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WOMEN'S HEALTH | advisor

HELPING WOMEN OVER 50 MAKE INFORMED HEALTH DECISIONS™

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IN THIS ISSUE

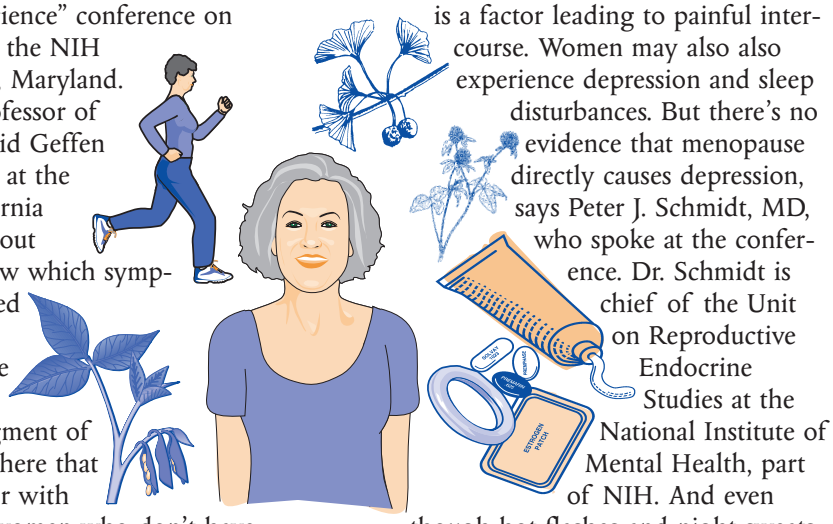
Managing Menopause Now

Experts conclude that the vast majority of women can get along without hormone therapy—Here's what you can do

A panel of experts convened by the National Institutes of Health (NIH) says it's time we "de-medicalize" menopause and start regarding it as a natural process in a woman's life. The panel, which met in March, urged women to explore options other than hormone therapy for managing symptoms such as hot flashes and night sweats.

Most American women go through menopause—marked by fluctuating hormone levels, a drop in estrogen levels, and the cessation of menstrual periods—between ages 40-58, with a median age of 52.

"Menopause is not a disease," stresses Carol M. Mangione, MD, who chaired the NIH "state-of-the-science" conference on menopause, held on the NIH campus in Bethesda, Maryland. Dr. Mangione, a professor of medicine at the David Geffen School of Medicine at the University of California Los Angeles, points out that it's hard to know which symptoms are really caused by menopause and which are simply the result of aging. "There is a huge segment of the population out there that is going to get better with no treatment…For women who don't have very serious symptoms, waiting it out may be the best strategy," advises Dr. Mangione.



A natural life process

Menopause is actually a process and not a single event. The panel defined three distinct stages of a woman's life: reproductive stage, the years between a first menstrual period and perimenopause; perimenopause, the time around menopause during which menstrual cycle and hormonal changes occur, but a full year without periods has not yet gone by; and postmenopause, which begins at the time of the final menstrual period.

Dr. Mangione says it's clear some women do have serious symptoms that cause discomfort. The panel concluded that the number of women who have hot flashes and night sweats is extremely variable: 14-51 percent may have them just before perimenopause; 35-50 percent may experience them during perimenopause; and 30-80 percent may have them in postmenopause. In addition to hot flashes and night sweats, women may suffer from vaginal dryness (often experienced as an itching and burning sensation); lack of moisture in vaginal tissues is a factor leading to painful intercourse. Women may also also experience depression and sleep disturbances. But there's no evidence that menopause directly causes depression, says Peter J. Schmidt, MD, who spoke at the conference. Dr. Schmidt is chief of the Unit on Reproductive Endocrine Studies at the National Institute of Mental Health, part of NIH. And even though hot flashes and night sweats can awaken women at night, the expert panel could establish only a "moderate" link between menopause and sleep problems.

Nonhormonal approaches

If you feel the need for a temporary medication for hot flashes, consider a low-dose of an antidepressant instead of hormone therapy (HT). Evidence presented at the conference showed that some newer antidepressants can blunt hot flashes. "Centrally active

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Weill Medical College of Cornell University

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FRONTLINE

Experimental cervical cancer vaccine promising

A major international study reports that an improved version of an experimental vaccine against *human papilloma virus (HPV)*, the virus that causes cervical cancer and genital warts, appears to prevent both conditions. The vaccine, *gardasil,* is designed to prevent infection with four types of HPV. A study published April 6 in *The Lancet Oncology*, says the vaccine blocked about 90 percent of infections with the four HPV strains. None of the women who received the vaccine developed cervical cancer, precancerous cervical lesions, or genital warts related to the four HPV types. Further testing of gardasil is underway.

