



As evidence mounts about the risks of hormone replacement therapy (HRT), Diane Smith joins a growing number of women facing difficult choices.

THE HEAT IS ON

Six months after the bombshell
HRT report, East Bay women are
still grappling with how to
manage their menopause

DIANE SMITH was standing in the kitchen baking cookies. All of a sudden, a prickly warm sensation rose over her body. She felt a fever flood over her, creeping toward her fingers and toes. Soon, she was engulfed in perspiration. ■ “In the middle of the whole thing, I thought someone must have turned up the temperature in the kitchen,” she says. ■ The hot flash reminded this 65-year-old San Ramon resident of the debilitating symptoms of menopause, including night sweats and heavy menstrual bleeding, that she had suffered 10 years ago. Since then, Smith has been taking a low-dosage combination of estrogen and progestin that for the most part has kept these problems at bay. ■ The unexpected hot flash also reminded her of the decision she’s been facing since July, when a national study on hormone replacement therapy (HRT) found a rising incidence of breast cancers, strokes, and heart attacks among women 50 to 79 who’d been taking the drug for five years. The study, called the

Women’s Health Initiative, was abruptly canceled and participants told to stop taking Prempro, one of the most commonly prescribed brands of HRT. ■ That left millions of menopausal women across the United States and more than 250,000 in the East Bay in the uncomfortable position of knowing that the risks of a drug that many have been taking for years are higher—much higher—than previously believed. ■ But without a final report, the inconclusive findings also left these women confused. And that confusion is rampant in Contra Costa and Alameda Counties, where many women are affluent, educated, and enjoying top-notch health care, which makes them more likely to take hormone replacement therapy. ■ They now struggle with the double-edged question of whether they should give up their meds because the health risks are too great, or hang on to them for dear life because HRT is still the best way to avoid the worst of menopause. ■ “You say to yourself, ‘Do I want that back in my life again?’” says Smith. “Will it come back?”

By Leslie Mladinich
Photos by Lori Eanes

WEIGHING THE RISKS

As much as Smith dreads a return of hot flashes and night sweats, she can't ignore what happened to her sister-in-law, who was diagnosed with breast cancer and underwent a mastectomy after being on Prempro for more than 10 years. "When someone like her, who works out regularly, has no family history of cancer, and does all the right things, gets something like that, you've got to wonder if something strange has happened," Smith says.

Since the WHI study was canceled, women are gobbling up information from newspapers and magazines, their doctors, and the many seminars physicians have held since the crest of the panic. Many women have gone off the drug, only to go back on again after deciding they just could not tolerate living day-to-day without it.

As they investigate their family history of risks, they debate HRT with their husbands, look at other women their age, and wonder, "What are they doing? Are they on it or off it?" For every friend they know who has stopped HRT, they know another one who keeps her prescription current.

At her neighborhood coffee shop, Smith talks about wrestling with her own confusion. She shows some of the research she has done on this complex and troubling health issue. She pulls out a splashy ad for Remifemin, an estrogen-free alternative, along with a newspaper article about HRT's links to breast cancer and her own package's prescription literature for Ortho-Prefest, her hormone brand, with descriptions of its risks highlighted in orange.

"I can't help but latch onto anything I see," she says.

But the abundance of information hasn't helped her come to a final decision. "One day I am slanting towards it. The next day I am slanting against it," Smith says.

THE PENDULUM SWINGS

Although doctors are still debating WHI's findings and methods, the study did at least cement one thing: HRT is certainly not the panacea that women were originally told it was.

The first wide-reaching study on HRT, the Harvard Nurses' Health Study, begun in 1976 and first reported in 1985, found thousands of post-menopausal women had healthier hearts

"We take all different medicines for different reasons," Elaine Lazo says. "For me, quality of life is more important. I am willing to risk those odds so I am not feeling miserable and being miserable to everyone else. There might be a little risk in it, but there is a little risk in everything."

thanks to the synthetically produced hormones that replaced the natural ones their own bodies had stopped producing. Most doctors began writing hormone prescriptions for their patients by rote, even if they were otherwise unaffected by the change of life.

