

Hormone replacement therapy: Benefits and alternatives

STAR HEALTH DESK

Hormone replacement therapy has been the standard therapy in the for treating menopausal (period usually between 45 and 55 years of age when a woman stops menstruating and can no longer bear children) symptoms. Not only did hormone replacement therapy relieve such discomforts as hot flashes and vaginal dryness, it also seemed to protect against several postmenopausal conditions, such as osteoporosis and heart disease.

But the Women's Health Initiative – a large, multitiered clinical trial sponsored by the National Institutes of Health in USA reported that hormone replacement therapy actually posed more health risks than benefits for women in the clinical trial. And as the number of health hazards attributed to hormone replacement therapy grew, doctors discontinued routine prescriptions for this popular treatment.

It is wondering how this shift in opinion over hormone replacement therapy, also known as hormone therapy for menopause, affects someone personally. In some cases, hormone replacement therapy is still your best option for treating menopausal

symptoms. In other cases, it is wise to consider alternatives.

A turning point for hormone replacement therapy

Concerns about hormone replacement therapy stem from the results of both the combined estrogen-progestin and the estrogen-alone arms of the Women's Health Initiative (WHI) clinical trial.

For women taking the combination estrogen-progestin used in the study, researchers found an increased risk of heart disease, breast cancer, stroke, blood clots, dementia.

In addition, not only did hormone replacement therapy increase the women's risk of breast cancer, but also it made tumors harder to detect, leading to potentially dangerous delays in diagnosis.

For women taking estrogen alone, there was no increased risk of breast cancer or heart disease, but researchers did find a slightly increased risk of stroke.

Also among the accumulated study results, the WHI found that for women in the study – most of whom did not have troublesome menopausal symptoms – combination hormone replacement therapy did not provide meaningful improvement in such quality-

of-life measures as sleep, emotional health, general health, physical functioning and sexual satisfaction.

Researchers did note important benefits of hormone replacement therapy in the WHI study including a decreased risk of osteoporosis-related hip fractures and colorectal cancer.

Who can benefit from hormone replacement therapy?

Despite the inherent health risks, hormone replacement therapy still has a role in treating menopausal symptoms. For some women such as those who experience moderate to severe hot flashes or other menopausal symptoms the benefits of short-term therapy outweigh the potential risks.

The absolute risk to an individual woman taking hormone therapy is quite low and may be acceptable depending on symptoms.

Hormone replacement therapy might still be the treatment of choice if you have:

Hot flashes: Hormone replacement therapy is still the most effective treatment for troublesome menopausal hot flashes and night sweats.

Vaginal discomfort: Hormone replacement therapy can ease

vaginal symptoms of menopause, such as dryness, itching, burning and discomfort with intercourse.

Osteoporosis: Hormone replacement therapy continues to be an option for osteoporosis prevention, but it is recommended only when other medications for osteoporosis prevention have been considered and determined not to be best for you.

If you are already taking hormone replacement therapy, should you keep taking it?

If you are already taking hormone replacement therapy to relieve menopausal symptoms, review its benefits and risks with your doctor.

Consider the reason you started hormone replacement therapy and whether the reason remains relevant. If you started hormone therapy for hot flashes several years ago, you may no longer have hot flashes and could stop taking the drug.

Your doctor may periodically advise modifications to your regimen. For example, if you are taking a particular dose of estrogen, you may be able to lower the dose. Switching from an estrogen pill to a patch may offer certain benefits. In treating isolated vaginal symptoms, estrogen in a vaginal cream, tablet or ring is

usually a better choice than a pill or a skin patch. That is because estrogen applied directly to your vagina remains localised to that area to treat your symptoms and does not circulate throughout your body as does estrogen ingested through a pill or absorbed through a patch.

Women on hormone replacement therapy should take the lowest effective dose for the shortest amount of time needed to treat symptoms.

Who should avoid hormone replacement therapy?

Women with breast cancer or a history of blood clots should not take hormone replacement therapy. Also avoid hormone replacement therapy for preventing memory loss, heart disease, heart attacks or strokes.

Instead, talk to a doctor about other medications you can take or lifestyle changes you can make for long-term protection from these conditions.

Alternatives to hormone replacement therapy

You may be able to manage your menopausal symptoms by making healthy lifestyle choices. In fact, your doctor may recommend that you try making changes to your exercise or eating habits before you try medication. After

adjustments to your lifestyle, if you are still dealing with bothersome symptoms, you have several options besides hormone replacement therapy to help relieve discomfort.

