



Weill Medical College of Cornell University

Women's Health Advisor[®]

Helping Women Over 40 Make Informed Health Decisions[™]

ALSO IN THIS ISSUE

FRONTLINE

- Experimental treatment acts like Drano for arteries
 - Breast cancer gene carries an 82 percent lifetime risk
 - Vibrating insoles aid balance
 - Snoring aids don't work
- Page 2

Heart Disease

Women's atypical symptoms may lead to less aggressive care
Page 3

Leading Edge

First-ever gene therapy for Parkinson's disease
Page 4

Solutions

Coping with the infernal itching of eczema
Page 6

FYI: News from the Society for Women's Health Research

Rheumatoid arthritis takes a bigger toll on women
Page 8

Ask Dr. Etingin

- Progesterone cream for menopause symptoms
 - Drugstore reading glasses
- Page 8

Webwatch

Where to get information on Parkinson's disease
Page 5



The Many Faces of Depression

Midlife and later life depression can produce physical as well as emotional symptoms, especially pain

Most people associate the word "depression" with sadness. But for many women, unexplained pain may be their major symptom. This is especially true later in life, when aches and pains are often blamed on aging. Other symptoms—fatigue, sleeping too much or too little, changes in appetite or weight, difficulty concentrating, and loss of interest or

lack of pleasure in normally enjoyable activities—are also less likely to be attributed to depression. As many as 80 percent of people with major depression complain primarily of physical symptoms such as pain, insomnia, and fatigue.

Why is this important for you to know? As a woman, you're more than twice as likely as a man to suffer a major depressive episode over your lifetime. New federal data finds as many as 14 million Americans suffering from major depression every year. But depression in women is misdiagnosed 30-50 percent of the time, according to the National Women's Health Resource Center (NWHRC).

Many women never seek treatment in the first place because of the lingering stigma. While most women know depression is a highly treatable illness, a recent survey by the NWHRC finds that in every age group women still feel depression is somehow a

personal weakness and are reluctant to seek care. Factor in lack of recognition of atypical symptoms, and you have millions of women suffering needlessly from a treatable illness.

Your body knows

"Your body may know you're depressed before you do," declares a nationwide public service campaign by the American Psychiatric Association and the American Pain Foundation.

A worldwide study of almost 19,000 people, aged 15-100, found that more than 17 percent of women had a chronic pain condition...and more than 27 percent reported at least one major depressive symptom along with their pain. The prevalence of chronic pain and depressive symptoms was greater in women than in men, and increased with age, according to the January 2003 study in the *Archives of General Psychiatry*. The more depressive symptoms, the more pain.

But pain isn't the only physical warning sign. "What we call 'somatic symptoms' of depression, sleep problems, changes in appetite, and energy level," remarks Kathleen Merikangas, PhD, senior investigator in the mood and anxiety disorders program at the National Institute of

Continued on page 7

DEPRESSION CHECKLIST

If you have one or more of these symptoms for more than two weeks, see your doctor.

- Persistent aches, pains, or digestive problems that get worse with low mood.
- Sleep problems.
- Low appetite or overeating.
- Feeling tired or having little energy.
- Trouble concentrating or making decisions.
- Feeling sad, like a failure, helpless, or hopeless.
- Little interest or pleasure in doing things, or in friends and family.
- Thoughts about death or suicide.



Women's Health Advisor®

EDITOR-IN-CHIEF

ORLI R. ETINGIN, M.D.
Director, Iris Cantor Women's Health Center; Vice Chairman, Dept. of Medicine; Professor of Clinical Medicine, Weill Medical College of Cornell University

EDITOR

RITA BARON-FAUST

COPY EDITOR

BARBARA MERCHANT

CONTRIBUTORS

WENDY MEYEROFF, ELEANOR GILMAN

EDITORIAL SUPPORT

WEILL CORNELL PUBLIC AFFAIRS

ADVISORY BOARD

CARDIOLOGY

ERICA JONES, M.D.

DERMATOLOGY

RICHARD GRANSTEIN, M.D.
DIANE S. BERSON, M.D.

ENDOCRINOLOGY

LILA WALLIS, M.D.

GASTROENTEROLOGY

IRA JACOBSON, M.D.
ELLEN SCHERL, M.D.

GYNECOLOGY

MARGARET POLANECZKY, M.D.

INTERNAL MEDICINE

SHARI MIDONECK, M.D.

NEUROLOGY

NANCY NEALON, M.D.

NUTRITION

BARBARA HELLER, R.D.

ONCOLOGY

ANNE MOORE, M.D.
LINDA VAHDAT, M.D.

PSYCHIATRY

MINNA FYER, M.D.

RADIOLOGY

RUTH ROSENBLATT, M.D.

