dietary fat and colorectal cancer risk. However, intake of fried foods and/or other factors related to their intake may be associated with colorectal cancer development. This finding warrants further examination.
PMID: 15522858 [PubMed - as supplied by publisher]

4: Am J Epidemiol. 2004 Nov 15;160(10):1005-10.
Fish intake, marine omega-3 Fatty acids, and mortality in a cohort of postmenopausal women.
Folsom AR, Demissie Z.

Intake of fish or omega-3 fatty acids may decrease risk of total and coronary heart disease death, but evidence from low-risk populations is less convincing. The authors assessed intake by using a food frequency questionnaire at baseline in a cohort of Iowa women aged 55-69 years. Among women initially free of heart
disease and cancer (4,653 deaths over 442,965 person-years), there was an inverse age- and energy-adjusted association between total mortality and fish intake, with a relative risk of 0.82 (95% confidence interval: 0.74, 0.91) for the highest versus lowest quintile. Age- and energy-adjusted associations also were inverse (p for trend < 0.05), although not entirely monotonic, for cardiovascular, coronary heart disease, and cancer mortality. Adjustment for multiple other risk factors attenuated all associations to statistically nonsignificant levels. Estimated marine omega-3 fatty acid intake also was not associated with total or cause-specific mortality. In comparison, plant-derived alpha-linolenic acid was inversely associated with mortality after multivariable adjustment. Intake of neither fish nor marine omega-3 fatty acids was associated with breast cancer incidence. These findings do not argue against recommending fish as part of a healthy diet, as other evidence suggests benefit. Nevertheless, the authors of this 1986-2000 study could not verify that fish and
marine omega-3 fatty acid intake had independent health benefits in these postmenopausal women.
PMID: 15522857 [PubMed - in process]

5: Am J Epidemiol. 2004 Nov 1;160(9):901-11.
Bone density-related predictors of blood lead level among peri- and postmenopausal women in the United States: The Third National Health and Nutrition Examination Survey, 1988-1994.
Nash D, Magder LS, Sherwin R, Rubin RJ, Silbergeld EK.

Because of the long half-life of lead stored in bone (years), skeletal lead stores may be a source of endogenous lead exposure during periods of increased bone demineralization, such as menopause. To test the hypothesis that postmenopausal bone resorption increases blood lead levels, the authors examined
cross-sectional associations of bone density-related factors with blood lead levels among women aged 40-59 years from the Third National Health and Nutrition Examination Survey (1988-1994). Factors related to bone turnover were significant predictors of blood lead level. Bone mineral density was significantly inversely related to blood lead levels in log-linear multivariate models that adjusted for age, race/ethnicity, smoking, education, household income, alcohol use, and residence (urban/rural). With menopausal status added to the model, naturally and surgically menopausal women had adjusted median blood lead levels that were 25% and 30% higher, respectively, than those of premenopausal women (2.0 microg/dl). Current use of hormone replacement therapy was associated with significantly lower adjusted median blood lead levels (1.8
microg/dl) than past use (2.6 microg/dl) and never use (2.2 microg/dl). Lead stored in bone may significantly increase blood lead levels in perimenopausal women because of postmenopausal bone mineral resorption. Attention to factors that prevent bone loss may lessen or prevent this endogenous lead exposure.
PMID: 15496543 [PubMed - in process]

6: Am J Epidemiol. 2004 Nov 1;160(9):868-75.
Risk factors for breast cancer in elderly women.
Sweeney C, Blair CK, Anderson KE, Lazovich D, Folsom AR.

As the population ages, an increasing fraction of women diagnosed with breast cancer will be elderly. Heterogeneity of breast cancer risk factors between pre-and postmenopausal women is recognized, but few studies have examined elderly women specifically. The authors describe the age-specific influence of risk
factors for postmenopausal breast cancer, with emphasis on women aged 75 or more years. Among 36,658 members of the Iowa Women's Health Study (1986-2001), a population-based cohort study, 428 incident breast cancers were diagnosed in women aged 55-64 years, 1,297 in women aged 65-74 years, and 561 in women aged 75-84 years. Women with a body mass index (weight (kg)/height (m)(2)) in the highest versus the lowest quartile were at increased risk of breast cancer at age 75 or more years (adjusted hazard ratio = 1.44, 95% confidence interval (CI): 1.12, 1.84). Family history of breast cancer (hazard ratio = 1.54, 95% CI: 1.24, 1.93 for a first-degree family history vs. none) and an older age at menopause (p(trend) = 0.07) conferred increased risk for women aged 75 or more years, and a high number of livebirths was protective (hazard ratio = 0.67, 95% CI: 0.51, 0.88 for five or more births compared with one or two). Obesity, a modifiable risk factor, remained positively associated with breast cancer for all age groups of postmenopausal women.
PMID: 15496539 [PubMed - in process]

7: Am J Public Health. 2004 Nov;94(11):1965-71.
Disparities in smoking cessation between african americans and whites: 1990-2000.
King G, Polednak A, Bendel RB, Vilsaint MC, Nahata SB.

OBJECTIVES: We examined disparities in smoking cessation rates between African Americans and Whites from 1990 through 2000. METHODS: We performed an analysis of smoking cessation with data from the National Health Interview Surveys of 30660 African Americans and 209828 Whites, 18 to 64 years old, with adjustment for covariates in multiple logistic regression models. RESULTS: Whites were significantly more likely than African Americans to be former smokers, and this disparity in the quit ratio persisted from 1990 through 2000. After adjustment for covariates, disparities were substantially reduced especially among women.
Among former smokers, African Americans were significantly more likely than Whites to have quit successfully within the past 10 years. CONCLUSIONS: Statistical adjustment for covariates reduces African American-White disparities in quit ratios, and recent cessation patterns suggest possible future reductions in disparities.
PMID: 15514238 [PubMed - in process]

8: Arthritis Rheum. 2004 Nov;50(11):3444-9.

Cardiovascular risk factors in women with and without rheumatoid arthritis.
Solomon DH, Curhan GC, Rimm EB, Cannuscio CC, Karlson EW.