Vitamins don't ward off infections in seniors

If you've been taking multivitamins in hopes they will help you avoid colds and other infections, you could be wasting your money. A meta-analysis of randomized, controlled trials of vitamin and mineral supplements in elderly people found there was not enough evidence to support their use in preventing infections in elderly people. Although three out of the eight studies reviewed reported fewer days spent with infection, the overall evidence was weak and conflicting, concludes the review published online March 30 in the *British Medical Journal (BMJ).* The analysis concludes that there are not enough data to recommend the routine use of such supplements in all elderly people. But the study authors add that the data are sufficiently encouraging to warrant further and more expansive studies.

Hysterectomy does not increase cardiovascular risks

Removing the uterus and ovaries does not appear to increase women's cardiovascular risk, according to a new analysis from the Women's Health Initiative (WHI) trial. However, the report published in the March 21 online edition of the journal *Circulation,* notes that women who undergo hysterectomies seem to have more cardiovascular disease risk factors than women who have not had the procedure. A previous analysis of WHI data found a higher rate of cardiovascular disease in women who'd had a hysterectomy. It was speculated that the abrupt drop in naturally produced female hormones after a hysterectomy may have increased the risk of heart attack and stroke. But the newest analysis showed these women had more risk factors. At the start of the trial, women who had undergone a hysterectomy tended to be more obese, have larger waists, and suffer more diabetes, hypertension, and higher cholesterol requiring medication. They also exercised less and consumed more saturated fat.

Boniva, a new once-a-month drug for osteoporosis

Ibandronate sodium (Boniva), the first monthly oral *bisphosphonate,* has been approved to prevent and treat postmenopausal osteoporosis. A multinational clinical trial among 1,602 women showed that a monthly dose (150 mg) of Boniva increased bone mineral density (BMD) in the lumbar spine to a greater degree than a daily dose (2.5 mg). Monthly Boniva also reduced the number of new vertebral fractures in women with osteoporosis, and increased BMD in women with low bone mass. Side effects include abdominal pain, high blood pressure, upset stomach, joint pain, nausea, and diarrhea. As with other bisphosphonates, Boniva can cause esophageal problems, so it must be taken with water before breakfast. Boniva users should also remain upright and avoid food, liquids, or other medications for 60 minutes.

RX ALERT

RX Alert: Bextra taken off the market; Celebrex to carry warnings

The painkiller *Bextra* was taken off the market in early April due to the risk of serious skin reactions in addition to the increased risk of heart attack and stroke shared by similar drugs. Disagreeing with its expert advisory panel, the Food & Drug Administration said the risks outweighed the benefits of Bextra. The FDA is allowing the remaining *COX-2 inhibitor, Celebrex,* to remain on the market but with a "black box" warning about increased cardiovascular risks. In addition to the prescription nonsteroidal antiinflammatory drugs, the FDA asked makers of related over-the-counter painkillers, such as *Advil* and *Motrin*, to revise their labels to include information about cardiovascular risks and gastrointestinal bleeding. The FDA has been studying the safety of the COX-2 inhibiters since *Vioxx* was pulled from the market last September. Pfizer, the manufacturer of Bextra, plans further discussions with the FDA about the possibility of returning the drug to the market. For more information, see: **www.fda.gov/cder/drug/infopage/cox2/default.htm**

Make Your Move

Exercise after menopause gets you big benefits—and it's not too late to become more active

If you already exercise, stick with it after menopause and you'll reap some big benefits. If you don't exercise, now's the time to start. Women who exercise after menopause are rewarded with lower cholesterol, a smaller waist, improved strength, better bones, and even fewer migraines, say studies from Germany and Canada published in the February issue of *Medicine & Science in Sports & Exercise.* The best part—you may begin to see results of lifestyle changes in just six weeks.

Build better strength, better bones

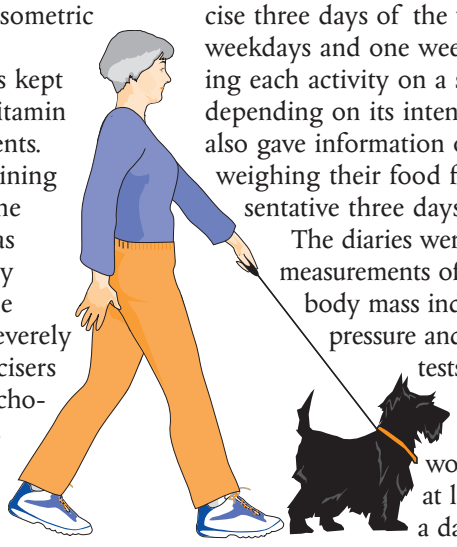
The study from Germany involved 78 early menopausal women (1-8 years after the start of menopause, with an average age of 55) who had signs of mild bone loss in the spine or hip and were taking part in the ongoing Erlangen Fitness Osteoporosis Prevention Study. The women were assigned either to an exercise training program or (as a control group) to continue their normal lifestyle. The training group had four 65-70-minute exercise sessions a week (two supervised and two at home), which included low- and high-impact aerobics and rope skipping for endurance, as well as jumping, dynamic, and isometric exercises for strength.