RHEUMATOLOGY

LINDA RUSSELL, M.D.

SEXUALITY

BARBARA BARTLIK, M.D.

SPORTS MEDICINE

LISA CALLAHAN, M.D.

Weill Medical College of Cornell University

Women's Health Advisor® (ISSN: 1524-881X) is published monthly for \$39 per year. © 2003 by Englander Communications LLC, an affiliate of Belvoir Publications, Inc., 75 Holly Hill Lane, Greenwich, CT 06830-2910.

Robert Englander, Chairman and CEO; Timothy H. Cole, Executive Vice President, Editorial Director; Philip L. Penny, Chief Operating Officer; Greg King, Senior Vice President, Circulation; Marvin Cweibel, Senior Vice President, Marketing Operations; Michael N. Pollet, Senior Vice President, General Counsel. **Postmaster:** Send address corrections to Women's Health Advisor, Box 420235, Palm Coast, FL 32142-0235

For Customer Service or Subscription Information, Call Toll-Free: 800-829-2505
Email: whadvisor@palmcoastd.com

FRONTLINE

Experimental treatment acts as "liquid Drano" for coronary arteries

A synthetic component of "good" high density lipoprotein (HDL) cholesterol given intravenously reduced coronary artery disease in just six weeks, according to a small study conducted at the Cleveland Clinic. HDL helps carry dangerous LDL, low-density lipoprotein cholesterol, out of arteries to the liver, so the body can dispose of it. In the study, 36 men and women who had experienced a heart attack or severe chest pain received weekly intravenous infusions of the synthetic HDL for five weeks; 11 patients received a placebo. After six weeks, imaging tests of the inside of patients' coronary arteries showed those who received the synthetic HDL protein had a visible 4 percent reduction in plaque buildup; there was no appreciable change in the placebo group. Larger and longer clinical trials are needed to see whether the experimental treatment translates into fewer deaths from coronary disease. The study was reported in the November 5, 2003 *Journal of the American Medical Association*.

Breast cancer gene has lifetime risk of 82 percent

Women who inherit mutations of the BRCA1 and BRCA2 genes have an 82 percent lifetime risk of breast cancer, and a 23-54 percent risk of developing ovarian cancer. However, a study that analyzed the health records of more than a thousand Ashkenazi Jewish women (those of Eastern European descent, who are more likely to carry the genes) found that the onset of the disease was delayed by exercise and maintaining a healthy weight during adolescence. The study, appearing in the October 24, 2003 *Science*, found that women who had actively exercised during their teenage years (either in team sports, dance, or just walking a lot) and who maintained a healthy weight through age 21, were diagnosed with cancer later in life compared to less active, heavier women with the mutated genes.

Vibrating insoles may improve balance in elderly

Special insoles that vibrate undetectably appear to improve balance in elderly people by reducing "postural sway," which contributes to falls, according to a study conducted at Boston University. The study involved 15 young subjects (average age 23) and 12 older people (average age 73) who were asked to stand on gel insoles set for vibrations that were barely felt. The study participants stood on the insoles for periods of 30 seconds with their eyes closed; half the time the soles were vibrating and half the time they were randomly switched off. Each person's postural sway was tested with a special motion analysis system, and seven of the eight sway parameters were significantly decreased when the soles vibrated. Vibrational input to the sensory system seems to enhance sensory and motor function, the researchers report in the October 4, 2003 *Lancet*. The team is now working on the insoles to see if they can improve motor control during activities such as walking or climbing stairs.

Hysterectomy does not reduce sexual pleasure

Many women fear having their uterus removed will mean the end of their sex lives. But a new study shows that's not the case. Researchers from the Netherlands found that having a hysterectomy can even improve sexual pleasure. Dutch researchers questioned more than 400 women who had the surgery and found that, regardless of whether they had vaginal or abdominal surgery, a partial or total hysterectomy, all of the women reported fewer sexual problems after the operation than before. The study was reported in the October 4, 2003 *British Medical Journal*. By age 60, as many as one third of American women have had a hysterectomy.

Snoring aids don't work

Those popular snoring aids that you can buy at your pharmacy or health services store—throat sprays, nose strips, and special pillows and the like—appear to have something in common: A new scientific study found that none of them work. Researchers at the U.S. Air Force Medical Center in San Antonio, Texas recruited 37 patients and randomly assigned them to use one of the three anti-snoring products on alternate days for a week. The team also recorded patients' snoring in the home, and asked patients how well they thought the devices worked to reduce snoring. When all the criteria were measured, none of the devices measured up, the team reported to the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery in Orlando, Florida, in October. In addition to having no effect on snoring, the devices had no impact on sleep apnea episodes. 🍌

Women's Hearts Are Different

Both doctors and patients need to pay more attention to atypical symptoms so treatment doesn't lag behind men

A worldwide study of more than 33,000 cardiac patients finds women who suffer chest pain or a heart attack get less aggressive care. The study says this may be because, on angiography, women are more likely than men to have milder coronary artery blockages. The research, presented in November 2003 at the American Heart Association (AHA) annual Scientific Sessions in Orlando, Florida, may partly explain a long-standing "gender bias" in cardiac care.

