Aerobic Exercise May Cut Menopausal Symptoms

BY SHERRY BOSCHERT

Postmenopausal women improved their physical fitness and reported reductions in the severity of menopausal symptoms after 12-24 weeks of aerobic exercise in three 70-minute sessions per week.

The 65 women (mean age, 50.1 years) rated the severity of menopausal symptoms on the self-administered Menopause Rating Scale questionnaire at baseline, 12 weeks, and 24 weeks in the uncontrolled study. The program of aerobic and calisthenic exercise aimed for 75%-80% of maximal heart rate, with 10 minutes of warm-up exercise; 40 minutes of aerobic exercise (15 minutes of exercise targeting the abdomen, hip, and leg muscles; and 5 minutes for cooldown and stretching).

Participants reported significant decreases in the severity of hot flushes, night sweats, cardiovascular symptoms, muscle and joint pain, sleeping disorder symptoms, depressive mood, irritability, anxiety, exhaustion, sexual problems, and urinary symptoms between the start and end of the study, Dr. Selma Karacan of Selcuk University in Konya, Turkey, reported (Sci. Sports 2009 [doi:10.1016/j.scispo.2009.07.004]).

Some of the symptoms showed improvement by 12 weeks and further significant improvements by 24 weeks, including vasomotor symptoms, muscle and joint pain, psychological symptoms, and sexual problems. The women reported no significant change in vaginal dryness. Significant improvements also were seen in resting heart rate, systolic and diastolic blood pressures, flexibility, aerobic power, and the ability to perform sit-ups, push-ups, and right or left hand grips.

Body weight, body mass index, body fat percentage, and fat weight decreased significantly, with no change in lean body mass values.

The findings support results from previous observational studies of physically active postmenopausal women compared with age-matched, sedentary control women. No randomized controlled trials have looked at the efficacy of exercise in managing hot flushes.

The current study suggests that a high level of cardiorespiratory fitness may help reduce menopausal symptoms, Dr. Karacan concluded.

BY PATRICE WENDLING

Atlanta — An oral contraceptive known in Europe as Qlaira significantly reduced menstrual blood loss in women suffering from idiopathic heavy and/or prolonged menstrual bleeding, in a multinational, double-blind phase III trial.

Among 135 evaluable women, complete resolution of abnormal menstrual symptoms was achieved in 44% of those receiving the oral contraceptive containing estradiol valerate/dienogest (E2V/DNG) vs. 4% of those given placebo. The mean change in menstrual blood loss volume, as quantified using the alkaline hematin method, was –535 mL in the E2V/DNG arm vs. 130 mL in the placebo arm (P < .0001).

The dramatic reduction in blood loss was apparent in 3 months, and was accompanied by improvements in iron metabolism parameters, said lead researcher Dr. Jeffrey T. Jensen, professor of obstetrics and gynecology at the Oregon Health and Science University in Portland.

Significant improvements were observed at 196 days with E2V/DNG vs. placebo in the mean change from baseline in the hematocrit (1.4% vs. –0.05%), ferritin (2.9 mg/mL vs. –0.4 mg/mL), and hemoglobin (0.6 g/dL vs. 0.1 g/dL). Levels of E2V/DNG were approved for contraception in Europe under the trade name Qlaira in 2009, and may become available in 2010 in the United States where dual indications for contraception and heavy menstrual bleeding are being discussed.

Dr. Jensen said at the annual meeting of ACOG that results from a comparative trial conducted by one of Dr. Jensen’s coinvestigators in 798 healthy women who were neither using HT nor drinking alcohol. Among current HT users, any alcohol consumption was associated with a 29% higher risk for cataract extraction, and those who drank more than one alcoholic drink per day had a 42% higher risk, compared with women who were neither using HT nor drinking alcohol.

Drinking alcohol has been associated with increased levels of plasma estrogen in postmenopausal women in prior studies.