By 2000, menopausal women, hoping to avoid the risk of heart disease that comes with "the change" (along with hot flashes, night sweats, heavy and unpredictable periods, mood swings, and cramps) made Premarin the second most prescribed drug in the United States.

But a swinging pendulum has plagued HRT. Since the Nurses' report, study after study has contradicted the pros and cons of HRT. But not until the WHI report has one study influenced women so greatly, causing them to put the brakes on their daily dose of hormones or to agonize over the decision to take it at all.

The WHI study also found that for some women, its risks unequivocally outweigh its benefits. The study found that women on HRT faced a 41 percent increase in the chance of strokes, a 29 percent increase in heart attacks, a 22 percent increase in heart disease, and a 26 percent increase in breast cancer.

One East Bay woman who experienced the dangers of HRT firsthand is Harriett Burt of Martinez. Burt sailed through menopause. ("It was a snap for me," she says.) In fact, she only agreed to go on hormone therapy because she wanted to participate in the WHI study to help further hormone research.

"The strong emotion I had in participating in the study is the strong emotion I still have. Women need information," she says.

That kind of altruism nearly cost Burt her life.

anatomy of a hot flash

The most common menopausal discomfort and something nearly two-thirds of women experience, hot flashes can range from mildly annoying to absolutely debilitating.

Hot flashes are the result of sudden changes in the body's thermostat, or the center of the brain that controls temperature regulation.

Fluctuations in estrogen levels trigger hot flashes. When a woman is having a hot flash, the **brain's hypothalamus** mistakenly senses that the woman is too warm, and it tries to cool her down.

Blood vessels near the surface of the skin begin to dilate so that blood rushes to the surface in an attempt to cool the body. This produces the **red flushed look to the face and neck**.

A woman may also begin to perspire so that the evaporating **sweat** can also cool the body down.

An **increased pulse rate** and a sensation of strong, rapid heart beating, called palpitations, may also occur.

Night sweats are hot flashes with drenching perspiration. Falling estrogen levels alone can disrupt patterns of healthy deep sleep, and night sweats and hot flashes may interfere with sleep, even if they are not strong enough to cause awakening.

alternatives to HRT

In March 2000, she was to give an award to the Martinez Woman of the Year. As a former Martinez City councilwoman, Burt was never anxious in front of large crowds, and she didn't expect this would be any different. But before handing out the award, she felt dizzy. She took a deep breath and "my legs turned into rubber."

Twisting away from the audience, she crumpled to the ground. She knew she was conscious because she could hear the ambulances wailing, but "There was a series of 15 to 30 seconds when I couldn't move or speak." After months of ruling out everything else, doctors concluded that the Prempro Burt had been taking for nearly three years through the WHI study had caused her to have a stroke.

"By process of elimination, there wasn't any other reason," she says.

Burt, 62, stopped taking it and remains sanguine about her experience.

"I am proud to have been part of the study. But inside, I realized I lucked out. I realized I could have been seriously harmed," she says.



Harriett Burt



Elaine Lazo

DEBILITATING SYMPTOMS

As Burt stopped taking HRT three months after her stroke, more than 16,000 women on the hormone combo or a placebo for the WHI study continued their regimen. But that number is small compared to how many American women had the bottles in their medicine cabinets. At the time of the study's cancellation, about 38 percent of American post-menopausal women, an estimated 6 million, were on HRT or estrogen replacement therapy (ERT). They were armed with an estimated 46 million prescriptions of Premarin and 22 million prescriptions of Prempro, according to the Journal of the American Medical Association. Sales of the two drugs neared \$1 billion.

Since the study was stopped and millions of women got the word on HRT, sales of Prempro have plummeted by 30 percent, and Premarin by 15 percent.

(cont. on 130)

For Norma Williams, the worst part about getting breast cancer at age 40 wasn't the shocking diagnosis, or the mastectomy, or deliberating about reconstructive surgery. Instead, it was the premature menopause induced by chemotherapy.

