Calcium, Black Cohosh Are Top HT Alternatives

BY ALICIA AULT
Associate Editor, Practice Trends

N E W ORLEANS — Among women who have discon-
tinued hormone therapy for vasomotor symptoms, black
cohosh and multivitamins with calcium were two of the
most common substitutes, according to survey data from
more than 500 women.

Elizabeth K. Duffield, Ph.D., sent questionnaires pri-
marily to a convenience sample of women selected from
a general mailing list obtained from a marketing company.
She also recruited women through advertisements and
flyers placed at health providers’ offices, a weight-loss pro-
gram, and a grocery store in the Austin, Texas, area.

Eligible women were over age 40 years, were
menopausal, and had been prescribed and had taken hor-
monal therapy for at least 3 months before discontinuing.
The surveys were mailed back to Dr. Kupferer, a nurse
practitioner and faculty member at the University of Texas
at Austin. She presented her results at the annual meeting
of the American College of Obstetricians and Gynecologists.

Questionnaires were sent to 2,550 women; 563 were in-
cluded in the final analysis. Surveys were completed in
December 2006. The participants were from every state
except Hawaii and were primarily white. The mean age
was 58 years, with a range of 40-82 years. Sixty-eight per-
cent (382) had a high school diploma and 41% had a
household income of $10,000 or less.

Most women reported menopause type had a nat-
ural menopause; about a third (193) had surgical
menopause.

Three-quarters of the respondents said they had vaso-
omotor symptoms before they started HT. Eighty percent
had a return of symptoms after discontinuing.

Of the 563 participants, 252 (45%) said they had used
an alternative to treat those symptoms. Those most like-
ly to use alternative therapies were aged 40-50 years,
were less than 3 years after menopause onset, and had med-
ically induced menopause.

The most common choice of therapy was multivita-
mins with calcium; use was reported by 59% of the re-
spondents. No. 2 was black cohosh (46%), followed by soy
supplements and food (42%), antidepressants (32%), med-
ication (26%), evening primrose oil (17%), and blood pressure medications (14%). Some respon-
dents said they used more than one choice of therapy.

Women also reported using homeopathy (12%), red
clover (8%), antiepileptic medications (6%), traditional
Chinese medicine (3%), acupuncture (2%), Ayurvedic
medicine (0.2%), and a variety of other supplements.

Only 6% of women said they were using bioidentical
hormones.

Women were asked to comment on effectiveness of
treatment choice. Given these mixed outcomes, it was not possible to say definitively which worked best, said Dr. Kupferer in an interview. But over-
all, survey respondents perceived antidepressants to be
one of the most effective methods, followed by homeo-
opathy, meditation and relaxation, evening primrose,
blood pressure medications, black cohosh, soy products,
and multivitamins and calcium.

Dr. Kupferer said she hopes to explore more about
women’s use of alternative therapies, especially among
lower-income and minority populations.

She disclosed that she is currently a medical science li-
sion at Duramed Research Inc.’s contraceptive division,
but that her work on the survey was completed before
she accepted the position.

Leptin, Ghrelin Levels Eyed In Amenorrheic Athletes

BY ALICIA AULT
Associate Editor, Practice Trends

S A N FRANCISCO — Athletic
teenage girls who are amenorrhoeic have higher ghrelin
and lower leptin levels than do athletic girls who are eu-
menorrheic or girls who have nonath-
etic, according to a small study.

The findings could help tease out
which girls are more likely to stop
menstruating, said study investigator
Dr. Madhusmita Misra of Harvard
Medical School.

Dr. Misra, a pediatric endocrinolo-
gist at Massachusetts General Hospi-
tal for Children, Boston, presented the
study results at the annual meeting of
the Endocrine Society. She and her
colleagues aimed to determine whether ghrelin, which stimulates ap-
petite, and leptin, which suppresses ap-
petite, might be related to amenorrhea
in young women, especially those with
intense energy expenditures and a
heightened need for caloric intake.

Ghrelin levels have been shown to be
increased in people with anorexia nerv-
osa, and higher levels also have been
linked to impaired secretion of hor-
mones that regulate menstrual and
ovarian function.

“The hormonal factors that link en-
ergy deficit and the stopping of peri-
odal in athletes are not well character-
ized,” said Dr. Misra, who spoke with
Dr. Kupferer in an interview.

Moreover, these girls might have an
intrinsic abnormality that causes that
intrinsic abnormality existed before the
onset of amenorrhea, but that she was
leaving toward a hypothesis that the
hormone disturbances are an adap-
tive response in some girls.

Leptin, a hormone that helps regulate
energy availability and the stopping of
physiological function.

In an interview, Dr. Misra said that
it was not clear whether these hor-
mona disturbances existed before the
onset of amenorrhea, but that she was
leaning toward a hypothesis that the
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