Protect your long-term health

One of the previously believed benefits of hormone replacement therapy was that it promoted long-term health of postmenopausal women, from reducing risk of heart disease to making bones stronger. But since that is no longer the case, here are some alternatives.

Every situation is different When it comes to hormone replacement therapy, no one-size-fits-all solution exists. Each woman's experience with menopause is unique.

As researchers learn more about hormone replacement therapy and other menopausal treatments, recommendations may change. Review your current treatments with your doctor on a regular basis to make sure they are still your best option.



Manuel Uribe sits on his bed at home in Monterrey, Mexico. Uribe, who at 1,212 pounds is possibly the heaviest person in the world, hopes to travel to Italy for a life-saving operation to shed weight.

Man weighing 1,200 pounds seeks life-saving surgery

REUTERS, Rome

A Mexican man who at 550 kg (1,200 lb) is possibly the heaviest person in the world hopes to travel to Italy for a life-saving operation to shed weight.

Manuel Uribe, bedridden for the past five years, cannot stand on his own and will need a special flight to take him from Monterrey, Mexico to Modena, where a surgical team has offered to perform an intestinal bypass free of charge.

"I can't walk. I can't leave my bed," the 40-year-old Uribe, who weighs the same as five baby elephants, said. "I'm trying to reduce my weight a bit right now so I can be in the right condition for the operation."

Uribe made an impassioned plea for help earlier this year on Mexican television, saying he weighed a more normal 130 kg (290 lb) until aged 22 and did not know what happened to him.

The broadcast drew the attention of doctor Giancarlo De Bernardinis, who visited Mexico with a medical team to examine Uribe in March.

Bernardinis, whose biggest patient to date weighed 350 kg (770 lb), told that he plans a gall bladder, intestinal bypass procedure that will allow Uribe to pass food more quickly without so many calories being absorbed.

Bernardinis planned to perform the surgery in Modena as early as this month, although a Mexican health official doubted Uribe would be ready for a trip to Europe that quickly.

Medical mystery

Uribe's case puzzles doctors since his cholesterol and blood-sugar levels are nor-

mal, despite his extreme obesity.

"His heart works very well. He has some respiratory difficulty because of his obesity, but in strict terms, he's well," said Marco Anibal Rodriguez Vargas, the director of hospitals in the Mexican state of Nuevo Leon.

Rodriguez Vargas said Mexican hospitals still hoped to treat Uribe themselves, but added Uribe would ultimately decide what to do. Uribe said it was just a matter of time before he went to Italy.

The operation would last four to five hours and would likely require Uribe to spend one month in Italy.

"He will always be heavier than normal but certainly not like he is now... We would be satisfied even if he weighed 150 kg (330 lb) after two years," Bernardinis said.

No one has managed to find suitable scales for Uribe in years and estimates of his weight are made partly by tape-measure. Guinness World Records 2006 only said it was aware of living people weighing over 508 kg (1,120 lb).

The record for the heaviest man ever is held by Jon Brower Minnoch, who died in Seattle in 1983 after reaching a record 635 kg (1,400 lb). He was in his early 40s.

Uribe hopes to avoid that fate. His wife, horrified by his increasing size, feared the worst and abandoned him more than a decade ago.

"She left me because she must have thought I was dying," Uribe said. "Thank God, I'm still alive and hopefully will be able to take care of this problem."



REUTERS PHOTO

Unclean fuels kill 1.5 m people per year worldwide

STAR HEALTH DESK

Half the world's population burns wood, coal, dung and other solid fuels to cook food and heat their homes, exposing them to dangerous smoke that kills 1.5 million people a year, The World Health Organisation (WHO) said.

Children make up 800,000 of the 1.5 million people who die each year from polluting household fuels, women account for 500,000 deaths and the remaining 200,000 are men.

"Day in day out, and for hours at a time, women and their small children breathe in amounts of smoke equivalent to consuming two packs of cigarettes per day," the WHO said.

Yet in a report entitled "Fuel For Life: Household Energy and Health," the agency said it could cost as little as \$6 per family to install better-insulated and fuel efficient stoves in developing countries.