For four years, the now 48-year-old insurance executive dealt with debilitating hot flashes. She jettisoned her social life for fear of breaking into embarrassing sweats, she packed her Financial District office with fans, and she avoided stepping outside her Emeryville apartment unless a cool breeze was blowing.

"I felt like I was on fire and that there was nothing I could do about it," Williams says.

Although debate continues on both sides of the fence, the medical community has generally been leery of giving patients like Williams estrogen to soothe the side effects of menopause. The hormone stimulates breast activity, which may complicate an existing case of breast cancer.

Now that studies have linked estrogen levels to breast and ovarian cancer, heart disease, and strokes, the demand for estrogen-free treatments of menopausal side effects is greater than ever. Marta Spain, M.D., of Danville's Avenues for Health, a medical practice designed to help menopausal women, has given lectures to other physicians about alternatives to HRT, and has described what non-HRT-using patients like Williams can do to quell symptoms.

Spain says women may be surprised by how improving nutrition and increasing exercise can help with many side effects.

Simple things like cutting out caffeine and spicy foods, exercising regularly, and getting between 1,000 and 1,500 milligrams of calcium each day can help prevent or weaken the tolls placed on the body by menopause.

■ For her cancer patients, Spain turns to herbs only after she has exhausted more traditional methods. Physicians are still reviewing the medical properties of herbs. Black cohosh, found in Remifemin, and chasteberry, sometimes sold under its botanical name, Vitex agnus castus, have been recommended for hot flashes, and so have teas from chamomile, linden flower, and oat straw. Kava-kava, valerian, and St. John's wort have been used to reduce anxiety and improve mood swings.

■ The jury is also still out on phytoestrogens, naturally occurring compounds derived from plants such as soy and flax seed. Asian women with soy-rich diets reportedly have lower rates of menopausal symptoms, heart disease, and osteoporosis. However, in other studies, phytoestrogens have been found to both stimulate breast tissue in premenopausal women with breast disease, and to protect the breast from excessive estrogen that may be harmful.

■ To improve libido and make sex more comfortable, physicians have prescribed low-dose topical estrogen. According to the Harvard Women's Health Watch, there is still scant evidence that progesterone creams relieve hot flashes and increase bone density.

■ Low-dose antidepressants may help mood swings and depression, but they may lower sex drive. A number of drugs on the market address osteoporosis and heart disease. Classes of bisphosphonates and SERM (selective estrogen receptor modulator) drugs are helpful with osteoporosis in particular. The medical community is placing a lot of hope in SERMs, because they turn on estrogen receptors in some areas and turn them off in other susceptible places.

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(cont. from 55)



But for some women, the mood swings, hot flashes, and night sweats are just too debilitating for them to consider giving up the drug. They can't live with the symptoms, and alternatives either haven't worked or aren't as effective.

"It is important to understand that estrogen still has benefits," says Dr. Janis Kahn, a Pleasanton Kaiser Permanente obstetrician/gynecologist.

Kahn and other East Bay physicians have spent the past six months defending HRT, citing its bar-none performance at alleviating menopause's strongest and most uncomfortable symptoms, as well as preventing colon cancer and bone fractures and improving sex drive.

Dr. Risa Kagan, a menopause specialist, practicing gynecologist, and associate clinical professor at UCSF, says a good night's sleep, supple skin, and comfortable sex are all reasons her patients take it.

"The message is not to scare people but to really make sure why they are taking it," says Kagan.

Elaine Lazo knows exactly why she is taking it.

As a retired physical education teacher who still gets plenty of running-around time as the legal guardian of her 6-year-old granddaughter, she needs all the energy her 60-year-old body can muster. Her Danville home radiates with activity. A pool table sits in the recreation room, and colorful photographs blanket the refrigerator. Lazo had been taking HRT since she was 48. But when the WHI study was canceled, she, along with many of her friends and golfing buddies, stopped cold turkey.

"I was frightened," she says.