Another recent study, sponsored by the National Institutes of Health (NIH), confirms that a majority of women suffer atypical heart attack symptoms, especially fatigue, rather than classic chest pain, which may also lead to delays and less aggressive cardiac care. Coronary heart disease remains the biggest killer of American women, claiming more than 250,000 lives a year. An almost equal number of women—210,000—will suffer a heart attack this year alone.

A different disease?

Angina affects 4.1 million women (compared with 2.5 million men). But there's often less indication of what's causing symptoms when women undergo angiography (a procedure that uses a special dye seen on x-ray to see coronary artery blockages), according to data from the Global Registry of Acute Coronary Events (GRACE).

Data from 10,500 patients who underwent angiography revealed that even when men and women had equally severe symptoms, and blood tests for cardiac enzymes showed equal rates of heart attacks, women were twice as likely as men to have normal or mild artery blockages, says Sujoya Dey, MD of the University of Michigan Cardiovascular Center, lead author of the study. "Angioplasty and bypass surgery are usually done when artery blockages are greater than 50 percent. Women have more diffuse disease; they may have plaques throughout the vas-

cular system. But the blockages are in small vessels that can't be seen on angiography," says Dr. Dey.

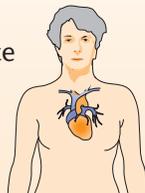
Since smaller vessels are less flexible, and their disease is so widespread, women may suffer angina or heart attacks with lesser coronary blockages.

WHAT YOU CAN DO

Be alert for atypical women's symptoms:

Symptoms that can precede a heart attack

- Unusual fatigue
- Sleep disturbance
- Shortness of breath
- Indigestion
- Anxiety



Heart attack symptoms

- Shortness of breath
- Weakness
- Unusual fatigue
- Cold sweat
- Dizziness

If you experience these symptoms, call 911 or have someone drive you to the emergency room.

(Source: *Circulation*, November 3, 2003)

The next time a cardiac event is more likely to be serious or even fatal. This is why drug therapy is vital, says Dr. Dey. Yet the GRACE data from hospitals in 14 countries found women were undertreated, regardless of how severe their disease was. "Women were less likely to get clot busters, beta-blockers, and aspirin, both in the hospital and after discharge," Dr. Dey says. "We are clearly missing an opportunity to intervene."

Atypical symptoms

Complicating the issue: Women don't display the same telltale cardiac symptoms as men. A telephone survey of

515 women diagnosed with a heart attack during the previous 4-6 months at hospitals in Arkansas, North Carolina, and Ohio, found more than 70 percent reported feeling unusual fatigue, almost half had sleep disturbance, more than 42 percent experienced shortness of breath, and 39 percent had indigestion. Fewer than 30 percent felt chest pain prior to their heart attack; 43 percent didn't have chest pain even during the attack. Most clinicians regard chest pain as the most important heart attack symptom.

Women may have dismissed their symptoms as signs of aging; some reported they could not finish making a bed without stopping to rest, according to the report in the November 3, 2003 issue of *Circulation*. Their physicians may overlook such symptoms as well.

Taking control

But it's not just physicians who need to do better. A clinical trial presented at the AHA meeting found not enough women are making lifestyle changes or adhering to drug therapy.

Researchers from three medical centers enrolled 304 women who had been admitted for either angina, a heart attack, or angioplasty to widen narrowed arteries. Half were randomized to a systematic education program aimed at reducing risk factors and using aspirin or other drug therapies. But even after regular follow-up, both groups only made slight gains, reported lead researcher Lori J. Mosca, MD, of the New York-Presbyterian Hospital.

Many cardiac patients don't meet secondary prevention goals, but Dr. Mosca says women are even less likely than men to meet those goals.

Bottom line: There are gender differences in cardiac disease and treatment that doctors and patients should pay attention to, says Dr. Dey. Women may not be diagnosed with major blockages during a first coronary episode, but that's the time to start preventive drug therapy. "Women who experience symptoms should speak up for themselves," adds Dr. Dey. "Don't be afraid to ask your doctor what else they could be doing for you." 🏃

Pushing the Envelope on Parkinson's

For the first time, gene therapy for Parkinson's disease is now a reality

In 2003, neurosurgeons at the New York Weill Cornell Medical Center in New York City took a major step in the treatment of Parkinson's disease (PD). They performed the first-ever gene therapy for Parkinson's. This was the latest in a series of advancements and changes in thinking about Parkinson's over the last few years, promising hope for more effective and lasting therapies...and perhaps, eventually, a cure.