All of the participants kept dietary logs, and took vitamin D and calcium supplements. After three years, the training group had stabilized bone mineral density (BMD) as measured with dual x-ray absorptiometry, while the control group showed severely reduced BMD. The exercisers also lowered their total cholesterol and triglycerides (both increased in the control group), reduced their waist size (the control group stayed the same), and made gains in isometric and dynamic muscle strength and in endurance and aerobic capacity (all of which declined in the controls). An added benefit for the exercisers: modest reductions in menopausal symptoms such as insomnia, migraines, and mood swings; no effect was seen on hot flashes.

"Participants who kept up the exercise regimen showed lasting benefits for heart and bone health, as well as increased strength and an easing of the symptoms of menopause," remarked lead researcher Wolfgang Kemmler, PhD, of the University of Erlangen in Germany. "These effects are not short term, but can be maintained with exercise."

Outrun metabolic syndrome

The Canadian study of 118 postmenopausal women (aged 46-68) who were not on hormone therapy, showed higher levels of daily physical activity resulted in less body fat (including dangerous intraabdominal, or *visceral,* fat) and an improved risk profile for *metabolic syndrome (MetS).* The women kept three-day activity and food diaries to document their lifestyle during that period. The women detailed how much time and energy they devoted to physical activity and exercise three days of the week (two weekdays and one weekend day), rating each activity on a scale from 1-9, depending on its intensity. The women also gave information on their diet, weighing their food for those representative three days.



Marina Terletsky

The diaries were compared to measurements of abdominal fat, body mass index (BMI), blood pressure and cholesterol tests, as well as fasting glucose levels. Those women who spent at least 30 minutes a day doing moderate- (such as light housework) to high-intensity activities (such as running) had the best risk profile, say researchers from Laval University. Women who exercised the most at a higher intensity had a lower percentage of visceral fat, smaller BMI and waist size, as well as lower blood pressure, cholesterol, triglycerides, and better insulin sensitivity, compared to low-activity women.

Even those women with insulin resistance or type 2 diabetes had a better metabolic profile if they exercised, says lead researcher Simone Lemieux, PhD, of the department of food science and nutrition at Laval.

"During the years following menopause, hormonal and sometimes behavioral changes favor the accumulation of visceral adipose tissue, which can increase the risk of cardiovascular disease," says Lemieux. "Daily participation into moderate to intense physical activity is a good approach" to limit these negative changes.

Better late than never

It's never too late to start to make changes. Another study from Canada found that adopting a regular exercise routine for the first time even later in life slows development of metabolic

Continued on page 4

WHAT YOU CAN DO

To increase activity and exercise:

- Get at least 30 minutes of moderate aerobic exercise such as walking on most, if not all, days of the week.
- Wear a pedometer; studies show it can motivate you to walk farther.
- Put on your sneakers and walk to do your daily errands.
- To avoid weather extremes, join an indoor mall-walking program.
- If you have arthritis, cardiovascular disease, or other health problems, investigate exercise programs specifically designed for people with those conditions.
- If you have had a heart attack, don't neglect cardiac rehab.

EXERCISE *Continued from page 3*

risk factors. The study of almost 200 previously sedentary people (average age 67), half of whom were assigned to an exercise training program, found twice as many sedentary people developed metabolic syndrome over a 10-year period. Overall, 11 percent of the active group developed MetS, compared to 28 percent of the sedentary group, and 64 percent had some metabolic abnormalities, according to the study in the March issue of *Diabetes Care.*

In addition, almost a third of the sedentary people had a positive exercise electrocardiogram or cardiac symptoms, compared to 10 percent of the active group, and more comorbidities such as high blood pressure. The exercisers also had a 3.5 percent increase in fitness levels, while fitness declined almost 14 percent in the sedentary group, say the researchers at the University of Western Ontario in London.

How soon can you see results? A recent study from Brigham Young University of 337 people, aged 43-81, found the group had significant reductions in body fat, cholesterol, and blood pressure just six weeks after starting a 30-minute daily cardiovascular exercise program and adopting a diet emphasizing fruits, vegetables, and whole grains. The program was an effective intervention in the short term, the authors wrote in the March *Journal of the American Dietetic Association,* "and has the potential to dramatically reduce the risks associated with common chronic diseases in the long term."