For the next seven weeks, the prickly hot flashes, sticky night sweats, and mood swings she experienced shortly before she went on HRT 12 years ago came back with a vengeance. Without Prempro, she gained seven pounds, fanned herself constantly, and drenched her sheets in sweat.

"I would wake up at 1 a.m., then at 2 a.m.,

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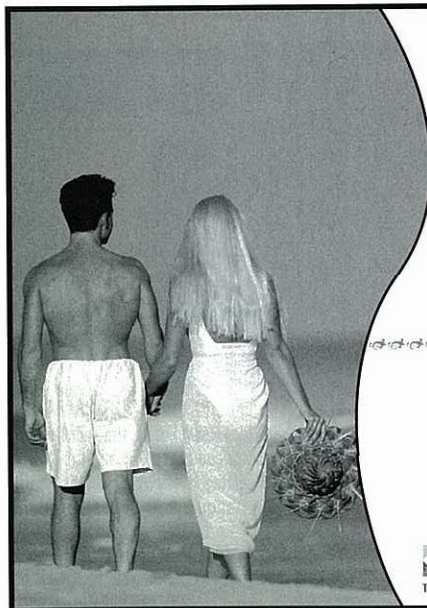
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RESOURCES

COMMUNITY SERVICES

Women's Health Center

Monthly menopause support groups meet at this public resource center, which offers seminars on HRT. 1656 N. California Blvd., Walnut Creek, (925) 941-7905.

San Ramon Regional Medical Center

Once a year, the center holds a Women and Cancer Forum. Look for information on the 2003 event as well as for other related information at www.sanramonmedctr.com.

Foundation for Osteoporosis Research and Education

The Oakland-based foundation speaks to groups about osteoporosis and HRT free of charge. Its Web site, www.fore.org, and electronic newsletters are good resources. Call (510) 832-2663, ext. 14.

Kaiser Permanente

Kaiser hospitals offer menopause and HRT classes. Go to the hospital's Web page, www.kaiserpermanente.org, to find classes. Members are free; nonmembers \$25.

BOOKS ON MENOPAUSE AND HRT

- *Dr. Susan Love's Hormone Book: Making Informed Choices About Menopause*, by Susan M. Love, M.D. and Karen Lindsey (Random House, 1998)
- *Estrogen: The Facts Can Change Your Life! A Complete Guide to Reversing the Effects of Menopause Using Hormone Replacement Therapy*, by Lila Natchigall, M.D. and Joan Rattner Heilman (Harperperennial Library, 1995)
- *The Wisdom of Menopause: Creating Physical and Emotional Health and Healing During the Change*, by Christiane Northrup, M.D. (Piatkus Books, 2001)
- *The Silent Passage: Menopause*, by Gail Sheehy (Pocket Books, 1998)
- *A Woman Doctor's Guide to Hormone Therapy: How to Choose What's Right for You*, by Nananda Francette Col, M.D. (Chandler House Press, 1997)
- *What Every Woman Needs to Know About Menopause: The Years Before, During and After*, by Mary Jane Minkin, M.D. and Carol L. Wright (Yale University Press, 1996)

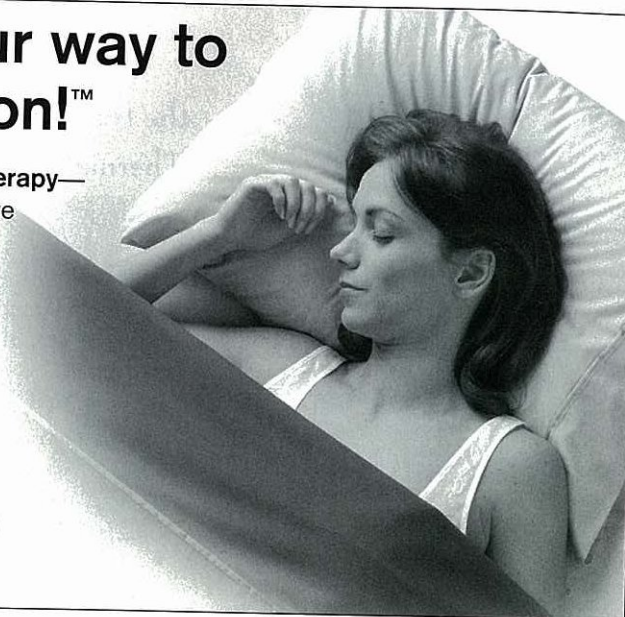
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the heat is on



then 3 a.m., then 4 a.m., just soaking wet, and my husband would say, 'Can't you go back to sleep?'

