

Black Women's Health Study



BOSTON UNIVERSITY
SCHOOL OF MEDICINE



HOWARD UNIVERSITY
COLLEGE OF MEDICINE

January 2002 Newsletter



BWHS featured at Health Conference
in Paterson, NJ (see inside).

**WORKING TOGETHER TO IMPROVE
THE HEALTH OF BLACK WOMEN**

NEWS FROM THE BWHS

BWHS presented at health conference in Paterson, NJ. Dr. Lynn Rosenberg described BWHS methods and results at a health conference attended by several hundred African-American women in Paterson on November 3. Lynn was invited to speak by Kim Daniel-Robinson, who is a BWHS participant and a member of one of the organizations that sponsored the conference, the Alpha Kappa Alpha Sorority (Lynn is third from the left and Kim fourth from the left in the photo on the back of this newsletter). The women who attended were particularly interested in the study methods and in breast cancer, sarcoidosis, and lupus.

BWHS data presented at National Arthritis Meeting.

Margaret Formica gave a talk at the American College of Rheumatology meetings in San Francisco on November 14. She presented data on the occurrence of rheumatoid arthritis among BWHS participants. The causes of this illness are largely unknown. Margaret will be studying whether various aspects of the diet affect the occurrence of rheumatoid arthritis.

BWHS website. The BWHS website, located at <http://www.bu.edu/BWHS>, has had numerous visitors—139 people visited in October. The website contains information on BWHS methods and results and it also contains links to other sources of health information. If you have suggestions about more features, please let us hear from you.

2001 BWHS Health Questionnaire. The 2001 health questionnaire has been completed by 31,000 BWHS participants thus far. THANKS. We've sent another copy of the questionnaire to women who have not yet responded. Sometimes women who have already completed it receive another because the completed questionnaire arrives after we had sent out the additional questionnaire. If you don't remember if you've filled out the 2001 questionnaire or if you want to check that we have received it, you can check by logging on to the BWHS website, <http://www.bu.edu/BWHS>. On the left side of the screen, click on "Was my 2001 questionnaire received?" Enter your reference number (which you'll find above your address on the newsletter) and the website will tell you whether your completed questionnaire has been received.

HORMONE REPLACEMENT THERAPY—BENEFITS AND RISKS

Menopause (“the change”) is the permanent cessation of periods, the result of the ovaries no longer producing estrogen. Menopause can occur naturally, which for most women happens somewhere around age 50, or it can be the result of surgery that removes or affects the ovaries. Many BWHS participants are approaching menopause, going through it, or are now menopausal. From time to time we discuss a health issue in the BWHS newsletter. Because we have received many questions about the wisdom of taking HRT (hormone replacement therapy), which is often recommended to menopausal women, we are devoting the newsletter to this topic.

HRT comes in various forms, but the two major ones are estrogen taken alone and estrogen taken with a progestin, which is a synthetic form of progesterone. (Progesterone is the substance that causes you to have a period every month—it causes the lining of the womb to slough off.) For many years HRT was recommended for the relief of menopausal symptoms such as hot flashes. More recently though, HRT has been recommended for the prevention of a variety of illnesses such as heart disease and thinning of the bones (osteoporosis). Some physicians recommend that women take HRT for many years, perhaps even for the rest of their lives. What is the evidence for these recommendations? What are the health benefits and risks of HRT use?

Menopausal symptoms. Many women experience hot flashes, night sweats, and other symptoms during the change, and the symptoms may last for several years. Recent surveys indicate that the symptoms are not bothersome for most women. But for some women, perhaps 20 percent, the symptoms are quite severe and interfere with sleep and well-being. Many studies show that HRT is effective in relieving menopausal symptoms. Vaginal dryness, another symptom of menopause, is relieved by HRT pills, but it is also relieved by ointments that contain estrogen. We know of no health risks associated with use of the ointments.