The genetic debate

Parkinson's disease is a progressive neurological disorder caused by degeneration of the *substantia nigra*, an area of the brain that produces *dopamine*, a brain chemical (neurotransmitter) which helps regulate movement. When dopamine-producing cells die, other areas in the brain involved in movement become dysregulated. The result is tremors, stiffness, and other symptoms. In many cases, a majority of dopamine-producing neurons may be lost before a diagnosis is made. The exact cause of Parkinson's is not known, but it's thought to be a combination of genes and environmental factors.

Susan M. Bressman, MD, chair of the Department of Neurology at New York's Beth Israel Medical Center, says discoveries in recent years show that genetic mutations are the critical factors in two forms of PD. "There's a recessive form of PD in which a gene called *parkin* causes changes in the brain." This genetic cause is common in people with early onset PD beginning during the 30s or 40s.

In the late 1990s, a rare mutation in a dominant gene coding for a protein called *alpha-synuclein* was linked to Parkinson's, she notes. However, Dr. Bressman says the consensus is more than 80 percent of PD is not caused by a single gene.

Drugs on the front lines

The "gold standard" of drug treatment for Parkinson's has been *levodopa* (*L-dopa*), which converts to dopamine in the brain.

Because long-term levodopa therapy can cause complications, notably uncontrolled movement (*dyskinesia*), drugs called dopamine agonists are often given initially. They stimulate the same parts of the brain as dopamine, but are not converted to dopamine. These drugs include *Requip* (*ropinirole*), *Mirapex* (*pramipexole*), and *Permax* (*pergolide*). Dopamine agonists can also be added to levodopa therapy and, in many cases, allow lower doses of L-dopa to be given.

The most commonly used levodopa medication, *Sinemet*, is a combination of levodopa and another drug, *carbidopa*, which enhances L-dopa's delivery. It also allows for lower concentrations of the drug to be given, lessening side effects. The newest Parkinson's medication, *Stalevo*, approved in the summer of 2003, adds *entacapone*, which further enhances L-dopa's effects.

However, many physicians like Dr. Bressman prefer to use combinations of single drugs to regulate the dose of each medication.

Rewiring the brain

Unfortunately, drugs gradually lose their effectiveness for many patients, and they experience more rigidity and tremors even with extra doses of medication; this is called "off-time." "On-time" is the period during which medications control the disease. As Parkinson's progress-

es, drugs are less and less effective, so a patient spends longer periods in "off-time." Eventually, the disease becomes unpredictable, says Michael G. Kaplitt, MD, PhD, director of Stereotactic and Functional Neurosurgery at New York-Presbyterian Hospital Weill Cornell Medical Center. "Patients can be in a shopping mall and suddenly just freeze, and have to be removed by ambulance," he remarks.

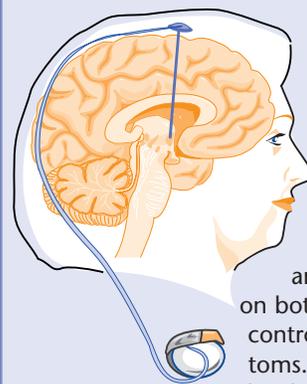
The reason seems to be due to chronically overactive brain cells. For years, the only way to control this overactivity was to destroy these neurons, either cutting them out in specific areas of the brain (such as *pallidotomy*) or by freezing them.

A relatively new surgical treatment, *deep brain stimulation* (DBS), has been successfully used to treat the tremors of PD for several years. In 2002, the FDA approved DBS for all major symptoms of Parkinson's.

In DBS, electrodes are implanted in one or two of areas of the brain where overactive cells produce symptoms. The electrode, powered by a battery implanted in the chest wall just below the collar bone, delivers continuous high-frequency electrical stimulation that shuts down overactive cells

DEEP BRAIN STIMULATION

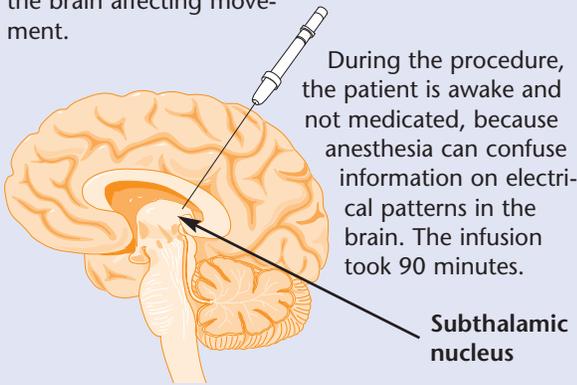
Deep brain stimulation (DBS) has taken the place of surgical procedures, such as *pallidotomy*, which quiet tremors by destroying cells in one of the areas affected by loss of dopamine signals. Instead of



eliminating areas of brain tissue that cause problems, DBS uses high-frequency electrical stimulation to interfere with faulty signals. The illustration depicts a single electrode for DBS in the thalamus. Two electrodes are now being implanted on both sides of the brain to control a wider range of symptoms. A wire implanted under the skin sends power to the electrodes from a generator implanted in the chest wall. The signal can be turned off if needed.

