



Scoop

July 18, 2003

THE UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON

Events to Know

July

21-23 Children's Miracle Network, First Annual Radiothon, to broadcast live in the Hermann Pavilion Arium, with Mix 96.5. To volunteer to answer phone banks, call **Teresa Vickery**, at 713-704-1073.

August

13 6:30 p.m., White Coat Ceremony for approximately 200 entering Medical School students, at the Hornberger.

UTMost Interest

Dr. Richard Smalling, Internal Medicine/Cardiology, was referenced in a report by ABCNews Online, on the 'polypill,' a single pill purported by authors in an article appearing in *British Medical Journal* (June 26, 2003), to not only lower cholesterol, but also blood pressure, and the risk of heart disease and stroke.

UTIMCO REPS HERE JULY 23

From 10 a.m. – noon, on Wed., **July 23**, in Room 2.135 of the Medical School, all holders of an endowed faculty position, lectureship, fellowship, scholarship, or fund at UTHSC at Houston, are invited to hear **Mr. Bob Boldt**, president, UTIMCO (The University of Texas Investment Management Company); **Joan Moeller**, director, Accounting, Finance, and Administration, and **Gary Hill**, manager, Investment Reporting, present the investment management philosophy guiding endowed funds. This presentation will give those who attend a chance to ask questions and to better understand how endowment funds are invested and managed, said **Jerre Iversen**, vice president, Development. To ensure your parking validation, RSVP to **Shelly Barkat** at <Shalini.Barkat@uth.tmc.edu>.

THE ESTROGEN THERAPY DILEMMA: A WOMAN'S CHOICE

The number one killer of women is – heart disease. It will take approximately 40 percent of the female population. But as **Dr. Shahla Nader**, professor, Department of Obstetrics, Gynecology and Reproductive Sciences, and Internal Medicine/Endocrinology, pointed out on Mon., July 14, at her talk, "Hormone Therapy...What's Right for You," most women think they'll die from breast cancer. In actuality, the breast cancer mortality rate is four percent.



Dr. Shahla Nader answers questions from an attendee.

In a lively talk, punctuated with informative slides, Nader opened her up-to-the-minute survey of hormone therapy (HT) with "Let's get the show on the road. Hormonal activity in a woman's body follows a complex and hierarchal system that starts in the brain." She went on to illustrate the path of estrogen in a woman's life cycle, from birth, where a female infant starts out with a million eggs or "germ cells," to puberty, where she has about 400,000 eggs, to her late 40s, early fifties, where "We hit rock bottom – menopause."

The brain becomes overactive after menopause, said Nader. "It's as if the brain is saying 'Why aren't you making any hormones?'" The effects of estrogen loss for menopausal women are many. Women in their 50s have another one-third of their life cycle ahead of them – without estrogen. The loss of estrogen is felt by the central nervous system, the cardiovascular system, the skeletal system, as well as the genitourinary system.

According to observational studies in the 1980s and 1990s, said Nader, there was about a 50 percent reduction in heart disease for women who took estrogen. In fact, in UT geriatrics expert **Dr. Robert Tan's** report, done with a colleague several years ago, in *Clinical Geriatrics*, on "Cognition and Estrogens in the Elderly Woman," he explained that animal studies at the time showed that estrogens had the ability to change cognition.

Early studies showed that there was protection for the brain because estrogen interacted with nerve cells and increased transmissions across the brain. To keep your cardiovascular risks low, today Dr. Tan advises - maintain and control blood pressure and diabetes, which can lead to a stroke, which contributes to dementia, and starting early in life, eat a good diet and exercise, to reduce your cardiovascular risks.

Some observational studies done in the 1990s found a slight increase in breast cancer. At this point women began to clamor for a good study.

Along came The Women's Health Initiative (WHI), a 15 yr. project established in 1991 by the National Institutes of Health (NIH), with several major areas of interest. A \$600 million study on over 16,000 women focused on a randomized, double controlled drug/placebo trial. The median age of women in the study was 63.3 years. A small proportion had been on hormone therapy previously. A year ago, in 2002, the WHI found that Prempro (combined estrogen and progestin) slightly increased the risk of heart attack, breast cancer, and stroke, in women ages 50-79.

(Continued on back page)



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ESTROGEN THERAPY: A WOMAN'S CHOICE, CONTINUED

"This topic has polarized doctors," said Nader. "Half call these stats rubbish and the other half don't. I'm somewhere in the middle. Let's look at the facts. The leading cause of death for women is – not breast cancer, which, as previously stated, is about four percent, but – heart disease, which is 40 percent or so."