"Making cleaner fuels and improved stoves available to millions of poor people in developing countries will reduce child mortality and improve women's

health," WHO Director General Lee Jong-wook said.

Inhaling indoor smoke doubles a child's risk of pneumonia and makes adults three times as likely to suffer chronic pulmonary disease than those who cook with electricity, gas and other clean-burning fuels, it said.

Halving the 3 billion people worldwide cooking with solid fuels by 2015 would cost between \$13 billion to \$43 billion a year depending on the new energy source used, WHO said. Using liquefied petroleum gas would be cheaper than ethanol.

But it would save up to \$91 billion a year over 10 years due to health care savings, less illness, fewer deaths, and higher productivity due to less time-intensive fuel collection and cooking.

"With more time available, children would do better at school, while their mothers could engage in child care, agriculture or other income-generating activities," it said.

Making better-ventilated stoves available to half of those currently using inefficient cookers could save \$34 billion in fuel expenditure each year, it said.

Dementia: Not always Alzheimer's

TAREQ SALAHUDDIN

Dementia is a neurological disorder that affects the ability to think, speak, reason, remember and move. While Alzheimer's disease is the most common cause of dementia, many other conditions also cause these symptoms. Some of these disorders get worse with time and cannot be cured. Other types can be treated and reversed.

The three most common forms of dementia are Alzheimer's disease, vascular dementia and Lewy body dementia. Sometimes, a person can have more than one of these problems at the same time.

Alzheimer's disease: Most common cause

Alzheimer's disease involves a loss of nerve cells in the areas of the brain vital to memory and other mental functions. This loss is associated with the development of abnormal clumps and tangles of protein in brain cells.

The first sign of Alzheimer's disease is usually forgetfulness. As the disease progresses, it affects language, reasoning and understanding. Eventually, people with Alzheimer's lose the ability to care for themselves.

The precise cause of Alzheimer's disease is unknown, but risk increases with age. Ten percent of the population over the age of 65 has Alzheimer's, while nearly half of the population over 85 has the disease.

Vascular dementia: Frequently follows stroke

Another common form of dementia, vascular dementia occurs when arteries feeding the brain become narrowed or blocked. The onset of symptoms usually is abrupt, frequently occurring after a stroke.

However, some forms of vascular dementia progress slowly, making them difficult to distinguish from Alzheimer's disease. Some people have Alzheimer's and vascular dementia at the same time.

Vascular dementia often causes problems with thinking, language, walking, bladder control and vision. Preventing additional strokes by treating underlying diseases, such as high blood pressure, may halt the progression of vascular dementia.

Lewy body dementia: Has Alzheimer's-like and Parkinson's-like features

In this form of dementia, abnormal round structures – Lewy bodies – develop within cells of the midbrain, beneath the cerebral hemispheres. Lewy body dementia shares characteristics with both Alzheimer's disease and Parkinson's disease. Like Alzheimer's disease, it causes confusion and impaired memory and judgment. And it often produces two distinctive physical signs typical of Parkinson's disease – a shuffling gait and flexed posture. Lewy body dementia can also cause hallucinations.

Lewy bodies contain a protein associated with Parkinson's disease, and Lewy bodies often are found in the brains of people who have Parkinson's disease or Al-

zheimer's disease. This suggests that the three ailments are related, or that Lewy body dementia and Alzheimer's or Parkinson's disease sometimes co-exist in the same person. Some people with Lewy body dementia have experienced dramatic improvements in symptoms when treated with Alzheimer's or Parkinson's medications.

Other disorders linked to dementia

Several less common brain disorders also can result in dementia. They are frontotemporal dementia, Huntington's disease, Parkinson's disease, Creutzfeldt-Jakob disease.

Some causes are treatable Many other conditions, some reversible, can cause dementia or dementia-like symptoms.

Reactions to medications: Some medications have side effects that mimic the symptoms of dementia. A single medicine may trigger such a reaction in an older person or in someone whose liver fails to eliminate the drug properly. Interactions among two or more drugs may lead to reversible symptoms of dementia as well.

Metabolic abnormalities: Decreased thyroid function (hypothyroidism) can result in apathy, depression or dementia. Hypoglycemia, a condition in which there is not enough sugar in the bloodstream, can cause confusion or personality changes. Pernicious anemia, an impaired ability to absorb vitamin B-12, also can cause personality changes.