GENE THERAPY FOR PARKINSON'S

In the gene therapy performed at Weill Cornell, the location of the *subthalamic nucleus* was located using magnetic resonance imaging and CT scans, then confirmed using fine electrical probes. Once the target is pinpointed, the gene therapy agent is delivered through a fine catheter. The GAD gene enters the appropriate brain cells and begins production of GABA, a molecule that inhibits overactivity of areas of the brain affecting movement.



and controls symptoms, explains Michele Tagliati, MD, assistant professor of neurology at Beth Israel Medical Center. The original DBS treatment involved a stimulator in one side of the brain; the 2002 FDA approval allowed electrodes to be implanted on both sides of the brain.

"The ideal candidate for DBS is 40-75 years old, symptomatic for 5-10 years (or more), responsive to L-dopa but with severe complications and minimal 'on-time,'" says Dr. Tagliati. Most important, he says, the patient must have no cognitive impairment. DBS treatment is generally covered by Medicare in most states.

A DBS report card

A recent study that followed patients with advanced Parkinson's who received DBS found that the benefits were maintained for at least five years. The study, reported in the November 13, 2003 *New England Journal of Medicine*, followed 49 patients aged 34-68, who had received the implants between 1993 and 1997. After five years, the average dose of levodopa medications decreased by more than half, and off-medication tremor and rigidity scores improved by over 70 percent. On-medication scores worsened, which is "consistent with the

progression of underlying disease," the French researchers reported. Most of the patients had needed the help of a caregiver prior to receiving the implant. After the surgery, they were able to be independent in their daily activities.

Tinkering with genes

The gene therapy started last summer at Cornell uses an agent called *adeno-associated virus (AAV)* to carry a gene called *GAD* into cells in an area of the brain called the subthalamic nucleus (see

box at left). GAD then helps produce a neurotransmitter called GABA, which prevents neurons from misfiring.

"The subthalamic nucleus doesn't make GABA, but it needs it to control that erratic firing. If we can deliver GABA directly, it's just another way for the brain to get it where we need it," Dr. Kaplitt explains. "We chose the viral agent AAV as the delivery method because it's never been associated with a human disease. It simply acts as a Trojan horse to deliver the gene and then disappears."

If genetics are not the main cause of Parkinson's, why bother with gene therapy? Think of the gene as a new type of drug, being delivered to the part of the brain that needs it, suggests Dr. Kaplitt. It's hoped that this direct "drug delivery" will control the brain's misfiring just as DBS does, but without batteries and wires.

Answering criticism

The initial safety trial of the gene therapy will involve 12 patients who have had severe Parkinson's for five years or more, and who have not been helped by current therapies.

Some experts have argued that the move to gene therapy was made too quickly, and that it may be irreversible.

But Dr. Kaplitt points out that this gene is not running rampant through the system; it's being delivered to a very specific part of the brain (which could be removed, as with other Parkinson's surgeries).

"Any time that a new therapy is attempted, some will feel that it is too soon," says Dr. Kaplitt. He notes gene therapy has been investigated for over 15 years, and the trial was reviewed and approved by the National Institutes of Health, the FDA, and institutional review boards at both Weill Cornell and North Shore University hospitals.

WHAT YOU CAN DO

To help control your Parkinson's disease:

- Get regular exercise and physical therapy, if needed, to improve mobility, flexibility, and balance.
- Stay active. Parkinson's seems to advance more slowly in people who keep up with their regular activities.
- Take advantage of support groups; they can help emotional well-being for patients and their family members.
- Keep in close contact with your physician to fine-tune medications.

WEBWATCH

To find out more about Parkinson's disease, log onto:

Parkinson's Disease Foundation
www.pdf.org

American Parkinson's Disease Association
www.apdaparkinson.org

National Parkinson's Foundation
www.parkinsons.org

Got an Itch? It Could be Eczema

Proper skin care and new treatments can help control and even prevent flare-ups

If you have an itch you can't seem to quell, you may have *eczema*. And you have plenty of company. More than 15 million Americans suffer from this frustrating condition, which causes skin to become dry, thick, and extremely itchy. As many as 10-20 percent of visits to dermatologists are for eczema, also called *atopic dermatitis*.