OBJECTIVE: The risk of cardiovascular disease (CVD) is increased in patients with rheumatoid arthritis (RA). The objective of this study was to examine the distribution of known CVD risk factors and biomarkers of CVD in women with and without RA. METHODS: This study included two components: an examination of clinical CVD risk factors among women participating in the Nurses' Health Study, a prospective longitudinal cohort, and an analysis of CVD biomarkers among a subgroup of women from this cohort who provided a blood specimen in 1989 (biospecimen cohort). Data regarding clinical risk factors for CVD were collected in 1990 by mailed questionnaire. The diagnosis of RA was confirmed through a structured medical record abstraction. We compared clinical risk factors for CVD and biomarkers of CVD between women with and without RA,
adjusting for age, body mass index (BMI), smoking status, and menopause status. RESULTS: Women with RA (n = 287) were significantly more likely than women without RA (n = 87,019) to report no alcohol use (48.2% versus 39.4%) and past cigarette smoking (47.8% versus 38.0%). No significant differences between these
groups were observed for current smoker status, BMI, regular aspirin use, diabetes, hypertension, physical activity, and family history of early myocardial infarction. In the biospecimen cohort (69 RA cases and 491 controls), the levels of several inflammatory biomarkers linked to CVD were significantly elevated in women with RA, including CRP, fibrinogen, sICAM-1, sTNFRI, sTNFRII, and osteoprotegerin. Levels of total cholesterol, low-density lipoprotein, triglycerides, apolipoprotein B, and Lp(a) were similar between groups. Levels of homocysteine were similar, but vitamin B(12) was significantly higher among women with RA than among the controls. CONCLUSION: In women participating in the Nurses' Health Study, most traditional CVD risk factors were similar between those who had RA and those who did not. However, as expected, biomarkers of inflammation associated with CVD were generally elevated in women with RA.
PMID: 15529391 [PubMed - in process]

9: Arthritis Rheum. 2004 Nov;50(11):3458-67.
Do breast-feeding and other reproductive factors influence future risk of rheumatoid arthritis?: Results from the Nurses' Health Study.
Karlson EW, Mandl LA, Hankinson SE, Grodstein F.

OBJECTIVE: To explore the contribution of female hormonal factors occurring prior to the onset of rheumatoid arthritis (RA), such as age at menarche, parity, age at first birth, breast-feeding, use of oral contraceptives (OCs), irregular menstrual cycles, and postmenopausal hormone (PMH) use, to the subsequent development of RA in a large female cohort. METHODS: We studied female reproductive and hormonal risk factors for RA in a cohort of 121,700 women enrolled in the longitudinal Nurses' Health Study. The diagnosis of incident RA (between 1976 and 2002) in 674 women was confirmed by a connective tissue disease screening questionnaire and blinded medical record review for American College of Rheumatology criteria. Sixty percent of the patients with RA were rheumatoid factor positive. The relationship between potential risk factors, including age, age at menarche, parity, age at first birth, total lifetime history of breast-feeding, use of OCs, and irregular menstrual cycles and the multivariate-adjusted risk of RA was estimated using Cox proportional
hazards models. RESULTS: Using a multivariate model that adjusted for age, body mass index, smoking, parity, and other hormonal factors, we observed a strong trend for decreasing risk of RA with increasing duration of breast-feeding (P for trend = 0.001). For women who breast-fed (compared with parous women who did not breast-feed), the risk ratios (RRs) and 95% confidence intervals (95% CIs) were as follows: breast-feeding for </=3 total months, RR 1.0 (95% confidence interval [95% CI] 0.8-1.2); for 4-11 total months, RR 0.9 (95% CI 0.7-1.1); for 12-23 total months, RR 0.8 (95% CI 0.6-1.0); and for >/=24 total months, RR 0.5
(95% CI 0.3-0.8). Very irregular menstrual cycles were associated with an increased risk of RA (RR 1.4, 95% CI 1.0-2.0). Age at menarche </=10 years was associated with an increased risk of seropositive RA (RR 1.6, 95% CI 1.1-2.4) but not significantly associated with risk of RA. Parity, total number of children, age at first birth, and OC use were not associated with an increased risk of RA in this cohort. CONCLUSION: In this large cohort, breast-feeding for >12 months was inversely related to the development of RA. This apparent effect

was dose-dependent, with a significant trend toward lower risk with longer duration of breast-feeding. Irregular menstrual cycles and earlier age at menarche increased the risk of RA. Other reproductive hormonal factors were not associated with RA risk.
PMID: 15529351 [PubMed - in process]

10: BMC Womens Health. 2004 Nov 6;4(1):9 [Epub ahead of print]
The effect of duration and cause of infertility on anxiety and depression in infertile women.
Ramezanzadeh F, Aghssa MM, Abedinia N, Zayeri F, Khanafshar N, Shariat M, Jafarabadi M.

BACKGROUND: A cross sectional study was designed to survey the relationship between anxiety, depression and duration of infertility, in Vali-e-Asr Reproductive Health Research Center, Tehran, Iran. METHODS: After obtaining their consents, 370 female patients with different infertility causes participated in, and data gathered by Beck Depression Inventory(BDI) and Cattle questionnaires for surveying anxiety and depression due to the duration of infertility. This was studied in relation to patients' age, educational level, socio-economic status and job (patients and their husband). RESULTS: Age range was 17-45 years and duration of infertility was 1-20 years. This survey showed that 151 women (40.8%) had depression and 321 women (86.8%) had anxiety.
Depression had a significant relation with cause of infertility, duration of infertility, educational level, and the job of women. Anxiety had a significant relationship with duration of infertility and educational level, but not with
cause of infertility, and job. Findings showed that anxiety and depression were most common after 4-6 years of infertility and especially severe depression could be found in those who had infertility for 7-9 years. conclusion: It can be emphasized that serious attention to these patients psychologically and treating them properly, is of great importance for their mental health and will improve their life quality.
PMID: 15530170 [PubMed - as supplied by publisher]

11: Breast Cancer Res Treat. 2004 Nov;88(1):87-93.
Flor-Essence((R)) herbal tonic does not inhibit mammary tumor development.
Michelle Bennett L, Montgomery JL, Steinberg SM, Kulp KS.

Background : Women who are diagnosed with breast cancer often self-administer complementary and alternative medicines to augment their conventional treatments, improve health, or prevent recurrence. Flor-Essence((R)) tonic is a complex mixture of herbal extracts used by cancer patients because of anecdotal
evidence that it can treat or prevent disease. Methods : Female Sprague-Dawley rats were given water or exposed to 3 or 6% Flor-Essence((R)) beginning at 1 day of age. Mammary tumors were induced with a single oral 40 mg/kg/bw dose of dimethyl-benz[a]anthracene at 50 days of age and sacrificed at 23 weeks. Rats
were maintained on AIN-76A diet. Results : Control rats had palpable mammary tumor incidence of 51.0% at 19 weeks of age compared to 65.0 and 59.4% for the 3 and 6% Flor-Essence((R)) groups respectively. Overall, no significant difference in time until first palpable tumor was detected among any of the groups. At
necropsy, mammary tumor incidence was 82.5% for controls compared to 90.0 and 97.3% for rats consuming 3 and 6% Flor-Essence((R)), respectively. Mean mammary tumor multiplicity (+/-SES) for the controls was 2.8 (+/-0.5) and statistically different from the 3 or 6% Flor-Essence((R)) groups with 5.2 (+/-0.7), and 4.8 (+/-0.6), respectively (p pound 0.01). As expected, the majority of isolated tumors were diagnosed as denocarcinomas. Conclusions: Flor-Essence((R)) can promote mammary tumor development in the Sprague-Dawley rat model. This observation is contrary to widely available anecdotal evidence as well as the desire of the consumer that this commercially available herbal tonic will suppress and/or inhibit tumor growth.
PMID: 15538049 [PubMed - in process]

12: CA Cancer J Clin. 2004 Nov-Dec;54(6):345-61.
Performance and reporting of clinical breast examination: a review of the literature.
McDonald S, Saslow D, Alciati MH.

