

Health Horizons

A FOCUS ON WOMEN'S HEALTH ISSUES



FROM THE OFFICE OF DR. STEVEN R. GOLDSTEIN

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A Word From The Doctor

Recently one of my patients went onto the Internet after experiencing her first episode of abnormal vaginal bleeding. By the time she came in, as an add-on emergency, she was convinced it was either cervical or uterine cancer! It is this dissemination of questionable and frightening information that motivated me, sometime ago, to begin this periodic newsletter. It is time to educate my patients about common problems that do not have to produce the anxiety or even panic that I have all too often observed. Knowledge is power! The more educated you are about your body and how it works the better for both of us. After all we are a partnership – a partnership to help ensure your continued health and well-being. There are enough landmines in the fields of our lives without having to deal with any additional burden of ill health. So much of what I concentrate on is promoting wellness and if something does happen then early detection is our main weapon. With most traditional medical approaches a doctor is dealing with advanced disease process and then tries to put out "forest fires". In this office I want to blow out matches or at worst distinguish small brush fires before problems accelerate. Don't put it off - if you or your family are due call us and come and see me. If you have been a patient of mine and insurance problems have forced you to switch doctors, but like so many others you are just not pleased with the change in care "PLEASE" call our office, most of the time we can work out some arrangement.

Steven R. Goldstein, M.D.

After writing three medical text books and working his way up to full professor of Obstetrics and Gynecology at NYU Medical Center, Dr. Goldstein has recently turned to education of the patient. He currently has two books out which might be of interest to you, your friends or your family. The first Could it be ...Perimenopause? describes the unique phase up to a decade before your first hot flash when fluctuating levels of unopposed estrogen, (not the absence of estrogen seen in menopause) can cause some subtle or not so subtle bleeding abnormalities and subtle or not so subtle psychosocial symptoms (sleep disturbances, mood swings, free floating anxiety, inability to concentrate, memory lapses). The other book The Estrogen Alternative: what Every Woman Needs to Know About Hormone Replacement Therapy and SERMs, the new Estrogen Substitutes chronicles this important new category of compounds known as SERMs (Selective Estrogen receptor Modulators), how they were developed, what they can and cannot do, and if they might be right for you.

Do Hormones Cause Concern

There is so much media attention every time an article comes out about hormone replacement therapy (HRT). Many of my patients are scared and confused. Numerous studies have looked at HRT and breast cancer. Most show no increased risk. Some (the ones most publicized) suggest that risk increases 40% after 10 years of HRT use. A more recent study reported an increase in risk of 20% with estrogen replacement alone which increased to 40% for hormone replacement therapy (estrogen plus progesterone) after 4 years of use. (Remember if have a uterus

you need progesterone with estrogen to protect the uterine lining). This however in my opinion is good news for the transitional women with severe hot flashes but a strong family history of breast cancer. Even the most negative study showed no increased risk of breast cancer in women who use HRT for less than 4 years! The take home message – even if you are at high-risk, short-term HRT use to relieve the disruptive transitional symptoms (hot flashes, sleep disturbances, mood swings) is safe. For most women these disruptive symptoms are relatively short lived and after 18, 24, 30 months will usually dissipate.

In addition this media attention has frightened many younger women who are excellent candidates for ultra low dose birth control pills. They believe the estrogen in the pills increases their risk of breast cancer. What is not made clear is that pre and peri menopausal women are making large amounts of estrogen **already**. The pills work by turning off their own ovarian production and thus substituting a small amount of estrogen and progesterone in the pill. Thus it is "instead of" not "in addition to" what they

are already making. Furthermore use of birth control pills has been shown to significantly reduce a women's risk of ovarian cancer and uterine cancers as well! For many women in their 30's and beyond low dose pills will stabilize the erratic estrogen levels and give enhanced emotional equilibrium (less mood swings, sleep disturbances, free floating anxiety, memory changes, etc.). Dr. Goldstein wrote an entire book on this subject – "Could it be... perimenopause." Many of you already have this book – if not ask us for one. It's his "wellness" gift to you while our supply lasts.

HRT
Should Not Be
Confusing.

Do You Have Irregular Bleeding?

Abnormal uterine bleeding accounts for 20% of all visits to the gynecologist. A simple surf of the web on the topic will scare you to death – uterine cancer, cervical cancer, etc! The problem is all women will go through a transition from the reproductive years to the non-reproductive years – sort of the opposite of adolescence. You can start as early as your mid thirties and go right up until menopause. Initially some (and eventually most) cycles will become without ovulation (hence the term anovulatory). Without ovulation there is no progesterone production (no, it is not menopause – menopause is when you stop making any estrogen!). This is an estrogen only phase and it is marked by the irregular unpredictability of the cycle – heavy or light,

with or without cramps; whereas the hallmark of ovulation is predictable regular cycles. Sometimes these cycles without ovulation space out in time – every 5 to 6 weeks or more. No one was ever told to have a D&C or biopsy or hysterectomy for bleeding **less** often BUT anovulatory cycles can also be irregular cycles, closer together or lasting too long. For this many, many women are told they need D&C's or biopsies or hysterectomies. A study published by Dr. Goldstein of 433 women between 35 and menopause with irregular bleeding found that 79% of the time the bleeding was hormonal, and not because of any kind of polyps, pre-cancers, or cancers. This can be diagnosed painlessly with a transvaginal ultrasound in most cases

(70%) and, if not, putting saline into the uterus through a catheter no bigger than a piece of spaghetti can highlight the uterine lining. Thus the only patients who need actual D&C's are patients who have **proven** they have something in need of removal (about 20%). This test is a simple, painless office procedure. It is called a saline infusion sonohysterogram or sometimes a water sonogram. Dr. Goldstein is the pioneer of this technique; inventing the catheter for it and has many patients referred to him to perform this. If you know any one who has been told they need a D&C or hysterectomy for bleeding abnormalities and hasn't had this test done, share this with them.

EATING RIGHT TO GET YOUR CALCIUM

(Aim for 1200 –1500mg per day)

Calcium content of Selected Foods

Food	Calcium Content	Food	Calcium Content
Yogurt (1 cup)	415 mg	Canned salmon with bones (3 oz)	210 mg
Sardines in oil with bones (3oz)	370 mg	Cheddar cheese (1oz)	205 mg
Parmesan cheese (1 oz)	335 mg	Kale (1 cup)	200 mg
Yogurt with fruit (1 cup)	315 mg	Broccoli, cooked (1 cup)	180 mg
Juice fortified with calcium (1 cup)	300 mg	Ice cream (1 cup)	175 mg
Milk (1 cup)	300 mg	Soybean curd (tofu; 4 oz)	155 mg
<i>plus 100 IU vitamin D</i>		Mozzarella cheese (1 oz)	145 mg
Romano cheese (1 oz)	300 mg	Beans, cooked (1 cup)	80 mg
Swiss cheese (1 oz)	270 mg	Cottage cheese (1/2 cup)	70 mg
Turnip greens (1 cup)	250 mg	Egg (1 medium)	55 mg

HEALTH HORIZONS will be published three time a year.

If you would like to see a specific health issue addressed, please contact us at:

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