Eczema typically affects hands and wrists, feet, legs, bends of elbows, backs of knees, face, neck, and upper chest. Itching in these areas often leads to excessive scratching and the onset of an "itch-scratch" cycle. Experts believe the trauma of scratching releases substances from skin cells that irritate nerves and cause further itchiness, which generates more scratching. Skin becomes irritated, red, and inflamed, and cracks often develop in fold areas inside knees and elbows and behind the ears. Scaling, crusting, and oozing frequently occur.

While there's no cure for eczema, it can be controlled. Treatment options, combined with measures to prevent flare-ups, can help calm angry skin.

Causes and triggers

Both genetic and environmental factors are responsible for atopic dermatitis. (Atopic refers to a group of diseases that are hereditary.) "People with a personal or family history of other atopic diseases, such as allergy, asthma, or hay fever or with a family member who has eczema are more prone to atopic dermatitis," explains Diane Berson, MD, assistant professor of dermatology at The Weill Medical College of Cornell University.

"Although the disease usually develops early in life, it can persist through adulthood, with certain factors triggering flares. Emotional stress is a major cause of flares, and hormonal changes accompanying perimenopause or menopause can influence the disease."

Temperature and climate also play a major role. "Cold, dry winter air and home heating can dry out skin, and drier skin is more likely to flare," Dr. Berson points out. "Some people have flare-ups when it's hot and humid. Perspiration can be an irritant."

People with eczema have a "compromised epidermal barrier," which causes reduced ability to control irritation and inflammation. Certain cosmetics, perfume, harsh wool clothing, household cleaners, detergents, and some soaps can irritate the skin. So can allergens, such as pollen or dog and cat dander. In some people, food or airborne allergens may trigger eczema.

"We used to think that people with eczema had a lower itch threshold," says Richard D.

Granstein, MD, professor and chairman of dermatology at The Weill Medical College of

Cornell University. "Now we believe that a dysfunction of the immune system causes a response to certain antigens, such as dust mites."

Diagnosing eczema

Your doctor may consider a preliminary diagnosis of atopic dermatitis if you have three or more features from each of two categories. The category of major features includes intense itching; a characteristic rash in locations typical of the disease; chronic or repeatedly occurring symptoms; and personal or family history of atopic disorders. Minor features include early age of onset; dry, rough skin; high blood levels of *immunoglobulin E* (an antibody that controls the immune system's allergic response); severe dry skin; extra creases in the palms; *keratosis pilaris* (rough bumps around hair follicles, usually on the upper arms); hand or foot dermatitis; lip inflammation; nipple eczema; susceptibility to skin infection; and testing positive on allergy skin tests.

Preventing flares

Proper skin care is important in controlling eczema. Take short, lukewarm baths or showers, since hot or excessive amounts of water strip moisture from the skin, and use mild soap, such as Dove, Basis, Oil of Olay, or Cetaphil. Pat skin dry—don't rub—and immediately apply a moisturizer (one that does not contain perfumes or preservatives) to seal in moisture. Buy a humidifier, especially if you live in an urban environment.

Be aware of substances that irritate your skin, and try to avoid them; wear vinyl gloves when your hands are exposed to water or irritants; wear gloves outdoors in winter; wear cotton or cotton-blend clothes; try not to scratch the irritated area (it can become infected); recognize when you are most likely to scratch; avoid getting hot and sweaty; and practice relaxation techniques to manage stress.

Controlling eczema

If a flare occurs, apply medication after bathing and moisturizing. "The

WHAT CAUSES THAT ITCH?

When you have an itch, it links the brain, the spinal cord, and the surface of the skin in a feedback loop. When a mosquito bites, it injects saliva into your skin which activates antibodies that trigger

the release of *histamine*. Histamine activates tiny nerve endings in the skin, which transmit signals to the brain via the spinal cord.

The signals that provoke an itch can also be caused by kidney disease or liver dysfunction. Chemical signals from these organs also trigger the itch feedback loop.

Scratching is thought to relieve itching by causing a counter irritation. However, scratching can also provoke more itching, possibly by causing the release of other molecules in the skin, and bring on more itching.



Marina Terletsky

WHAT YOU CAN DO

To avoid worsening eczema:

- Wash your skin with lukewarm water; hot water can strip moisture from skin, worsening itching.
- Pat skin dry after washing; apply a moisturizer immediately.
- Use humidifiers to keep moisture in the air, especially during the winter heating season.
- Avoid substances that irritate your skin.

best treatment is a topical corticosteroid cream or ointment,” says Dr. Berson. “But, because steroids can thin out skin and cause depigmentation, you should use them for only a week until the skin quiets down.”