She couldn't. Lazo would walk around in a daze while trying to get her granddaughter to and from school and while trying to enjoy her retirement, which includes working out in the gym three times a week and occasionally volunteering in the classroom and playing 18 holes of golf. She was a miserable, sleep-deprived zombie, and inevitably her foul mood would rub off on her family.

"Bitchy is the best word to describe it," she says.

Lazo checked out herbal alternatives, but they made her nervous because most of them weren't regulated. She decided that she had to get back on her hormones to get back to normal.

"My body was saying, I need that estrogen, I need that estrogen, I need that estrogen," she says. "And my husband was saying, 'You better get back on those things as fast as you can.'"

"At least [Prempro] was known," she says.

Like most of her friends, she's now back on HRT. Lazo has a practical point of view on her hormone dependence.

"We take all different medicines for different reasons. For me, quality of life is more important. I am willing to risk those odds so I am not feeling miserable and being miserable to everyone else. There might be a little risk in it, but there is a little risk in everything," she says.

LESS IS BEST

Although doctors' opinions differ widely, most would agree that the effects of both menopause and HRT are different with each woman, and the decision about whether to take hormones must be viewed on a case-by-case basis. Many say it's not necessarily an either/or decision, but one of how much to take and for how long.

"Women should take the lowest dosage that works and stop when symptoms are no longer present," says Walnut Creek



gynecologist Dr. Sondra Altman. Which, Altman adds with a trace of laughter, "can last anywhere from one to 20 years."

Altman says alternatives to HRT can be expensive, and most are unregulated. Remifemin, which is made of the herb black cohosh, is one of the only alternatives that has been studied formally by European health officials for its effects on menopause. Altman points out that women can also try to combat symptoms by exercising and following a nutritious diet. She especially recommends eating soy products to reduce hot flashes.

"Maximize healthy behavior," she says.

Altman applauds the WHI for looking at Prempro through a microscope.

"This study raises serious questions of that combination, and since there are other options on the market, we should start using them more frequently," says Altman.

She disagrees that a woman whose quality of life erodes without estrogen should stop just because of the study.

"There is no reason to go crazy and be miserable from those slight risks," says Altman. But if a woman does decide to stop, she advises against a cold-turkey approach. A gradual ending of HRT will help keep menopause symptoms from coming back.

After weighing the pros and cons of hormone replacement for nearly half a year, Diane Smith was prepared to join HRT's dissenters by vowing to take home only one more month's worth of Prefest after a visit to the doctor.

"This whole debate about HRT has really been a wake-up call for me. It's also been a chance for me to reevaluate life," Smith says.

But during her appointment, she had a conversation with her physician that changed her mind again. The risks of hormone replacement therapy are small, the physician said, and Smith was flourishing on it.

"I am in the group of women who are finding good luck with hormone replacement therapy. I don't want to rock the boat." ■

Walnut Creek-based Leslie Mladinich has written extensively about health care.



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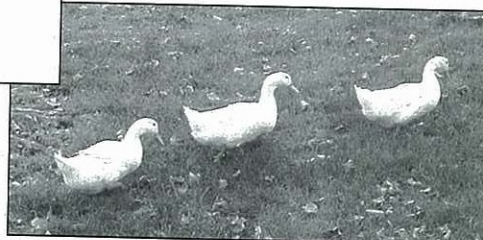
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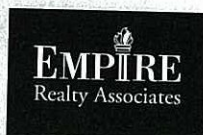
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