"We tend to think of exercise as something we do for cosmetic reasons. But exercise is not about trying to be thin, it's about taking care of ourselves," stresses Lisa Callahan, MD, founder and medical director of the Women's Sports Medicine Center at the Weill-Cornell Affiliated Hospital for Special Surgery in New York. If you don't make the time to exercise, Dr. Callahan says, "you'll have missed the most important opportunity to take care of your health."

Troubled by Hemorrhoids?

Many treatments are available for this common problem

The symptoms are familiar to most of us: rectal pain, itching, or bleeding. If you've experienced them, you likely have hemorrhoids. This common condition is caused by chronic constipation and straining during bowel movements, diarrhea, and even sitting on the toilet too long. Being overweight and doing excessive standing or lifting can make them worse.

Anyone can develop hemorrhoids, but you may be especially more prone if you've ever been pregnant. "Anything that increases pressure on the rectum, such as an expanding uterus or a uterine fibroid can lead to hemorrhoids," explains Ellen Scherl, MD, director of the Inflammatory Bowel Disease Center at Weill Medical College of Cornell University. "Once hemorrhoids form, they don't always disappear, although they may decrease in size."

Aging is another risk factor. Older people, who often drink less fluid and exercise less than younger adults, tend to develop more constipation. Also, muscle tone in the rectum tends to weaken with age, which leads to more straining. About half the population has had hemorrhoids by age 50. The good news: Hemorrhoids are typically not dangerous and are easily treated.

Swollen veins

Everyone has a network of blood vessels called *hemorrhoidal veins* (or *cushions*) as a normal part of the anal canal. These cushions are thought to contribute to continence. When these veins become swollen and inflamed, they become problematic.

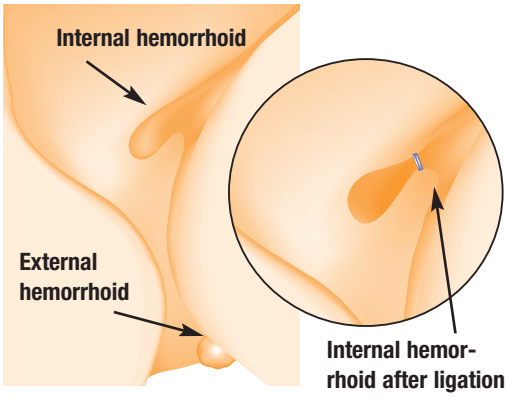
Internal hemorrhoids, swollen veins inside the rectum, usually cause little pain but can bleed. When internal hemorrhoids protrude through the anus, they are called prolapsed hemorrhoids. These can become irritated and painful. Prolapsed hemorrhoids can deposit mucus combined with microscopic stool contents on the anus, causing an itchy dermatitis *(pruritus ani).* You may be able to push back a prolapsed hemorrhoid, or it may go back on its own.

External hemorrhoids involve veins outside the anus and can itch, cause pain, and, in some cases, bleed. A blood clot that forms in an external hemorrhoid is known as a thrombosed hemorrhoid. You may feel this as a hard lump or painful swelling around the anus, and may see red blood. Skin tags, or excess skin left after a thrombosis resolves, can create problems with hygiene.

Diagnosis is key

Hemorrhoid symptoms can mimic those of other anorectal problems, such as fissures, fistulas, skin infections, abscesses, and tumors, so it's important to get an accurate diagnosis. A simple external, digital exam may be sufficient to diagnose some abnormalities but, when necessary, doctors use an *anoscope,* a small, lighted scope placed into the anus, to view internal hemorrhoids. "In some patients, symptoms like bleeding or pain may be due to a separate problem," says Toyooki Sonoda, MD, assistant professor of colon and rectal surgery at Weill Medical College of Cornell University. "For a complete evaluation, an

THE ANATOMY OF HEMORRHOIDS



Hemorrhoids are formed when networks of veins inside (or outside) the rectum become swollen and inflamed.

anoscope is simple and useful." Proctoscopes and sigmoidoscopes, which are longer than anoscopes, allow for viewing higher up in the rectum to screen for inflammation or rectal polyps and masses.

If you see bleeding, you need to make sure the cause is hemorrhoids and not something more serious, such as colorectal cancer. "Blood on toilet paper, in the bowl, or streaking the stool tends to be due to hemorrhoidal bleeding. In contrast, blood mixed in the stool or a lot of clots, especially with shortness of breath, chest pain, or dizziness, needs to be investigated," notes Dr. Scherl. "It's important for anyone over 40 with rectal bleeding—even if the diagnosis of hemorrhoids is established—to have a colonoscopy (which allows visualization of the large intestine) to rule out polyps or colon cancer in addition to hemorrhoids. A diagnosis of hemorrhoids should not give you a false sense of security. You could have polyps or colon cancer, as well."