Two newer drugs, *tacrolimus* (Protopic) and *pimecrolimus* (Elidel), belong to a class of drugs called immunomodulators that reduce the immune system’s overreaction to irritants. These drugs don’t have the side effects of steroids, so they are safer for long term use. However, they are only as effective as intermediate strength steroids, so doctors often recommend using a strong steroid first and then switching to Protopic or Elidel. While Protopic and Elidel may cause some temporary burning or stinging.

Other treatments include topical drugs called “tars,” which dampen inflammation, and antihistamines to relieve itching, especially during sleep. For people who don’t respond to medication, phototherapy with ultraviolet light is an option.

Eczema is fairly easy to control, especially if you treat symptoms right away. The problem is preventing it from coming back,” says Dr. Granstein. “Eczema is chronic and recurrent. That’s what makes Elidel and Protopic so interesting; doctors feel more comfortable using them for the long haul.” 🌿

DEPRESSION *Continued from page 1*

Mental Health (NIMH). “These symptoms can vary from person to person. Younger people sleep longer; as we get older we sleep less. Older people feel tired and fatigued. Some people sleep four hours a night and when they become depressed, may sleep a lot more. Sleeping more, having no energy, even feeling like you have the flu, can be depression as well.”

Most people see a family physician for such complaints, and studies show depression can be missed when the initial presentation is physical. One way to tell something more is wrong: Low energy is often coupled by a lack of pleasure in things you used to enjoy—a hallmark of depression, notes Shelley Fox Aarons, MD, a clinical professor of psychiatry at the Weill Medical College of Cornell University. Another clue is pain that worsens with mood.

Women’s issues

Many things have been attributed to the higher rates of depression among women; a brooding (ruminative) style of dealing with problems, the effects of hormones after pregnancy, the hormonal swings of premenstrual syndrome, perimenopause, and the issues that surround menopause.

“Menopause does not cause depression. That’s a myth. But there are life issues that can trigger a situational depression, such as loss of a spouse, divorce, economic setbacks, perceived loss of physical attractiveness,” remarks Dr. Aarons. “Undiagnosed hypothyroidism and chronic disease also cause depression. There is an interaction with heart disease. Some medications cause depression as a side effect.” Depression at midlife may be a recurrence of an earlier, undiagnosed, untreated episode.

The later life dilemma

People in their 70s and 80s were raised in an era when people did not talk about illness. And family history is a major risk factor for depression, notes Dr. Merikangas.

“People born before World War II often do not recognize symptoms of

depression as a ‘disease.’ Even though they may have seen the same public service ads, older people tend not to attribute depressive symptoms to disease, they think this is part of life,” observes Dr. Merikangas. “As people get older they lose loved ones and friends, and have less support systems that may have helped them to recognize the problem. They have more chronic illness. They may think more about death.” Adults age 65 and older have the highest suicide rate of any age group, and thoughts about death and feelings that life is empty are a red flag.

Family members may attribute withdrawal and memory and concentration problems to Alzheimer’s. Older people are more likely to be taking multiple medications, which can cause lethargy.

Treatment options

Medication helps lift depression by normalizing the underlying imbalance in brain chemicals, such as *serotonin*. Drugs called selective *serotonin reuptake inhibitors* (SSRIs), prevent serotonin from being reabsorbed too quickly by brain cells. These drugs include *fluoxetine* (Prozac) and *paroxetine* (Paxil). Other antidepressants, such as *bupropion* (Wellbutrin), work on different brain chemicals. Older antidepressants, called *tricyclics*, such as *nortriptyline* (Elavil), are effective when there’s chronic pain.

Response to antidepressants is highly individual; sometimes more than one drug needs to be tried. Relief doesn’t happen overnight; it can take several weeks to feel better. Women over 65 may need a lesser dose because the body eliminates drugs less effectively with age.

But a nationwide study by the NIMH and Harvard Medical School found four out of five people suffering from depression are not getting adequate treatment. It’s partly due to inappropriate dosing of medications by physicians unfamiliar with their use and to people stopping treatment. But too few people are also seeking help, says Dr. Merikangas. “We need to help people recognize when depression becomes a disease, and when to go for treatment.” 🌿

Do you have any information or thoughts about the use of "natural" progesterone cream by postmenopausal women. I have been buying it at the health food store. I had no major menopausal symptoms, but a friend was using the cream and recommended it. To my surprise, I can now go back to sleep when I am awakened to go to the bathroom (after three years of getting up at night), and I also have a sudden burst of energy! I don't think this is "all in my head," because I wasn't expecting either of these results.