Investigators collected data from women in the Swedish Mammography Cohort who completed questionnaires in September 1997 about hormone status, use of hormone therapy, and lifestyle factors. The researchers followed them through October 2005 and those who reported being postmenopausal were analyzed for increased levels of plasma estrogen in postmenopausal women.

Among women aged 65 years or older, the risk for cataract surgery was 73% higher in those using hormone therapy, compared with women who never used HT, after the researchers adjusted for the effects of alcohol consumption, smoking, diabetes, hypertension, and other factors.

BY SHERRY BOSCHERT

A comparative trial conducted by one of Dr. Jensen’s coinvestigators in 798 healthy women suffering from idiopathic heavy and/or prolonged menstrual bleeding, in a multinational, double-blind phase III trial.

During a discussion of the study, audience members questioned the lack of a control group in the study and the high number of patients excluded from analysis. Dr. Jensen said that it was a weakness not to have an active comparator, but that the study design was required by the Food and Drug Administration. Furthermore, unpublished data from a third trial showed a similar reduction in bleeding at 3 months with E2V/DNG and the approved levonorgestrel-releasing intrauterine system (LNG-IUS) and a better response at 6 months with LNG-IUS.

“Having placebo-controlled data is very useful as far as getting a benchmark, and there’s lots of women out there that aren’t currently using any other products,” he said. “Now whether this is a better treatment than other oral contraceptives, we don’t know,” he said.

A comparative trial conducted by one of Dr. Jensen’s coinvestigators in 798 healthy women suffering from idiopathic heavy and/or prolonged menstrual bleeding, in a multinational, double-blind phase III trial.

With testosteronelike progestins. The current study suggests that a high level of cardiorespiratory fitness may help reduce menopausal symptoms, Dr. Karacan concluded.

Hormone Therapy Associated With Need for Cataract Surgery

BY SHERRY BOSCHERT

Among women aged 65 years or older, the risk for cataract surgery was 73% higher in those using hormone therapy, compared with women who never used HT, after the researchers adjusted for the effects of alcohol consumption, smoking, diabetes, hypertension, and smoking, diabetes, hypertension, and other factors.

OC Reduced Heavy, Prolonged Menstrual Bleeding in Study

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W
omen who used hormone ther-

apy were more likely to need cataract surgery, a risk potentiated by drinking alcohol, a large Swedish prospective study found.

In a 98-month study of 30,861 postmenopausal women, those who had ever used hormone therapy (HT) had a 14% higher risk for cataract extraction and current HT users had an 18% higher risk, compared with women who had never used HT, in a multivariate adjusted analysis, Dr. Birgitta Ejdervik Lindblad and her associates reported. The study appears in the journal Ophthalmology (doi:10.1016/j.cjo.2009.07.046).

Cataract extraction was even more likely in women who were using HT and drank alcohol. Among current HT users, any alcohol consumption was associated with a 29% higher risk for cataract extraction, and those who drank more than one alcoholic drink per day had a 42% higher risk, compared with women who were neither using HT nor drinking alcohol. (One drink was defined as about 13 g of alcohol, roughly equal to one glass of wine, bottle of beer, or drink of liquor.) Drinking alcohol has been associated with increased levels of plasma estrogen in postmenopausal women in prior studies.

Investigators collected data from women in the Swedish Mammography Cohort who completed questionnaires in September 1997 about hormone status, use of hormone therapy, and lifestyle factors. The researchers followed them through October 2005 and those who reported being postmenopausal were analyzed for increased levels of plasma estrogen in postmenopausal women.

Among women aged 65 years or older, the risk for cataract surgery was 73% higher in those using hormone therapy, compared with women who never used HT, after the researchers adjusted for the effects of alcohol consumption, smoking, diabetes, hypertension, and other factors.

Dr. Lindblad and her associates reported having no conflicts of interest related to the study, which was funded by Swedish government agencies and research foundations.