Clinical breast examination (CBE) seeks to detect breast abnormalities or evaluate patient reports of symptoms to find palpable breast cancers at an earlier stage of progression, when

treatment is more effective and treatment options are greater than for later stage disease. Evidence suggests that, for some women, CBE can be an important complement to mammography in the earlier detection of breast cancer; CBE identifies some cancers missed by mammography and provides an important screening tool among women for whom mammography is not recommended or women who do not receive high-quality screening mammography according to recommended guidelines. But CBE performance and reporting approaches are inconsistent. Health care providers indicate that they are not confident in their CBE skills and would welcome training. Studies demonstrate that training can enhance CBE performance, measured in terms of execution of CBE components and accuracy. This literature review provides evidence to the extent that it is available, to support the specific recommendations of Saslow, et al.(1) for optimizing CBE performance and reporting and to guide further research on CBE performance characteristics, reporting systems, barriers to high-quality CBE performance, and training.
PMID: 15537577 [PubMed - in process]

13: CA Cancer J Clin. 2004 Nov-Dec;54(6):327-44.
Clinical breast examination: practical recommendations for optimizing performance and reporting.
Saslow D, Hannan J, Osuch J, Alciati MH, Baines C, Barton M, Bobo JK, Coleman C, Dolan M, Gaumer G, Kopans D, Kutner S, Lane DS, Lawson H, Meissner H, Moorman C, Pennypacker H, Pierce P, Sciandra E, Smith R, Coates R.

Clinical breast examination (CBE) seeks to detect breast abnormalities or evaluate patient reports of symptoms to find palpable breast cancers at an earlier stage of progression. Treatment options for earlier-stage cancers are generally more numerous, include less toxic alternatives, and are usually more effective than treatments for later-stage cancers. For average-risk women aged 40 and younger, earlier detection of palpable tumors identified by CBE can lead to earlier therapy. After age 40, when mammography is recommended, CBE is regarded as an adjunct to mammography. Recent debate, however, has questioned the contributions of CBE to the detection of breast cancer in asymptomatic women and particularly to improved survival and reduced mortality rates. Clinicians remain widely divided about the level of evidence supporting CBE and their confidence in the examination. Yet, CBE is practiced extensively in the United States and continues to be recommended by many leading health organizations. It is in this context that this report provides a brief review of evidence for CBE's role in the earlier detection of breast cancer, highlights current practice issues, and presents recommendations that, when implemented, could contribute to greater standardization of the practice and reporting of CBE. These recommendations may also lead to improved evidence of the nature and extent of CBE's contribution to the earlier detection of breast cancer.
PMID: 15537576 [PubMed - in process]

14: Cancer Epidemiol Biomarkers Prev. 2004 Nov;13(11):1810-3.
Body mass index and risk of leukemia in older women.
Ross JA, Parker E, Blair CK, Cerhan JR, Folsom AR.

Overweight [body mass index (BMI) 25.0-29.9 kg/m(2)] and obesity (BMI >/=30 kg/m(2)) are risk factors for several malignancies. The Iowa Women's Health Study was examined to determine whether increased BMI was associated with leukemia development. Over 40,000 Iowa women (ages 55-69 years) completed a self-administered lifestyle and health questionnaire in 1986 that included current height and weight. Two hundred women developed leukemia during the period 1986 to 2001 including 74 acute myelogenous leukemia (AML) and 88 chronic lymphocytic leukemia. The risk of AML was increased among women who reported being overweight or obese (relative risk, 1.9; 95% confidence interval, 1.0-3.4; relative risk, 2.4; 95% confidence interval, 1.3-4.5; P(trend) = 0.006) compared with women of normal weight. There was little evidence of a positive association for chronic lymphocytic leukemia (P(trend) = 0.6). Given the prevalence of overweight and obesity in the United States, the population attributable risk of AML due to obesity could approach 30%.
PMID: 15533912 [PubMed - in process]

15: Circulation. 2004 Nov 2;110(18):2824-30. Epub 2004 Oct 18.
Multivariate assessment of lipid parameters as predictors of coronary heart disease among postmenopausal women: potential implications for clinical guidelines.
Shai I, Rimm EB, Hankinson SE, Curhan G, Manson JE, Rifai N, Stampfer MJ, Ma J.

BACKGROUND: Over the past decade, lipid measurements have been significantly improved and standardized. We evaluated the usefulness of multiple plasma lipid parameters in predicting coronary heart diseases (CHD) among women. METHODS AND RESULTS: Among 32,826 women from the Nurses' Health Study who provided blood samples at baseline, 234 CHD events were documented during 8 years of follow-up. In a nested study, these cases were matched to controls (1:2) for age, smoking, fasting status, and month of blood draw. We estimated the relative risk (RR) for each lipid parameter, adjusted for C-reactive protein, homocysteine, body mass index, family history, hypertension, diabetes, postmenopausal hormone use, physical activity, alcohol intake, and blood draw parameters. The RRs associated with an increase of approximately 1 SD (mg/dL) were as follows: HDL cholesterol (HDL-C) (RR=0.6 [0.5 to 0.8], SD=17), apolipoprotein B100 (apoB100) (RR=1.7 [1.4 to 2.1], SD=32), LDL cholesterol (LDL-C) (RR=1.4 [1.1 to 1.7], SD=36), total cholesterol (TC) (RR=1.4 [1.1 to 1.6], SD=40), and triglycerides (RR=1.3 [1.0 to 1.5], SD=80). Among the lipid indexes, the RRs were: apoB100/HDL-C (RR=1.7 [1.4 to 2.1], SD=1.0), TC/HDL-C (RR=1.6 [1.3 to 1.9], SD=1.3), LDL-C/HDL-C (RR=1.5 [1.3 to 1.9], SD=1.0), and non-HDL-C (RR=1.6 [1.3 to 1.9], SD=42 mg/dL). After simultaneous control for several lipid biomarkers, HDL-C was the primary contributor of the variation in multivariate models (P=0.01), followed by LDL-C (P=0.01), whereas triglycerides and apoB100 did not contribute further information. HDL-C-related ratios were the strongest contributors to predicting CHD (P<0.0001). CONCLUSIONS: Lower levels of HDL-C may be a key discriminator of higher CHD events among postmenopausal women. HDL-C-related ratios (such as TC/HDL-C) provide a powerful predictive tool independently of other known CHD risk factors.
PMID: 15492318 [PubMed - in process]

16: Clin Nurs Res. 2004 Nov;13(4):271-88.
Herbal product use by african american older women.
Yoon SL, Horne CH, Adams C.