Relieving the pain

Not everyone with hemorrhoids has symptoms, and hemorrhoids should be treated only if they are bothering you. For many patients, simple conservative measures will ease discomfort. Bathe in plain warm water for 10 minutes two or three times a day and use ice packs to reduce swelling of thrombosis. Clean the anal area with moist toilet paper, baby wipes, *Tucks* pads, or witch hazel after each bowel movement, unless hemorrhoids are irritated. If you have irritation, you can use aloe wipes.

For women whose hemorrhoids are caused by *proctitis,* an inflammation of the rectum, *mesalamine* suppositories *(Canasa)* can help. To relieve pain, use a hemorrhoidal cream, such as *Anamantle HC* or *Anusol HC,* both sold by prescription. (Anamantle HC can be bought packaged with aloe wipes.) If needed, use a stool softener, such as *docusate (Colace).* Sitting on an air-filled doughnut cushion can also ease discomfort.

Stay regular

Since constipation is a main cause of hemorrhoids, stay regular. "Include more fiber in your diet by eating fresh fruits and vegetables, and drink eight glasses of liquid a day, excluding coffee and alcohol, which can be dehydrating," advises Dr. Sonoda. "Some people may need soluble fiber supplements, such as *methylcellulose (Citrucel)* or *psyllium (Metamucil).*" Fiber and fluids create softer, bulkier stools, which makes bowel movements easier and lessens straining. The average American gets only 8-15 grams of fiber a day; current dietary guidelines call for 25 g. Many hemorrhoid symptoms resolve with only dietary changes. When straining and constipation decrease, internal hemorrhoids shrink, and symptoms improve.

Avoid laxatives, which can lead to diarrhea and worsen hemorrhoids. If diarrhea is causing hemorrhoids, try an antidiarrheal agent. Don't wait to use the bathroom when the need arises, and remember that the bathroom is not a library—prolonged sitting increases pressure on hemorrhoids.

When you need more

External hemorrhoids often produce symptoms because of thrombosis, which can be extremely painful. The pain often resolves in two weeks or less, but the swelling usually remains for several weeks. Treatment, when necessary, involves excision in a doctor's office.

If internal hemorrhoid symptoms don't resolve after conservative therapy, or if you have continued bleeding, prolapsed hemorrhoids that can't be pushed back, or uncontrollable pain, you may need more aggressive treatment. The most common treatment to shrink and destroy internal hemorrhoids is rubber band ligation, performed in the doctor's office. The procedure involves placing a small rubber band around the base of the hemorrhoid, which cuts off blood flow so the hemorrhoid withers away. This is usually painless although you may have a sensation of rectal pressure for a couple of days.

Other treatments for internal hemorrhoids include *sclerotherapy,* injection of chemicals that shrink the hemorrhoid; *infrared coagulation,* burning of hemorrhoidal tissue; and *cryotherapy,* freezing hemorrhoidal tissue. If internal hemorrhoids are prolapsed or very large, surgical removal *(hemorrhoidectomy)* may be necessary.

A new outpatient procedure, called *procedure for prolapse and hemorrhoids (PPH),* has advantages over hemorrhoidectomy. With PPH, post-operative discomfort is minimal, patients resume activities quickly, and risk of recurrence is lessened. During PPH a circular stapling device lifts and suspends hemorrhoidal tissue to its original position. Blood flow to the hemorrhoids is reduced, causing them to shrink. "The anal area is rich in nerves, so traditional surgery to excise internal and external hemorrhoids leaves patients in considerable pain. With PPH, staples are placed above the areas containing nerves," explains Dr. Sonoda. "During PPH, hemorrhoids are pulled back in the anal canal, not removed. Hemorrhoidal cushions have a function. By leaving the hemorrhoids, complications, such as incontinence and strictures are minimized. I think this is a great operation that makes a lot of sense."

Don't be shy

Women sometimes delay seeking help for hemorrhoids because of embarrassment, apprehension about an anal examination, and fear of a cancer diagnosis. But with effective treatment available, there's no reason to suffer, says Dr. Scherl. "You need to know it's hemorrhoids causing the symptoms. What you don't know can hurt you."

WHAT YOU CAN DO

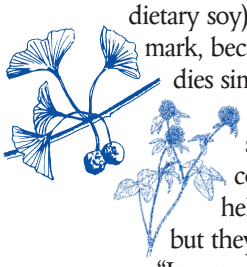
To prevent and soothe hemorrhoids:

- Make lifestyle changes, including increasing your fluid intake, to avoid constipation.
- Don't read in the bathroom.
- Avoid standing or sitting for extended periods.
- Carry individually packaged hemorrhoid pads with you.
- Ff you notice any rectal bleeding, see your doctor promptly to rule out colon cancer.

