Black Women's Health Study

July 2002 Newsletter

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Read about your chance to help
the BWHS, contribute to
improving the health of black women,
and win $500 all at the same time!

Working Together to Improve
The Health of Black Women
$500 PRIZES FOR BWHS PARTICIPANTS; COMPLETE YOUR 2001 QUESTIONNAIRE TO BE ELIGIBLE

We send a heartfelt thank you to the thousands of BWHS participants who have already returned completed 2001 health questionnaires. For the continued success of the BWHS, we need everyone who has not returned her 2001 questionnaire to do so. Having as many BWHS participants as possible fill out their questionnaires is so important that we have arranged for a lottery with 20 prizes of $500 each to encourage completion. All BWHS participants who have already returned a completed 2001 questionnaire and those who do so before the drawing will be entered into the lottery. With 20 prizes of $500 each, the odds of winning are much better than in any state lottery! We will have the drawing as soon as we are sure that all of you have had a chance to return a completed questionnaire. Don’t put off returning your completed questionnaire—we wouldn’t want you to miss out.

AFRICAN-AMERICAN HEALTH IN THE NEWS

BWHS Advisory Board member Dr. Linda Clayton, with her husband, Dr. W. Michael Byrd, just published the second volume of their research on the history of racial disparities in health care, An American Health Care Dilemma. Volume One, published in July 2000, was nominated for a Pulitzer Prize.

BWHS FEATURED ON NATIONAL PUBLIC RADIO

An NPR radio program directed to the African-American community, “Power Point’s Journey to Wellness,” focused on the BWHS on March 24. Senior BWHS investigators Lynn Rosenberg and Lucile Adams-Campbell were featured guests and answered questions telephoned in by the listening audience. It was good to get the news out on the BWHS and to hear the callers’ concerns. Several were interested in the effects of stress on health.
ALL ABOUT UTERINE FIBROIDS

What are uterine fibroids? Uterine fibroids, or leiomyomas, are non-cancerous tumors in the uterus. They are diagnosed in about 30% of women and are two to three times more common in black women than in white women. Levels of hormones produced by the body, such as estrogen, are thought to influence the occurrence of fibroids. Fibroids are most common during a woman’s reproductive years and tend to shrink after menopause. For some women, fibroids may cause symptoms of pelvic pain or discomfort, heavy or prolonged menstrual bleeding, frequent urination or infertility. Excessive menstrual bleeding may lead to anemia and fatigue.

Diagnosis: Uterine fibroids may be discovered during pelvic examination, when the doctor feels an enlarged uterus or pelvic mass. The diagnosis is confirmed by follow-up tests, most often an ultrasound. With ultrasound, high-frequency waves are bounced off the internal organs to create a picture of the uterus. Magnetic Resonance Imaging (MRI) provides a better visualization of the uterus. Magnetic waves are used instead of sound waves, and the patient must lie inside a donut-like machine. Many insurance companies require prior approval for an MRI, so be sure to check with your insurer before scheduling one.

Treatment options: There are several treatment options. Unfortunately no single treatment is effective in every case or without possible adverse effects. The best treatment for you will depend on your age, whether you want to have children in the future, your symptoms, and the size and location of your fibroids. Discussion with your doctor about these considerations will help you decide which treatment is best for you.

Watchful waiting. If your fibroids are not causing symptoms they may not require treatment. If you begin to have increased pain, bowel or bladder problems, or heavy bleeding, you will probably want to seek treatment.

Treatments for reducing the symptoms caused by fibroids:

- Anti-inflammatory medications such as Advil or Motrin may be prescribed for pain.
- Iron supplements may be prescribed if you are anemic due to excessive blood loss.
- Birth control pills will not make the fibroids go away but may help to regulate your periods and decrease your menstrual flow.
- Lupron is a medication that is effective for shrinking fibroids and stopping excessive bleeding. However, fibroids go back to their pre-treatment size when the medication is stopped. Lupron injections are usually given for less than six months because long-term use leads to bone loss. Lupron is most often used as a temporary measure to decrease the size of fibroids before surgery.
- Endometrial ablation may be used to treat uterine bleeding caused by fibroids. It is a surgical procedure in which some of the lining of the uterus is destroyed to reduce bleeding. Ablation does not affect the fibroid itself.

Treatments to shrink or remove fibroids:

- Myomectomy is a surgery to remove one or more fibroids while leaving the uterus intact. A myomectomy can be done through the vagina (hysteroscopic) or through the abdominal wall (laparoscopy or laparotomy). The laparoscopy is done with only small incisions and, like hysteroscopic myomectomy, can be done in an outpatient setting. If the fibroids are large or numerous, it may be necessary for myomectomy to be done by laparotomy, with a large incision in the abdomen. This procedure typically requires two to three nights in the hospital and six weeks of recovery and, as with any abdominal surgery, there may be adhesions or other side effects. Fibroids may recur after myomectomy.
- Hysterectomy is the most commonly performed procedure for the treatment of fibroids. It is major surgery involving removal of the uterus along with any fibroids. The ovaries do not need to be removed in order to decrease fibroid symptoms. Like myomectomy by laparotomy, the operation requires two to three nights in the hospital and six weeks of recovery. About 30% of women who undergo hysterectomy experience complications or long-term adverse effects, such as urinary incontinence, injury to internal organs, or bowel obstruction.
UTERINE FIBROIDS (CONTINUED)

- Uterine Artery Embolization is the most effective nonsurgical method of treatment. This relatively new procedure involves blocking the arteries that supply blood to the uterus, thus shrinking the fibroid. A thin tubing is inserted through a leg artery and guided to the uterus so that a liquid substance can be injected. The procedure is done under local anesthesia on an outpatient basis. It is not known whether blocking the arteries will have an effect on ability to conceive or carry a pregnancy, and so far the procedure is usually done only in women who do not plan to have any future pregnancies.

Note: Not all gynecologists have the same training and experience and their opinions may vary. If you feel that your doctor is not presenting you with a full range of treatment options or does not have experience with a newer procedure that is of interest to you, you may want to seek a second opinion.

Uterine fibroids in the BWHS: Fibroids have affected thousands of women in the BWHS. A major goal of the BWHS is to learn about causes of fibroids. Some women who develop fibroids for the first time will be asked for medical record releases and to complete a survey on symptoms, methods of diagnostic confirmation, and treatment. Medical records are important for classifying fibroids correctly. Thank you in advance for your help. You can find further information on fibroids at the following websites: www.nuff.org (National Fibroids Foundation), www.fibroids.net (Center for Uterine Fibroids), and www.fibroidworld.com (Fibroid Medical Center of Northern California).

BWHS FEATURED AT BOSTON'S MUSEUM OF SCIENCE

On Saturday, April 20, 50 New England-area BWHS participants attended a talk given by Dr. Lynn Rosenberg entitled "Black Women's Health Study: Knowledge is Power." The talk, part of the Museum's "Frontiers of Health Science Saturday Series," was a great opportunity to interact with BWHS participants and get their feedback on the study.