The purposes of this study were to identify patterns of herbal product use for health promotion and self-care management among older African American women, to explore their use of herbal products to manage disease-specific symptoms, and to compare users of herbal products to nonusers. The sample consisted of 57 community-residing African American women age 65 years and older. Of the sample, 33% used herbal product(s) within the past year. Those who used herbal products perceived their overall health to be better than those who did not use herbal products. However, differences in demographic characteristics and locus of control between herbal users and nonusers were not significant. More than 40% of the herbals used were not discussed with health care providers. Most participants using herbals were mixing herbal, prescription, and overthe-counter products. Indiscriminate use of herbal products in combination with or in place of conventional medicines can be problematic and costly.
PMID: 15448280 [PubMed - in process]

17: Contraception. 2004 Nov;70(5):359-63.
Women's and providers' attitudes toward menstrual suppression with extended use of oral contraceptives.
Andrist LC, Arias RD, Nucatola D, Kaunitz AM, Musselman BL, Reiter S, Boulanger J, Dominguez L, Emmert S.

The United States Food and Drug Administration approved a dedicated extended regimen of oral contraceptive (OC) pill in the fall of 2003. Few studies have explored how women or providers feel about menstrual suppression. This study describes women's and providers' attitudes toward menstrual suppression. A national sample of 1470 women and 512 providers responded to surveys asking about attitudes toward menstrual suppression. Seventy-eight percent of the women sample had never heard of menstrual suppression with OCs. Fifty-nine percent of women would be interested in not menstruating every month and one third would choose never to have a period. Only 7% of the providers thought it was physically necessary to have a period every month and 44% thought that menstrual suppression is a good idea. While 57% of providers said that their patients do not ask about extended use of OCs, 52% do prescribe them; patient request was the most common reason. Both samples thought that more research should be conducted and that the factors that would influence their decisions

included long-term health effects, side effects, future fertility and cost. Results demonstrate that providers need to discuss this option with their patients.
PMID: 15504373 [PubMed - in process]

18: Curr Opin Clin Nutr Metab Care. 2004 Nov;7(6):649-658.
Skeletal benefits of soy isoflavones: a review of the clinical trial and epidemiologic data.
Messina M, Ho S, Alekel DL.

PURPOSE OF REVIEW: Osteoporosis is a worldwide problem of immense magnitude that is expected to worsen in many countries with aging populations. Consequently, there is a need to identify ways to reduce the risk of developing this disease. This is especially true in light of clinical trial data showing the long-term harm of conventional hormone therapy outweighs the benefits. It is well established that many dietary components impact the skeletal system; in this regard there is particular interest in the possible skeletal benefits of soybean isoflavones. The purpose of this review is to evaluate the clinical and epidemiologic studies relevant to the hypothesis that isoflavones promote bone health. RESULTS: Fifteen clinical trials were identified that examined the effects of isoflavones or isoflavone-rich soy protein on bone mineral density. Most trials were conducted for 1 year or less and involved relatively few (<30) participants per group. The findings from these studies are inconsistent but generally suggest that isoflavones reduce bone loss in younger postmenopausal women. Similarly, the limited epidemiologic data generally show that among Asian populations isoflavone intake is associated with higher bone mineral density. The clinical data suggest that approximately 80 mg/day isoflavones are needed to derive skeletal benefits whereas the epidemiologic data suggest lower amounts are efficacious. SUMMARY: Until more definite data are available, although soy foods and isoflavones can not be viewed as substitutes for established anti-osteoporotic medications health professionals can feel justified in encouraging postmenopausal women concerned about bone health to incorporate soyfoods into their diet.
PMID: 15534433 [PubMed - as supplied by publisher]

19: Eat Behav. 2004 Nov;5(4):303-13.
A preliminary analysis of binge episodes: Comparison of a treatment-seeking sample of Black and White women.
Gayle JL, Fitzgibbon ML, Martinovich Z.

OBJECTIVE: This study sought to examine differences in the nutritional composition of binges, both qualitatively and quantitatively, between participants with binge eating disorder (BED) and bulimia nervosa (BN) taken from a sample of treatment-seeking Black and White women. Overall qualitative and quantitative differences between diagnostic categories, regardless of ethnicity, were also explored. METHOD: Patients seeking treatment for eating disorders were assessed on binge content. Black (n=26) and White (n=26) participants were matched on age and body mass index (BMI). RESULTS: The binges of individuals with BN were lower in percent protein, but higher in calories, carbohydrates, and sugar, than those individuals with BED. However, there was little difference as a function of ethnicity between treatment-seeking Black and White women. DISCUSSION: Preliminary data suggest that health professionals are faced with similar binge eating pathology, regardless of ethnicity, despite, probably, etiologic variation. The importance of the role of ethnicity in the expression of eating disorders is discussed.
PMID: 15488445 [PubMed - in process]

20: Expert Opin Biol Ther. 2004 Nov;4(11):1803-9.
Vaccines against cervical cancer.
Jansen KU.

Cervical cancer and precancerous lesions of the genital tract are a major threat to women's health worldwide. Although the introduction of screening tests to detect cervical cancer and its precursor lesions has reduced overall cervical cancer rates in the developed world, the approach was largely unsuccessful for developing countries, primarily due to a lack of appropriate infrastructures and high costs. Annually, 470,000 cervical cancer cases are diagnosed worldwide, of which 80% occur in developing countries. Despite advances in treatment of cervical cancer, approximately half of the women afflicted with the disease will die. Over 20 years of dedicated research has provided conclusive evidence that a subset of

human papillomaviruses are the aetiological agents for cervical cancer. Finding a viral origin for this disease provided the basis to fight cervical cancer using prophylactic or therapeutic vaccination. Both vaccine approaches are reviewed here, with an emphasis on recent clinical data.
PMID: 15500408 [PubMed - in process]

21: Fam Pract. 2004 Nov 1 [Epub ahead of print]
Applying the theory of planned behaviour to pharmacists' beliefs and intentions about the treatment of vaginal candidiasis with non-prescription medicines.
Walker A, Watson M, Grimshaw J, Bond C.