MENOPAUSE *Continued from page 1*

nonhormonal agents clearly do decrease hot flashes in women," says Charles L. Loprinzi, MD, a professor at the Mayo Clinic College of Medicine in Rochester, Minn., and a conference speaker. The expert panel cited *paroxetine (Paxil)*—a *selective serotonin reuptake inhibitor (SSRI*)—among others. If you want to try an SSRI for hot flashes, talk to your doctor about the side effects, which can include nausea, loss of energy, and sexual desire, as well as sleepiness. You need to consider whether the potential side effects outweigh its benefits.

Using complementary and alternative approaches such as the herbal supplements *black cohosh* (sold as *Remifemin), red clover (Promensil),* or soy extracts (not dietary soy) remains a question mark, because most of these remedies simply haven't been well studied. There are some studies that show black cohosh and red clover help hot flashes somewhat, but they were not large studies.



"In general, the study of botanicals as treatments for hot flashes is still in its infancy," the panel concluded.

Exercise has been shown to result in an improved quality of life at menopause, even if it doesn't directly affect hot flashes or other symptoms. So if you're feeling stressed, go for a walk or a swim, or call up a friend for a tennis game. And be sure to eat a well-balanced diet low in fat and high in fruits and vegetables for general health and well-being. (For more on the health benefits of exercise after menopause, see page 3.)

Hormones: Only for a few

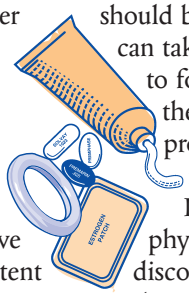
The panel concluded that for a minority of women—particularly those with a surgically induced menopause—nothing is as effective as hormones for severe and persistent symptoms. "It is clear that estrogen is effective, but there are potential big tradeoffs," says Dr. Mangione.

Today, doctors are being urged to use HT for menopause at the lowest dose possible for the shortest length of time. "There is very little downside to starting low and going slow unless a woman's symptoms are very disabling," says Dr. Mangione. (However, no definition of what constitutes the "lowest" dose of HT or the "shortest" period came out of the conference.)

The new emphasis on low-dose hormones for short-term use came after the hormone therapy arm of the Women's Health Initiative (WHI) was stopped early in 2002. The large clinical trial was designed to see if estrogen and combination HT could prevent heart disease, but instead found they increased the risk for blood clots, stroke, heart attacks, breast cancer, and even dementia. Since the average age of the women in the WHI was 63, a clinical trial is underway to see if newly menopausal women (in their late 40s and early 50s) will benefit from HT.

"Despite admonitions to use a lower estrogen dosage, a recent nationwide survey showed that most women continue to take the standard dosage," observed Bruce Ettinger, MD, clinical professor of medicine at the University of California at San Francisco and a conference speaker. Dr. Mangione attributes this lag in prescribing lower estrogen doses to the "leaky conduit" between new medical recommendations and their adoption by physicians.

If, after a thorough discussion about the risks and benefits of hormone therapy with your doctor, you decide to take HT, ask your doctor if you can have a low-dose regimen (for example, 0.3 mg of estrogen and 1.5 mg of progestin) for a short period. But you should be aware that such a low dose can take longer to work—typically up to four weeks. Also be aware that there have been no studies yet to prove low-dose hormone therapy is safer than standard doses.



If symptoms of vaginal atrophy *(atrophic vaginitis)* are causing discomfort, a good option might be a low-dose vaginal estrogen cream (or other local preparations), which can reverse tissue atrophy.

Above all, keep in mind that menopause is a normal part of life and shouldn't be treated as a medical condition, the panel stressed. It helps to take a positive outlook, recognizing that menopause can free a woman from menstrual cramps, the need to buy pads and tampons, and concerns about an unwanted pregnancy.

It also helps not to put the rap on menopause for every stressful feeling. "Midlife is a very challenging time of life," says panel member Susan H. McDaniel, PhD, professor of psychiatry and family medicine at the University of Rochester School of Medicine and Dentistry in Rochester, N.Y. "I think we tend to attribute these stresses to menopause."

WHAT YOU CAN DO

To manage menopausal symptoms without hormones:

- If hot flashes wake you at night, keep your bedroom cool; use air conditioning.
- Dress in layers that you can remove if you get too warm.
- Use sheets and clothing that let your skin breathe, such as cotton, rather than synthetic fabrics.
- Try having an iced drink (water or juice) at the start of a hot flash.
- Learn deep breathing techniques, which have been proven to help.
- Use vaginal moisturizers or topical estrogen (creams, *Estring,* or the *VagiFem* suppository) to ease dryness and other symptoms of vaginal atrophy; lubricants can make sex more comfortable.
- Exercise can be an antidepressant; do it regularly.