Heart attacks. Many “observational” studies suggest that HRT prevents heart attacks. In these studies, women who chose to use HRT were compared to women who chose not to use these drugs. However, there is a problem with these studies. Women who use HRT are, on average, healthier than women who do not use HRT. In the studies that showed fewer heart attacks among HRT users, it was difficult to know whether the use of HRT led to fewer heart attacks in the users or whether their good health led to that result. Fortunately, the results of randomized trials are beginning to come in. In these trials, women are assigned in a random way to receive either HRT or a placebo (an inert substance that has no effect). On average, the HRT and placebo groups will be alike in all their health characteristics at the beginning of the study. If there is a difference in the rate of heart attacks at the end of the study, it is likely to be due to the only difference between the two groups—HRT use.

The randomized trial results so far do NOT confirm the results of the observational studies. In the first randomized study completed, there was no overall difference in heart attack rates between HRT users and placebo users over the 4 years of the study. In the first 1 or 2 years of the study, there were actually MORE heart attacks among the HRT users than among the placebo users. In another randomized trial that is still in progress, the Women’s Health Initiative, there were also more heart attacks in the HRT users in the first year of the study. The Women’s Health Initiative is scheduled to last for 13 years, and it is possible that the results after 13 years will be different from the preliminary results after the first year. Heart attack risk can be reduced by exercise, stopping smoking, treating high blood pressure with antihypertensive drugs, and treating high cholesterol with cholesterol-lowering drugs.

Osteoporosis and fractures. Osteoporosis is generally less of a problem for black women than for white women. There are no randomized trial results that demonstrate that HRT prevents fractures. Randomized trial results do show that HRT helps to prevent bone loss, particularly if taken with calcium. But once use is stopped, bone is lost again. Some new drugs, such as Fosamax[®], have been developed specifically for preventing bone loss and building bone. These drugs prevent fractures but some women experience serious side effects. “Weight-bearing” exercise, such as walking, is an effective way to prevent bone loss. It’s never too late to put walking in your life.

Clots in the legs and lungs. A number of studies show an increase in the occurrence of blood clots in the legs and lungs among HRT users. The risk of having a clot is greatest in the first year or two of use and decreases after that.

Breast cancer. A growing body of evidence from observational studies, supported by some randomized trial data, indicates that the form of HRT most commonly used in the past, estrogen alone, increases the risk of breast cancer if taken for 5 or more years—the increase is about 30 percent to 40 percent. The increase may be even greater for women who take HRT that combines estrogen with a progestin. If HRT use is stopped, the increase in risk generally disappears within 5 to 10 years. Breast cancer is the most commonly occurring cancer in American women.

HORMONE REPLACEMENT THERAPY (CONTINUED)

Endometrial cancer (cancer of the lining of the womb). Many observational studies, supported by some randomized trial data, indicate that estrogen taken alone increases the rate of endometrial cancer—by about 5-fold for 5 years of use and 10-fold for 10 years of use. If a progestin is taken along with the estrogen for at least 2 weeks a month, there is no increase in risk. If a woman who has a uterus wants to take estrogen, she should take a progestin along with the estrogen. For women who do not have a uterus (that is, women who have had a hysterectomy), estrogen alone should be taken.

Colon cancer. Observational studies indicate that HRT reduces the occurrence of colon cancer.

Comment. Our summary indicates that HRT use relieves menopausal symptoms but has serious risks, including breast cancer, endometrial cancer, and blood clots in the legs and lungs. Randomized trial data so far have cast doubt on the ability of HRT to prevent heart disease. However, the final results from the Women's Health Initiative will not be in until 2006. Those results will be very important. The Women's Health Initiative is the largest trial of the health effects of HRT yet conducted, and it includes minority women. The results may confirm the early trial results of no benefit, or they may indicate protection against heart disease. We will have to wait to find out.

Millions of American women use various forms of HRT on the recommendation of their physicians. Why is HRT so often prescribed? The reasons include the long-held belief that HRT reduces the risk of heart disease, a belief that is now in doubt because of randomized trial results; the fact that some risks, like clots, have come to light only recently; and the fact that HRT has been heavily promoted by drug companies. The issue is controversial and many physicians still believe that HRT should be taken for many years. It is our view that short-term use for the relief of menopausal symptoms is largely, but not entirely, without risk, and that long-term HRT use has serious health risks. At the moment, with the benefit of HRT on heart disease in doubt, the known risks of long-term use may indeed outweigh the known benefits.