BACKGROUND: It is important to understand health professionals' attitudes and beliefs about practice and the barriers to achieving best practice. The theory of planned behaviour (TPB) has been widely used to understand behaviour. In this study, TPB was used to explore the psychological variables that influence community pharmacists and the supply of non-prescription medicines. OBJECTIVES: The objectives of the study were to: (i) apply the TPB to community pharmacy behaviour; (ii) identify barriers to/facilitators of evidence-based practice; (iii) describe psychological variables and responses to written scenarios of patients presenting in community pharmacies for non-prescription antifungals for the treatment of vulvovaginal candidiasis; and (iv) to examine the relationships between beliefs and behavioural intention. METHODS: A questionnaire survey was constructed using the TPB and disseminated to pharmacies in Grampian, Scotland. The purpose of the study was to explore community pharmacists' attitudes, beliefs and intentions about the supply of non-prescription antifungals for the treatment of vulvovaginal candidiasis. RESULTS: Of the 121 questionnaires disseminated, 76 (63%) were returned. Behavioural intention to sell antifungals to women with vulvovaginal candidiasis symptoms was strong. Attitude towards recommending these medicines was positive. However, only half of the sample responded appropriately to all four patient scenarios (n = 42, 54%). Most pharmacists felt that they were able to recommend antifungals if they wished, but did not feel under social pressure to recommend them. Local doctors did not appear to be influential with respect to selling antifungals. If a customer was elderly, pregnant or if the pharmacist was uncertain of the diagnosis of candidiasis, an antifungal was less likely to be recommended. CONCLUSION: TPB provides a valid and useful summary of the key psychological variables influencing practice. There is more to pharmacy practice than the knowledge and attitudes of the pharmacist.
PMID: 15520031 [PubMed - as supplied by publisher]

22: Gerontology. 2004 Nov-Dec;50(6):411-6.
Fall incidence in frail older women after individualized visual feedback-based balance training.
Sihvonen S, Sipila S, Taskinen S, Era P.

BACKGROUND: The knowledge concerning balance training actually lowering fall rates among frail older persons is limited. OBJECTIVE: The aim of this study was to examine the effects of a 4-week individualized visual feedback-based balance training on the fall incidence during 1-year follow-up among frail older women living in residential care. METHODS: Twenty-seven older women from 2 residential care homes were randomized into exercise (n = 20) and control (n = 7) groups. Balance measurements were carried out before and after a 4-week training period and falls were monitored by monthly diaries for 1 year. An interview about fear of falling and physical activity was completed before and after the intervention and after the 1-year follow-up. RESULTS: A positive effect of balance training on fall incidence was found. A dynamic Poisson regression model showed that during the follow-up the monthly risk of falling was decreased in the exercise group compared to controls (risk ratio 0.398, 95% CI 0.174-0.911, p = 0.029). In addition, the exercise group reported a reduced fear of falling and increased physical activity after a training period but these changes declined during the follow-up period. CONCLUSION: Individualized visual feedback-based balance training was shown to be a promising method for fall prevention among frail older women. High compliance (97.5%) with the training program showed that carefully targeted training programs can be carried out among older people with health limitations. Copyright 2004 S. Karger AG, Basel.
PMID: 15477703 [PubMed - in process]

23: Health Educ Res. 2004 Nov 2 [Epub ahead of print]
Design and testing of an interactive smoking cessation intervention for inner-city women.
McDaniel AM, Casper GR, Hutchison SK, Stratton RM.

The purpose of this study was to design and test the usability of a computer-mediated smoking cessation program for inner-city women. Design and content were developed consistent with principles of user-centered design. Formative and summative evaluation strategies were utilized in its testing. The summative evaluation was designed to test usability in a naturalistic environment. A sample of 100 women who receive care at an inner-city community health center participated in the study. Average time for completing the computer program was 13.9 minutes. Participants reported a high level of satisfaction with usability of the program. Standardized instruments to measure cognitive processes of change related to smoking were completed at baseline and at 1 week. Participants reported a decrease in favorable attitudes toward smoking (P = 0.014) and an increase in cognitive change processes at follow-up (P = 0.037). These results indicate that interactive computer technology is acceptable to, and potentially useful for, promoting smoking cessation in low-income women.
PMID: 15522897 [PubMed - as supplied by publisher]

24: Int J Geriatr Psychiatry. 2004 Nov;19(11):1095-102.
Older women's cognitive and affective response to moderate drinking.
Zimmerman T, McDougall GJ Jr, Becker H.

OBJECTIVE: In this paper we investigated the question, how do older women who drink moderate amounts of alcohol differ from those who do not drink on measurements of cognitive function, memory, affect and health? METHODS: The nonprobability sample of female participants (n = 182) averaged 75 years of age and had a Mini Mental State Examination scores of 28. The participants were asked to indicate whether they drank alcohol or abstained (yes/no) and if they indicated that they did drink, to describe how many drinks they consumed in a given period of time (day/week/month). RESULTS: None of the participants acknowledged drinking more than 2 drinks a day. Caucasian women had the largest number of moderate drinkers (53% vs 47%), while the majority of African-American and Hispanic women reported not drinking. The moderate drinkers reported less depression, had higher self-reported health, performed better on instrumental
everyday tasks, had stronger memory self-efficacy, and used more strategies to improve memory performance. In addition, these women had higher performance on tests of executive function: attention, concentration, psychomotor skills, verbal-associative capacities, and oral fluency. CONCLUSIONS: The circumstances under which people drink are complex and were not evaluated in this study. Therefore, rather than endorsing drinking behavior, these findings suggest that future research might examine why elders make the decision to drink, the circumstances that predispose women to drink (alone/with others), and other
qualities that characterize female drinkers over the age of 65. Copyright (c) 2004 John Wiley & Sons, Ltd.
PMID: 15481070 [PubMed - in process]

25: Int J STD AIDS. 2004 Nov;15(11):737-9.
Which treatment for genital tract Chlamydia trachomatis infection?
Tobin JM, Harindra V, Mani R.

A national opportunistic chlamydia screening programme, mainly targeting young sexually active women, is gradually being introduced across the UK and in future will predominantly occur in primary care sites. The relative efficacy of recommended antibiotic treatments for chlamydia has been poorly studied and especially that of single dose azithromycin. In Portsmouth, 1536 patients treated for chlamydia, with four different antibiotic regimens, during the Department of Health pilot study, were asked to return for test of cure. No difference in treatment outcome was found using doxycycline, oxytetracycline, erythromycin or azithromycin. Directly observed therapy with azithromycin may be especially helpful in treating young chlamydia-positive patients.
PMID: 15537459 [PubMed - in process]

26: J Acquir Immune Defic Syndr. 2004 Nov 1;37(3):1415-1422.

Association of Complementary and Alternative Medicines With HIV Clinical Disease Among a Cohort of Women Living With HIV/AIDS.
Mikhail IS, Diclemente R, Person S, Davies S, Elliott E, Wingood G, Jolly PE.