Source: National Institute on Aging

WEBWATCH:

If the Terry Schiavo case has you thinking about a living will, here is a web site that not only provides information and forms, but also allows you to register your living will in a national database. The service is free and you also get a wallet card to alert health care providers in an emergency. Log on at: **www.uslivingwillregistry.com**

Joint Pain, Fatigue, and Depression

The three symptoms that may signal autoimmune disease

If you've been experiencing problems including joint pain, fatigue, and mild depression, it could be an early warning sign of an autoimmune disease. Autoimmunity—a misguided attack by the body on healthy tissue—underlies more than 80 chronic and often disabling diseases, that affect as many as 50 million people, according to the American Autoimmune Related Diseases Association. Seventy-five percent of those affected are women.

Because autoimmune diseases affect multiple body systems and women can have more than one disease, early symptoms can be varied and transient. Illnesses often overlap and mimic each other. But joint pain, fatigue, and depression that occur together stands out, says autoimmune researcher T. Steven Balch, MD, medical director of the Lupus Treatment Center in Atlanta, Georgia.

"Most autoimmune diseases produce fatigue early on as a result of systemic inflammation. You can also have joint pain in the early stages of a number of diseases. But when you add depression—a chemical depression not a situational depression—this may indicate a potentially serious problem that needs investigation," says Dr. Balch.

Differences in pain

Joint pain is distinct from muscle pain, and it may be different in each disorder. Achy joints that are not swollen are termed *arthralgia.* In *rheumatoid arthriris (RA)*, joints may be red, tender, warm, and swollen in addition to stiff and painful in the morning. But in lupus, you may only have arthralgia. In RA, pain tends to affect the same joints on both sides of the body, often starting in the hands, feet, or neck, and joints become damaged due to the mass of abnormal cells that forms inside the joint *(pannus)*. In lupus there is no joint damage

Systemic inflammation can produce arthralgia in Crohn's disease and ulcerative colitis. In *Hashimoto's thyroiditis*, an underactive thyroid gland leads to fluid accumulation that can make joints feel achy. The joint pain of early scleroderma can be due to swollen hands or feet or skin that's stiffened over the joints due to overproduction of collagen in the skin. In addition to dry eyes and mouth, women with *Sjögren's syndrome* can also suffer joint pain. In a study of 440 patients with autoimmune diseases, many of which did not directly involve the joints, Dr. Balch found a majority reported arthralgias. In contrast, *fibromyalgia syndrome (FMS)*, which can coexist with autoimmune diseases, produces widespread muscle pain and tenderness around the body, but not in the joints.

Why fatigue and depression?

The systemic inflammation in many autoimmune diseases can cause body-wide symptoms such as flu-like aches, low-grade fever, and a general feeling of not being well *(malaise)*. The crushing fatigue that can occur in some autoimmune diseases is not due to inadequate sleep; you may sleep eight hours a night and still wake up feeling drained.

Fatigue can also be due to anemia, a common finding in RA and lupus. Fatigue is actually the most common symptom of *multiple sclerosis (MS)* followed by depression (which may reflect the presence of brain lesions). Fatigue is reported by a majority of women with Sjögren's syndrome. Over half of the autoimmune patients in Dr. Balch's study reported feeling fatigued. Most women with RA and lupus also report signs of depression.

Looking for early markers

Dr. Balch is gathering patients for a study of *C-reactive protein (CRP),* a general marker for inflammation in the body. "CRP is elevated in patients with autoimmune diseases. It gets higher when they get worse, and gets better when they get better," says Dr. Balch. If CRP, combined with a constellation of symptoms, proves to be a reliable early marker, treatment can be started earlier. Antimalarial drugs, such as *Plaquenil,* help ease fatigue and joint pain, with few side effects.

Says Dr. Balch: "If you have symptoms including this triad, you need to be seen by someone familiar with autoimmune diseases. It could be a precursor to a serious problem that we may be able to treat before it progresses further."