You didn't say whether you are using a preparation labeled "wild yam cream" or a "progesterone cream." Wild yams contain a *phytoprogestosterone*, *diosgenin*, and some studies suggest they may have estrogenic and progestogenic properties. Diosgenin is used by pharmaceutical companies to synthesize progesterone drugs. Progesterone creams should contain only progesterone while wild yam creams should contain only phytoprogestosterone. Neither type of cream is regulated by the FDA, and their contents can vary considerably. Some creams contain high amounts of the active ingredient, others may have very little, and some products contain both wild yam and progesterone. In general, it's best to obtain progesterone cream from a compounding pharmacy to be assured that it contains the stated amount of active ingredient. Much of the "data" on wild yam creams are anecdotal; there have been no randomized clinical trials of wild yam creams for menopausal symptoms. There are some data on progesterone cream. One 1999 trial found women using active progesterone cream had an 83 percent improvement in hot flashes, compared with 19 percent in the placebo group. This particular trial used a dose of 20 mg, or a quarter teaspoon, per day, applied to the arm. There is evidence that progesterone creams are absorbed into the bloodstream, so you should discuss use of the cream with your doctor.

Until recently I have not had to use reading glasses, but now I find that I have trouble reading fine print. I am in my late 50s and have no other vision problems. Can I just try an inexpensive pair of reading glasses from the drugstore?

Drugstore reading glasses can work just as well as prescription glasses, according to the American Academy of Ophthalmology. If you haven't had an eye exam in two years, see an optometrist or ophthalmologist to make sure you have no other problems brewing (such as glaucoma), and find out whether you have astigmatism, which may be contributing to your difficulty reading. Your eye doctor can also tell you the degree of correction you need, and whether one eye needs more correction

than the other (in which case, prescription glasses may be a better option). Over-the-counter reading glasses have the same strength in each lens. They can be used with contact lenses. Ready-to-wear reading glasses are not helpful for people who have significant astigmatism or who have a complicated eyeglass prescription, such as nearsightedness in one eye and farsightedness in the other.

COMING SOON

Soothing moves for aching feet

What you need to know about interstitial cystitis

Why women are especially threatened by COPD

FYI: NEWS FROM THE SOCIETY FOR WOMEN'S HEALTH RESEARCH

Women who suffer from early rheumatoid arthritis (RA) seem to experience functional deterioration more rapidly than men, even if their disease is controlled by medication, according to a recent study from Sweden. A team of researchers examined 284 men and women recently diagnosed with rheumatoid arthritis and followed them for two years, measuring the extent of disease and asking patients to assess their ability to function. The researchers also examined changes over time and how they differed between men and women.

Even though medication helped control joint damage in both genders, women were unable to function as well as men after one to two years, according to the study in the July 2003 *Annals of the Rheumatic Diseases*. "It is not possible to generalize in individual cases, of course, but on the whole women seem to have a more aggressive disease course than men," lead author Dr. Thomas Skogh commented to the Society for Women's Health Research (SWHR). Rheumatoid arthritis affects more than 2 million Americans, mostly women. The most common symptoms include: inflammation of the joints (often the same joints on both sides of the body), swelling, difficulty moving and pain; it usually starts in the hands or feet. Early diagnosis is especially important so disease-modifying anti-rheumatic drugs (DMARDs) can be started as soon as possible, stresses Dr. Skogh. Studies show early use of DMARDs can slow progression of the disease.

For more on how disease and medications affect women, log onto: www.womens-health.org.

EDITORIAL CORRESPONDENCE

The Editor
Women's Health Advisor
75 Holly Hill Lane
Greenwich, CT 06830
CornellEditor@aol.com

SUBSCRIPTIONS

\$39 per year (U.S.)
\$49 per year (Canada)

Single copies of back issues are available for \$5.00 each. Call 800-571-1555

For subscription and customer service information, write to:
Women's Health Advisor
P.O. Box 420235
Palm Coast, FL 32142-0235
Email: whadvisor@palm-coast.com
Or call toll free: 800-847-7131

ON LINE SERVICE

Renew your subscription, order a gift subscription, or notify us of a change of address at:
www.womens-health-advisor.com

Express written permission is required to reproduce, in any manner, the contents of this issue, either in full or in part. For more information, write to Permissions, *Women's Health Advisor*®, 75 Holly Hill Lane, Greenwich, CT 06830.

DISCLAIMER

Women's Health Advisor is intended to provide readers with accurate and timely medical news and information. It is not intended to give personal medical advice, which should be obtained directly from a physician. Acting on any information provided without first consulting a physician is solely at the reader's risk. We regret that we cannot respond to individual inquiries about personal health matters.

From time to time we make our list of subscribers available to carefully screened institutions and organizations offering products or services we believe you may be interested in. If you would prefer that we not release your name to these organizations, just let us know. Please include the mailing label from your issue with your request, and send it to the customer service address at the left.