To assess the association between the use of complementary and alternative medicine (CAM) and HIV clinical disease indicators, CD4 T-cell counts, viral load, number of HIV-related infections, Centers for Disease Control and Prevention categories, and Karnofsky scores. Data were collected from 391 HIV-positive women aged 18 to 50 years in Alabama and Georgia. A survey examining CAM use and other sociodemographic variables was used. Multiple logistic regression analyses were used to identify predictors of CAM use. Approximately 60% of study participants used 1 or more type of CAM. Predictors of CAM use included higher educational level (odds ratio [OR] = 2.4; P = 0.0008), absence of health insurance (OR = 0.49; P = 0.0055), longer disease duration (OR = 2.21; P = 0.0006), and higher number of infections (OR = 0.58; P = 0.017). Vitamins were the most commonly used CAM (approximately 36%). Sociodemographic variables associated with vitamin use included higher educational level (OR = 2.34; P = 0.0055), longer disease duration (OR = 1.87; P = 0.026), and higher use among white women than among African-American women (OR = 0.41; P = 0.017). The use of CAM is prevalent among HIV-positive women, and vitamins are the most commonly used CAM among our study population. Several sociodemographic and clinical factors predicted CAM use. These findings have implications for improvement of care for HIV-positive women.
PMID: 15483471 [PubMed - as supplied by publisher]

27: J Am Geriatr Soc. 2004 Nov;52(11):1811-6.
What constitutes normal hemoglobin concentration in community-dwelling disabled older women?
Chaves PH, Xue QL, Guralnik JM, Ferrucci L, Volpato S, Fried LP.

Objectives: To examine the associations between hemoglobin (Hb) concentration and (1) 5-year all-cause mortality and (2) serum erythropoietin (EPO), as the basis for the identification of data-driven thresholds, and to assess the clinical relevance of mildly low Hb. Design: Prospective study. Setting: Population based. Participants: Community-dwelling women aged 65 and older with moderate-to-severe disability-Women's Health and Aging Study I, Baltimore, Maryland, 1992-2000. Methods: Proportional hazards regression was used to model the relationship between baseline Hb (available for 686 subjects) and time to death. A generalized linear model was used to assess the cross-sectional association between Hb and EPO in 641 subjects. Results: A curvilinear slope of steady mortality decrease up to the Hb threshold of 13.9 g/dL was observed. Hb of 11 g/dL was independently associated with greater mortality than the World Health Organization (WHO) low-normal cutoff of Hb of 12 g/dL (hazard ratio (HR)=1.2, 95% confidence interval (CI)=1.1-1.4), whereas Hb of 14 g/dL was linked to 24% lower mortality (HR=0.76, 95% CI=0.63-0.92), after comprehensive adjustment for major health status and disease-burden indicators. A curvilinear, statistically significant slope of steady EPO decrease with increasing Hb up to the threshold of 14.3 g/dL was consistently observed. Conclusion: The meaningfully lower mortality risk with higher Hb levels provides empirical evidence against the notion that Hb currently perceived as mildly low is clinically benign. Furthermore, the mortality risk gradient observed even within the WHO normal Hb range suggests that Hb levels higher than what is currently recommended might offer clinical advantage. The relationship between Hb and EPO provided supporting physiological evidence for this hypothesis.
PMID: 15507056 [PubMed - in process]

28: J Fam Pract. 2004 Nov;53(11):904-13.
Nondaily hormonal contraception: Establishing a fit between product characteristics and patient preferences.
Levine JP.

Consider progestin-only DMPA-IM or L-IUS methods for women who want highly effective, nondaily, reversible contraception, and who regard amenorrhea as a desirable side effect; also suitable when estrogen therapy is contraindicated (strength of recommendation [SOR]: C). Consider the NE-patch or EE-ring, both containing estrogen and progestin, for women who are candidates for combined oral contraceptives, including those desiring shorter-term contraception and regular bleeding cycles (SOR: C). To help women select the most appropriate and acceptable nondaily contraceptive option, review with patients each method's

route and schedule of administration, perfect vs typical use efficacy, potential noncontraceptive health benefits, reversibility, side effects, and long-term safety profile (SOR: C).
PMID: 15527729 [PubMed - in process]

29: J Health Care Poor Underserved. 2004 Nov;15(4):688-702.
Are women with self-reported cognitive limitations at risk for underutilization of mammography?
Legg JS, Clement DG, White KR.

Functional limitations (namely, limitations in activities of daily living and instrumental activities of daily living) have previously been demonstrated to exert a negative influence on mammography utilization. This study examines self-reported cognitive limitation in addition to sociodemographic, functional, and other health-related factors to determine their relationship with self-reported mammography use in the previous year. Data from the 1998 National Health Interview Survey was analyzed for 6,053 women, ages 50 years and older. Just over 44% of women with self-reported cognitive impairment (n = 351) reported a mammogram in the previous year, compared with 55% of unimpaired women (n = 5,702). Logistic regression analysis indicates that the presence of a cognitive limitation significantly reduced the likelihood of a mammography in the previous year ($p < 0.05$) after controlling for other sociodemographic, functional, and health-related factors. Women with self-reported cognitive limitations were 30% less likely than unimpaired women to utilize mammography after controlling for various forms of disability and other factors. Thus, women with cognitive impairments may be at risk for underutilization of mammography and therefore at risk for later-stage breast cancer diagnoses.
PMID: 15531824 [PubMed - in process]

30: J Interpers Violence. 2004 Nov;19(11):1296-323.
Intimate partner violence and physical health consequences: policy and practice implications.
Plichta SB.

Extensive research indicates that intimate partner violence (IPV) poses a significant risk to the physical health of women. IPV is associated with increased mortality, injury and disability, worse general health, chronic pain,
substance abuse, reproductive disorders, and poorer pregnancy outcomes. IPV is also associated with an overuse of health services and unmet need for services, as well as strained relationships with providers. The body of IPV research has several critical gaps. There are almost no longitudinal studies of IPV and health. Most studies are clustered into a few specialties, with almost no research in the areas of allied health, dentistry, or management. A common definition of IPV is still not used. Finally, with some notable exceptions,
there has been little success in moving the health care system to routinely screen women for IPV.
PMID: 15534333 [PubMed - in process]

31: J Interpers Violence. 2004 Nov;19(11):1283-9.
Beyond PTSD: Mental Health Consequences of Violence Against Women: A Response to
Briere and Jordan.

This article proposes that we move beyond posttraumatic stress disorder (PTSD) in our conceptualization of traumatic stress responses of victimized women exposed to serial forms of unrelenting violence, such as intimate partner violence and stalking. It is argued that the traditional PTSD framework is ill fitting in the context of some forms of violence against women (VAW), and these limits have consequences for developing appropriate interventions for some victimized women. The article further suggests going beyond PTSD by developing a more nuanced understanding of the ways in which PTSD and other mental health symptoms contribute to the vast array of deleterious personal, societal, and economic costs of VAW.
PMID: 15534331 [PubMed - in process]

32: J Interpers Violence. 2004 Nov;19(11):1209-34.
What is violence against women: defining and measuring the problem.

Kilpatrick DG.

Violence against women (VAW) is a prevalent problem with substantial physical and mental health consequences throughout the world, and sound public policy is dependent on having good measures of VAW. This article (a) describes and contrasts criminal justice and public health approaches toward defining VAW, (b) identifies major controversies concerning measurement of VAW, (c) summarizes basic principles in identifying and measuring VAW cases, and (d) recommends changes to improve measurement of VAW. In addition to reviewing recommendations from the Centers for Disease Control and Prevention Workshop on Building Data Systems for Monitoring and Responding to Violence Against Women and the World Health Organization World Report on Violence and Health, the article concludes that changes are needed in the FBI Uniform Crime Reports and National Crime Victimization Survey to improve measurement of rape and sexual assault.
PMID: 15534326 [PubMed - in process]

33: Mass Spectrom Rev. 2004 Nov-Dec;23(6):393-442.
The potentials of MS-based subproteomic approaches in medical science: the case of lysosomes and breast cancer.
Journet A, Ferro M.