SYMPTOMS OF COMMON AUTOIMMUNE DISEASES

Rheumatoid Arthritis
- Tender, warm, swollen joints
- Joint pain in the same joints on both sides of the body
- Morning pain & stiffness lasting more than an hour
- Fatigue
- Malaise
- Depression
- Low-grade fever
- Dry eyes or mouth

Systemic lupus erythematosus
- Painful, swollen joints
- Arthralgia (achy but not swollen joints)
- Fever
- Prolonged or extreme fatigue
- Butterfly-shaped rash across cheeks and nose
- Skin rashes after sun exposure
- Depression

Thyroid disease (Hashimoto's thyroiditis, or underactive thyroid)
- Fatigue
- Intolerance to cold
- Dry skin, dry hair
- Depression
- Muscle & joint aches
- Unexplained weight gain
- Constipation
- Impaired memory

Sjögren's syndrome
- Dry eyes, dry mouth
- Fatigue
- Depression
- Reduced saliva flow
- Burning mouth
- Frequent cavities
- Dry vagina
- Painful intercourse
- Joint pain
- Fever

Inflammatory bowel disease (Crohn's disease)
- Chronic diarrhea
- Abdominal pain
- Fever
- Fatigue
- Night sweats
- Weight loss
- Joint pain
- Mouth ulcers
- Nausea & vomiting
- Bone loss (due to malabsorption)

ASK DR. ETINGIN

I periodically suffer from really annoying twitches in my lower eyelids. Is this a sign of multiple sclerosis or some other neurological disorder? These twitches start for no apparent reason, keep up for weeks, and then disappear. Should I be worried?

What you describe sounds like *benign essential blepharospasm*, an involuntary spasm, twitching, or blinking of the eyelids that is more common in older people and in people with dry eye. Blepharospasms are caused by the abnormal functioning of the *basal ganglia,* nerve circuits located in the base of the brain that help control muscles and movement. Blepharospasms (or *hemifacial spasms*) can occur along with other symptoms in nerve disorders, but in the vast majority of cases are an isolated and benign problem, according to the National Eye Institute (NEI). Most people develop blepharospasms without warning, and the NEI says they can become more frequent and other facial spasms may also develop. Spasms decrease or cease during sleep and when you're concentrating on a specific task. There are no cures, but treatments include injections of *botulinum toxin (Oculinum)* into the eyelids; the tiny doses of botulinum temporarily paralyze the affected muscle or muscles. Oral medications—including low doses of tranquilizers *(Valium),* antiseizure drugs *(Tegretol),* anti-Parkinson's medications *(Sinemet),* and other drugs that affect nerve function—work only in 15 percent of cases. In severe cases, surgery can remove some of the affected nerves and muscles. For more information, check **www.blepharospasm.org**

My mother recently died of Alzheimer's disease at age 87, after struggling with the disease for years. I'm worried that I may develop Alzheimer's, too. I read that loss of sense of smell may be a warning sign and that a home test is available that uses smells to find out if you are at increased risk for Alzheimer's. How accurate is this test? I am 64 and wonder if the disease may run in my family since I can be forgetful at times.

The incidence of Alzheimer's increases with age; the highest prevalence is among people in their 80s. Familial cases of Alzheimer's usually occur at a much younger age. A number of studies suggest that loss of smell may precede Alzheimer's disease. Over the years there have been observations that the brain damage that occurs in dementia frequently affects the sense of smell. However, having an impaired sense of smell (or losing the ability to smell) can occur in older people after a severe viral infection, among other causes. If you fail this home test, it does not mean you're at risk for Alzheimer's, nor does passing it mean you won't develop the disease. It's common to forget where we put our keys or eyeglasses; forgetting what those items are used for is cause for concern. If you have concrete signs of memory loss (or loss of smell) that are causing you to worry, ask your doctor about appropriate testing at a center that specializes in memory problems and Alzheimer's disease.

COMING SOON

- **Chest pain—When should you worry?**
- **How stem cells could treat urinary incontinence**
- **When to turn to physical therapy**

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

By now most people know smoking can cause lung cancer. But how many of us know that inhaling tobacco smoke can also wreak havoc on the kidneys? A report in the March 10 issue of the *International Journal of Cancer* reveals that the link between smoking and kidney cancer is much greater than expected. The researchers analyzed data from 24 different studies and found the prevalence of kidney cancer was much higher among smokers than nonsmokers. And the more a person smoked, the greater the danger to the kidneys, according to the study from France. Interestingly, male smokers appear to be at greater risk for kidney cancer than women. This might reflect a true biological difference, says lead researcher Paolo Boffetta, MD, who heads the Gene-Environment Epidemiology Group in Lyon, France. But it also might be because women smokers "have on average smoked less and for a shorter duration than smoking men," Dr. Boffetta told the Society for Women's Health Research (SWHR). Smoking is the leading preventable cause of death and disease in the U.S. Quitting significantly lowers (but does not eliminate) someone's risk for lung and kidney cancers and other diseases. But kicking the habit may be tougher for women, says Sherry Marts, PhD, SWHR vice president for scientific affairs. Women may experience more severe withdrawal symptoms and get fewer benefits from nicotine replacement than men. However, says Marts, "Women should not be discouraged, but recognize that there are multiple paths to the goal of a smoke-free life."

For more on how disease and medications affect women, log onto: **www.womenshealthresearch.org**

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