Nutritional deficiencies: Chronic alcoholism can result in

deficiencies of thiamin (vitamin B-1), which can seriously impair mental abilities. Severe deficiency of niacin (vitamin B-3) may lead to pellagra, a neurological illness with features of dementia. Dehydration also can cause confusion that may resemble dementia.

Emotional problems: The confusion, apathy and forgetfulness associated with depression are sometimes mistaken for dementia, particularly in older individuals.

Infections: Meningitis and encephalitis, which are infections of the brain or the membrane that covers it, can cause confusion, memory loss or sudden dementia. Untreated syphilis can damage the brain and cause dementia. People in the advanced stages of AIDS also may develop a form of dementia.

Seek evaluation and treatment

Dementia is not always due to Alzheimer's. Before you conclude that a loved one's memory loss and confusion stem from an irreversible disease process, get a thorough medical evaluation. Even if the evaluation uncovers no underlying condition that, with treatment, can reverse dementia, options may be available for easing its symptoms. Knowing the likely cause of dementia, however, is the essential first step toward managing it.

Your Doctor

Dr Md Abdul Hayee
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Dear Doctor,
I am more than 60 years old with sound health. For the last few years, I have been facing a problem with my right hand. When I do any writing works, my right hand starts trembling for which my hand writing is illegible.

I had visited my family doctor on several occasions in this regard, and he advised me some investigations like x-rays, blood tests etc. I did all those diagnostic tests but the medical reports were normal. The doctor prescribed me different medicine, which I took orally for quite a long time. But till date there is no sign of recovery from the problem.

It is very embarrassing for me when I write anything at presence of my friends and colleagues.

Please offer me your expert medical advice to solve the problem.

Moffzuddin Ahmed
347, Abhoy Mitra Ghat Road, Chittagong 4000

Answer:
From your statement, your problem is most likely to be writer's cramp. But you did not mention whether there is history of similar problem of your left hand or any other problem while doing any job other than writing.

If the answer of above questions is "not" – then the diagnosis with writer's cramp is confirm. Different medications are prescribed for writer's cramp for long time. But till now, no drug is available which can cure the condition completely.

Among the long list of drugs, botulinum toxin has proved to be the best. You should consult with a neurologist who is practicing the use of botulinum toxin in different neurological disorders.

If the answer of mentioned questions is "yes" – then anxiety neurosis should be the first choice of diagnosis. To treat anxiety neurosis you can use anxiolytic drugs like clobazam, bromazepam at need. But you must consult a neuromedicine specialist for the proper dosage and administration of the drug.

On coming issue "Your Doctor" will respond to problems of urology. Send your questions to Your Doctor, Star Health, The Daily Star, 19, Karwan Bazar, Dhaka 1215 or e-mail your problem to starhealth@thedailystar.net

Oldest mother at 63

REUTERS, London

A 63-year-old British hospital consultant who is to become one of the world's oldest mothers after undergoing fertility treatment abroad told that she was delighted with her pregnancy.

Patricia Rashbrook, a child psychologist from Lewes, East Sussex in southeast England, and her 61-year-old husband John Farrant posed briefly for photographers and camera crews outside their home.

"We take our responsibilities very seriously and regard the best interest of the child as paramount. What we would wish now is to be allowed the right to pursue our family life in private," the couple said.

Italian doctor Severino Antinori told that he had given in vitro fertilisation (IVF) treatment last October to an English woman, without naming Rashbrook.

Antinori, who said he was "excited and proud," shot to fame in the early 1990s when he helped a 62-year-old Italian woman give birth using fertility treatment with a donated egg.

Italy has since introduced some of Europe's most restrictive laws on assisted reproduction and Antinori said he had carried out the procedure this time in an unnamed former Soviet republic.

"The case of the English woman gave me great joy," Antinori said. "She should live for at least 20 to 25 years --

we are not giving birth to an orphan."

Farrant told the Sun newspaper that his wife was seven months pregnant. "We are of course both very happy and looking forward to the birth," he said. "Obviously at our age it is quite a daunting prospect."

In 1997, Welsh woman Liz Buttle became Britain's oldest mother at the age of 60. Last year, a 66-year-old Romanian, Adriana Iliescu, became the world's oldest mother when she gave birth to a baby girl after IVF treatment.



Patricia Rashbrook, a 63-year-old hospital consultant is set to become one of the world's oldest mothers.