Because of the great number of women who are diagnosed with breast cancer each year, and though this disease presents the lowest mortality rate among cancers, breast cancer remains a major public health problem. As for any cancer, the tumorigenic and metastatic processes are still hardly understood, and the
biochemical markers that allow either a precise monitoring of the disease or the classification of the numerous forms of breast cancer remain too scarce. Therefore, great hopes are put on the development of high-throughput genomic and proteomic technologies. Such comprehensive techniques should help in understanding the processes and in defining steps of the disease by depicting specific genes or protein profiles. Because techniques dedicated to the current proteomic challenges are continuously improving, the probability of the discovery of new potential protein biomarkers is rapidly increasing. In addition, the identification of such markers should be eased by lowering the sample complexity; e.g., by sample fractionation, either according to specific physico-chemical properties of the proteins, or by focusing on definite
subcellular compartments. In particular, proteins of the lysosomal compartment have been shown to be prone to alterations in their localization, expression, or post-translational modifications (PTMs) during the cancer process. Some of them, such as the aspartic protease cathepsin D (CatD), have even been proven as
participating actively in the disease progression. The present review aims at giving an overview of the implication of the lysosome in breast cancer, and at showing how subproteomics and the constantly refining MS-based proteomic techniques may help in making breast cancer research progress, and thus, hopefully, in improving disease treatment.
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PMID: 15290709 [PubMed - in process]

34: Maturitas. 2004 Nov 15;49(3):189-203.
Effect of hormone therapy on BP in normotensive and hypertensive postmenopausal women.
Mueck AO, Seeger H.

High blood pressure (BP) ranks as the greatest risk factor for cardiovascular disease. The increased cardiovascular risk determined in recent interventional studies has led the health authorities in some countries to re-ignite the discussion about whether hypertension should be listed as a contraindication for hormone replacement therapy (HRT). We reviewed papers published since 1960 and listed in MEDLINE, EMBASE and Biosis, on studies that monitored the course of BP during HRT. We found that both primarily normotensive and hypertensive postmenopausal women actually run only a very low risk of BP increase during HRT, indeed, BP was often lowered. In one of our own studies 1397 hypertensive women with BP diastolic >95mmHg received transdermal HRT regimens; BP was lowered by an average of 7mmHg systolic and 9mmHg diastolic. The results of the more recent 24-h ambulatory BP studies are particularly conclusive. At least 19 such studies have been performed, 13 placebo-controlled and 10 cross-over; 5 found no effect on BP and 14 studies demonstrated BP reductions. BP

was lowered by treatment with transdermal estradiol in 11 of 13 studies and by oral estrogen in 4 of 11 studies. The effects were not consistent with regard to systolic or diastolic BP nor to action on day- and night-time BP. It cannot be ruled out that some women with a particular predisposition exhibit an abnormal reaction to the vasoactive effects of HRT, and there is a paucity of long-term data on risk
populations, specifically on the progestogenic effects in patients with pre-existing arteriosclerotic lesions. In conclusion, the risk of developing hypertension during HRT is very low, but hormone therapy should always be
appropriately indicated and during therapy BP should be checked regularly.
PMID: 15488347 [PubMed - as supplied by publisher]

35: Med Clin North Am. 2004 Nov;88(6):1467-81, x.
Women and tobacco dependence.
Reichert VC, Seltzer V, Efferen LS, Kohn N.

Millions of American girls and women have been drawn to smoking by an industry that has been clearly and systematically targeting women of all ages and life circumstances. Tobacco marketing strategies skillfully link cigarette use to typical female values. Biologically speaking, women are especially vulnerable to the legion of health problems of tobacco use. Smoking is a critical hazard for women in their reproductive years, particularly when they are pregnant.
PMID: 15464108 [PubMed - in process]

36: Med J Aust. 2004 Nov 1;181(9):486-488.
Postnatal evaluation of vitamin D and bone health in women who were vitamin D-deficient in pregnancy, and in their infants.
Thompson K, Morley R, Grover SR, Zacharin MR.

OBJECTIVE: To determine the postnatal vitamin D status and bone health of women identified as vitamin D-deficient in pregnancy, and of their infants. DESIGN AND PARTICIPANTS: Retrospective audit conducted between 27 August and 5 November 2003. The study included women delivering between August and October 2002 at the Royal Women's Hospital, Melbourne, who had had a 25-hydroxyvitamin D (25-[OH]D) level < 30 nmol/L in pregnancy, and their infants at age 4-10 months. SETTING: The outpatient clinic at the Royal Children's Hospital, Melbourne. MAIN OUTCOME MEASURES: Maternal and infant serum levels of vitamin D, total alkaline phosphatase (tALP), parathyroid hormone (PTH), calcium and phosphorus; x-ray results in children with clinical or laboratory findings suggestive of rickets. RESULTS: Of 69 mother-infant pairs invited to participate, 47 (68%) attended. All 47 women had 25-(OH)D levels < 50 nmol/L, and 39 (83%) had levels < 30 nmol/L. Vitamin D supplements had been prescribed in pregnancy for 35 women (74%), and 19/35 reported having taken them as prescribed. None had continued to take supplements postnatally, but one had recently started taking them again. Among 45 infants from whom blood samples were successfully obtained, 18 (40%)
had 25-(OH)D levels < 50 nmol/L, and 14 (31%) had levels < 30 nmol/L. Twelve of 16 breastfed infants had 25-(OH)D levels < 30 nmol/L, compared with 2/29 fed formula milk (P = 0.001). CONCLUSIONS: Most mothers who had been vitamin D-deficient in pregnancy were also deficient postnatally, indicating that treatment offered, counselling and/or treatment compliance were inadequate. Their infants, especially if breastfed, were at high risk of vitamin D deficiency and increased bone formation. Breastfed infants of mothers at high
risk of vitamin D deficiency should receive vitamin D supplements.
PMID: 15516192 [PubMed - as supplied by publisher]

37: Obstet Gynecol. 2004 Nov;104(5):1042-50.
Hormone therapy prescribing patterns in the United States.
Buist DS, Newton KM, Miglioretti DL, Beverly K, Connelly MT, Andrade S, Hartsfield CL, Wei F, Chan KA, Kessler L.