If you took 10,000 women who took HT, said Nader: seven additional women will have heart disease; eight will have strokes; eight will have breast cancer; and 18 will have thromboembolic events that are related to the hormone treatment. On the benefit side, six will have reduced colorectal cancer; and five will have reduced hip fractures.

The problem, really, is that there are no clear answers. "My younger patients come in asking for treatment to help boost their memory and their concentration as well as to treat their hot flashes and night sweats. Hormones work for these symptoms," Dr. Nader said. "I advise my patients to take HT to tide them over for a few years, with the least dose for the least duration. If they refuse hormones, we can try alternatives such as clonidine, a blood pressure medicine, SSRIs (serotonin reuptake inhibitors), such as Effexor, Prozac, Paxil and Zoloft, or herbal preparations such as the phyto (plant-based) estrogens - soy isoflavones, black cohosh, and red clover."

In the postmenopausal years, said Nader, there are other issues facing women. Ten million postmenopausal women have osteoporosis; 40-50 percent of women will suffer an osteoporosis-related fracture. "We know estrogen helps offset a trend toward bone loss, leading to osteoporosis. We also know that calcium alone does not prevent bone loss and that estrogen helps," Nader said. However, there are other medications besides estrogen that can prevent and treat osteoporosis. These include: Fosamax (alendronate), Actonel (risedronate), and Evista (raloxifene).

The WHI also is studying 10,000 women without uteruses, and the results of that study will not be out until the end of 2005.

For cardioprotection, women need to keep a healthy weight, exercise, lower fat intake, and take lipid-lowering medications, if necessary. Blood pressure and diabetes should be controlled.

Women with a history of diabetes who want to learn how to check their blood sugars, contact **Diana Telg**, Diabetes Self Management Training Program, at 713-704-0678, at the Diabetes Center. Diabetics interested in better dietary habits, contact **Sharon Smalling** or **Christine Camarillo**, dieticians, at the Hermann Nutrition & Wellness Center, at 713-704-5800.

- C. O'Brien

TMC FOOD DRIVE A SUCCESS



Tracy Murley, center, and her daughter Sabrina, age 15, helped out at the TMC Food Drive, July 10.

The University of Texas Health Science Center at Houston's tally for 2003 was: \$1,261 monetary contributions and 1,667 lbs. in nonperishable contributions. We had a 48 percent increase in money and a 28 percent increase in goods. And this year, we introduced the Virtual Food Drive donation engine. Thanks to all who helped make this drive a success!



Madelene Ottosen illustrated measuring pain with a pressure odometer.

HIGH SCHOOLERS TOUR THE CRC

On Fri., July 11, as part of an initiative from the Office of Equal Opportunity and Diversity, 12 high school students recently were here on campus involved in a whole multitude of projects, including gaining knowledge about The University of Texas Clinical Research Center (CRC).

"We wanted to raise their awareness about informed consent and clinical trials," **Madelene**

Ottosen, RN, MSN, nurse manager, CRC, said. The students also had a chance to interact with **Dr. Eugene Boisabain**, Internal Medicine, and clinical ethicist for the CRC.

The students asked questions about a wide variety of topics about the ethics of conducting clinical trials. One student inquired "If blood were drawn in the clinic and the person dropped out, would they still use the blood in the clinical trial?"

Said Boisabain, "Good question. Genetics is of much interest to scientists as you know. There's a tremendous interest in drawing blood samples and storing them for future use."

"By way of illustration, let's say you sign up for a genetics trial; you sign a consent form; and your blood is drawn. You later talk to relatives and decide against further participation in the clinical trial. Or you're a patient who's just donated blood for a clinical trial. You may have a rare disease and later have some doubt about whether the findings could be used to keep you from a job, or out of college. The answer to your question is you have the right to call the investigator and ask to be withdrawn."

The students reviewed a trial conducted by **Dr. Francine Nelson**, School of Nursing, which examines melatonin levels in pain. They reviewed the consent form and discussed whether they would participate and what questions they would have for the investigator.

Said Ottosen, "This is a pretty easy trial and there's very little risk." Another student asked, "Does this study really need to be done? Is it really going to help?" Ottosen replied, "That's a worthwhile question. Pain is an important subject, as Dr. Boisabain pointed out. There are so many levels of pain, and it's very subjective."

Taking out a pressure odometer, she continued, "This is from M. D. Anderson Cancer Center, which, as you know, treats a lot of people in a lot of pain." Proceeding to illustrate how the pain stimulus is conducted, she continued, "Your finger goes in the middle of the device and drops down right to where your nail meets the skin. Then we get this weight out and put it on top and we ask you to hold it there for as long as you can, usually for several seconds."

Smiling, she looked up at the high schoolers, "Luckily, you can stop whenever you want to."

- C. O'Brien



Amitpal Tagore, Jersey Village High School, volunteered.