OBJECTIVE: We sought to examine prescribing patterns (prevalence and rates of initiation and discontinuation) for estrogen plus progestin (hormone therapy [HT] and estrogen alone [ET]) in the United States in the 2 years before the published results of Women's Health Initiative's (WHI) HT trial's early termination and for 5 months after their release. METHODS: We conducted an observational cohort study of 169,586 women aged 40-80 years who were enrolled in 5 health maintenance organizations in the United States to estimate the prevalence

of HT and ET and discontinuation and initiation rates between September 1, 1999, to June 31, 2002 (baseline), and December 31, 2002 (follow-up). We used automated pharmacy data to identify all oral and transdermal estrogen and progestin dispensed during the study period. RESULTS: The prevalence of HT declined 46% from baseline to follow-up (14.6% to 7.9%); ET use declined 28% during the same period (12.6% to 9.1%). The discontinuation of HT increased almost immediately, from 2.5% at baseline to 13.8% in October 2002. We saw an immediate decrease in HT and ET initiation rates, from 0.4% and 0.3% at baseline, respectively, to 0.2% for HT and ET at follow-up. CONCLUSION: The diffusion of the WHI HT trial results had an immediate impact on the discontinuation of HT and ET and is likely responsible for the 46% and 28% decline in the initiation of these respective therapies. Further exploration of why women continue to use HT and identification of methods for addressing reasons for continued use are indicated. LEVEL OF EVIDENCE: II-2.
PMID: 15516400 [PubMed - in process]

38: Obstet Gynecol. 2004 Nov;104(5):965-974.
Reproductive History and Endometriosis Among Premenopausal Women.
Missmer SA, Hankinson SE, Spiegelman D, Barbieri RL, Malspeis S, Willett WC, Hunter DJ.

OBJECTIVE: To clarify the temporal complexities of the relation between reproductive factors and endometriosis. METHODS: We analyzed 10 years of prospective data from the Nurses' Health Study II cohort. Information was obtained through questionnaires sent every 2 years to 116,678 women aged 25-42 years when enrolled in 1989. Cox proportional hazards models were used to adjust for age, calendar time, and confounding variables. RESULTS: During 726,205 woman-years of follow-up, 1,721 cases of laparoscopically confirmed endometriosis were reported among women with no past infertility. Greater incidence was observed among women with an earlier age at menarche (rate ratio of 1.3 comparing menarche at age < 10 to age 12 years; 95% confidence interval [CI] 1.0-1.8; P value, test for trend < .001) and shorter cycle length during
late adolescence (rate ratio of 1.3 comparing < 26 days to 26-31 days; 95% CI 1.1-1.5). Time to cycle regularity was not associated with risk. Among parous women, a linear decrease in risk was observed with number of liveborn children (rate ratio of 0.5 comparing > 3 with 2 children; 95% CI 0.4-0.7; P value, test
for trend < .001) and lifetime duration of lactation if time since last birth was less than 5 years (rate ratio of 0.2 comparing > 23 months with never; 95% CI 0.1-0.4; P value, test for trend < .001). CONCLUSION: Hormonal and anatomical changes associated with menstruation and pregnancy may affect the rate of laparoscopically confirmed endometriosis. Within this cohort, risk was greatest among nulliparous women with earlier age at menarche and shorter menstrual cycles. Among parous women, parity and lifetime duration of lactation were associated with decreased risk.
PMID: 15516386 [PubMed - as supplied by publisher]
39: Obstet Gynecol Surv. 2004 Nov;59(11):768.
An Approach to Identifying Osteopenic Women at Increased Short-term Risk of Fracture.
Miller PD, Barlas S, Benneman SK, Abbott TA, Chen YT, Barrett-Connor E, Siris ES.

Attempts to prevent fractures in postmenopausal women often are limited to those having T scores less than -2.5. Many fractures, however, occur in women having higher T scores. The investigators attempted to develop an algorithm that would identify women with T scores between [minus2.5 and -1.0 who were at increased
short-term risk of fracture. Information on new fractures was gathered in the 57,421 participants after 12 months. All subjects were postmenopausal women whose baseline peripheral T scores ranged from to -2.5 to -1.0. Data were gathered from women participating in the National Osteoporosis Risk Assessment. New fractures occurred during the 12-month follow-up period in 1130 women. Among 32 potential predictors, 4 were the most important determinants of fracture in the short term (): previous fracture, a peripheral-site T score of -1.8 or less, self-rated poor health, and poor mobility. Previous fracture was the strongest predictor of fracture in the coming 12 months. More than half the women (55%) were considered to be at increased risk of fracture. The risk for women with past fracture, regardless of the T score, was 4.1%; for women with T scores of -1.8 or less or with self-rated poor health, 2.2%; and for women with impaired mobility, 1.9%. The algorithm correctly identified approximately three fourths of women having fracture, regardless of age. Although these findings remain to be validated, the present results suggest that postmenopausal

women having T scores greater than -2.5 and who are at increased risk of fracture in the ensuing 12 months can be identified.(Figure is included in full-text article.).
PMID: 15502625 [PubMed - as supplied by publisher]

40: Support Care Cancer. 2004 Nov 9 [Epub ahead of print]
Rankings and symptom assessments of side effects from chemotherapy: insights from experienced patients with ovarian cancer.
Sun CC, Bodurka DC, Weaver CB, Rasu R, Wolf JK, Bevers MW, Smith JA, Wharton JT, Rubenstein EB.

GOALS OF WORK. Although many patients with ovarian cancer achieve favorable responses to primary chemotherapy, the majority of women will experience recurrence of their cancer. Selection of second- or third-line chemotherapy ultimately depends on patient preferences for different side effects. To better understand this process, we evaluated preferences and symptom distress in patients with ovarian cancer. PATIENTS AND METHODS. A total of 70 women with ovarian cancer who had previously received at least three cycles of platinum-based chemotherapy and currently undergoing chemotherapy for newly diagnosed or recurrent disease were interviewed in an outpatient chemotherapy clinic. The patients were asked to rank order 27 health states using a modified visual analog scale and to complete the Memorial Symptom Assessment Scale
(MSAS). MAIN RESULTS. Most favorable health states included perfect health, clinical remission and complete control of chemotherapy-induced nausea and vomiting (CINV). Least favorable health states included more severe CINV health states and death. Patients on first-line chemotherapy had less symptom distress,
and rated sexual dysfunction, fatigue and memory loss more favorably than patients on second- or third-line chemotherapy ($P<0.05$). Married patients generally had less symptom distress compared to patients who were not married, but married patients indicated more distress with sexual dysfunction ($P=0.04$). Married patients rated alopecia less favorably than unmarried patients ($P=0.03$), but married patients viewed certain CINV health states more favorably ($P=0.02$-0.04). CONCLUSIONS. CINV remains one of the most dreaded side effects of chemotherapy. Separate preference profiles exist for patients with newly diagnosed and recurrent disease, as well as for married versus unmarried patients. While MSAS scores and VAS rankings showed consistency across some health states, this was not true for CINV, suggesting that current symptom status may only influence patient preferences for selected side effects.
PMID: 15538640 [PubMed - as supplied by publisher]