

Health Horizons

A FOCUS ON WOMEN'S HEALTH ISSUES



FROM THE OFFICE OF DR. STEVEN R. GOLDSTEIN

JANUARY 2006



A Word From The Doctor

"Information is power". In this day and age it is essential for patients to be informed. They need to enter into a partnership with their physician to promote wellness. Every 7.7 seconds a baby boomer turns 50! A 50 year old woman who does not already have cancer or heart disease has a life expectancy of 91! Thus healthy aging ... hoping that when you are 85 you will be like the 65's are today... has to be our number one priority. I can help you achieve that goal. This issue covers 1) the value of routine transvaginal sonogram 2) taking the confusion out of calcium, and 3) clarifying some important issues about birth control pills (see the June 2004 issue as well). A Happy and Healthy New Year to all.

Dr. Goldstein is a Professor of Obstetrics and Gynecology at New York University Medical Center. He is currently National First Vice President of the American Institute of Ultrasound in Medicine. He has recently been elected to the Board of Trustees of the North American Menopause Society. He serves on the Gynecologic Practice Committee of the American College of Obstetricians and Gynecologists. He is an examiner for the American Board of Obstetricians and Gynecologists. He has written 5 medical textbooks, numerous chapters, research articles, and hundreds of National and International Presentations to other doctors.

This newsletter published periodically underscores his conviction that education of the patient is just as important in this day in age as it is a physician. His first book "Could it be perimenopause" describes a 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 and not so subtle bleeding abnormalities and subtle and not so subtle psychosocial symptoms (sleep disturbances, mood swings, free floating anxiety, inability to concentrate, memory lapses). His other book "The Estrogen Alternative What Every Women Needs to Know About Hormone Replacement Therapy and SERMs the New Estrogen Substitutes" was a manifestation of his unique position as perhaps the worlds foremost authority on what this category of drugs (SERMs) do to the reproductive system.

THE VALUE OF A ROUTINE TRANSVAGINAL SONOGRAM

Unfortunately transvaginal ultrasound screening for earlier detection of ovarian cancer has not been advocated or introduced on a regular basis. This is in spite of data from a relatively large ovarian cancer screening program conducted in 1.) any women over 50 or 2.) high risk women over 25. In that study scanning every 6 months resulted in detection of ovarian cancer at earlier stages (82% at Stage I or Stage II instead of the typical Stage III or IV) and a decrease in mortality from this disease. Critics of such scanning have claimed that there are no large prospective randomized trials that prove such scanning is "cost effective" I find this difficult to accept. We

live in an environment that only measures cost effectiveness by the number of dollars it takes to detect one malignancy. I would ask, what is the value of a negative screen, i.e. what is it worth to have the reassurance or the peace of mind of having your ovaries visualized and seen to be normal? My patients almost universally have their mammographies annually. I believe strongly in aggressive surveillance of the pelvic organs (ovaries and uterus) with transvaginal ultrasound instead of the severely limited "blind" bimanual pelvic examination. "Early detection" is blowing out matches instead of putting out brush fires or even worse forest fires. Most of my patients agree.

BIRTH CONTROL PILLS: LOW DOSE ISN'T ALWAYS BETTER!

Almost everyone who is willing to go on birth control pills wants "low dose. Why? There is this underlying feeling that estrogen plus progesterone found in birth control pills are inherently bad and therefore the lower the dose the better. This is not true. In the first place birth control pills work by suppressing ovarian function and substituting what is in the pill. It is not on "top of what you make", but the hormone in the pill becomes "instead of" what you would make on your own. For women over 40 clearly the lower dose pills (20 micrograms of estrogen) are, I believe, advantageous. But for some women, younger women, "low dose" may be too low. Let me explain. A recent study looked at bone density measurements in women in their late teens and early 20's. Women given DepoProvera (an injectable contraceptive) actually lost bone density over time – and this is in a stage in women's lives when they should be increasing their bone mass

until it peaks in their mid to late 30's. The women on low dose birth control pills had an increase in bone density but at a rate much lower than the control group who were on no pills and simply made their own estrogen and progesterone each month. In other words, at least in terms of bone, the total estrogen plus progesterone levels in the women on low dose birth control pills was less than getting normal monthly periods. This is important for two reasons. It tells us 20 micrograms of estrogen is too low for young women, and this should be relatively reassuring for women over forty that the hormone levels when you are on low dose birth control pills seem to be lower than what your body would make itself if not on any pills. This helps corroborate what I have told so many of you: that use of low dose birth control pills may actually deliver less hormone than your own cycle – good news for your breasts!

REDUCING THE CONFUSION ABOUT CALCIUM

The most abundant mineral in the body is calcium. About 99% of it is stored in the skeleton. Maintaining adequate intake of calcium is important in keeping healthy bones as well as many other health benefits. After menopause, even more calcium is needed. Finally, for women who are taking medications for osteoporosis, adequate calcium is essential for these medications to work properly.

Ideally calcium requirements should be met by food sources. The average daily consumption in midlife women is in the range of 700 mg daily. This is less than the recommended level of 1,200 -1,500 mg per day. Calcium intake can be increased by consuming more dairy products, green leafy vegetables, and calcium-fortified foods and juices (see chart below). If sufficient calcium is not obtained in the diet then a calcium supplement may be necessary.

Probably most women will benefit from taking a good quality daily multivita-

min/mineral supplement. These "multi" supplements usually contain about 50 mg of calcium (check the label – every product is different). If an additional supplement is needed to reach the recommended calcium intake realize that many kinds of calcium supplements are available. These vary in type of calcium, dosage form (such as tablets, chewable tablet, dissolvable tablet, and liquid), size of tablet and price. The two most common calcium supplements contain calcium carbonate (such as Caltrate, Os-Cal, Rolaids, Tums, or Viactiv) or calcium citrate (Citracal). Both are equally well absorbed if taken with meals. However if you take a bisphosphonate (like Fosamax or Actonel) you must take the calcium at a different time.

Total daily intake should be 1,200 – 1,500 mg of elemental calcium. Calcium from the diet provides 100% elemental calcium. This is not true of supplements. For example calcium car-

bonate contains 40% elemental calcium so 1,250 mg of calcium carbonate provides only 500 mg of elemental calcium (1,250 x 0.40 = 500). It is important to read the labels. In addition a "one-a-day" schedule doesn't work with calcium supplements. This mineral must be taken in small divided doses as only about 500mg can be absorbed at one time. Absorption is improved by taking it with meals but not with large amounts of grains such as wheat bran. Magnesium supplements are not needed for women who eat a balanced diet. Women who take an iron supplement should take it separately from calcium, as calcium limits the absorption of iron. Recommended doses of calcium supplements don't have serious side effects if taken with a large glass of water, but daily intakes over 2,500 mg should be avoided. For women at high risk for kidney stones, food may be the best source of calcium as well as those who find calcium supplements constipating.

EATING RIGHT TO GET YOUR CALCIUM

(Aim for 1200 –1500mg per day)

Calcium content of Selected Foods

Food Content	Calcium	Food Content	Calcium
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 plus 100 IU vitamin D	Soybean curd (tofu; 4 oz)	155 mg
Romano cheese (1 oz)	300 mg	Mozzarella cheese (1 oz)	145 mg
Swiss cheese (1 oz)	270 mg	Beans, cooked (1 cup)	80 mg
Turnip greens (1 cup)	250 mg	Cottage cheese (1/2 cup)	70 mg
		Egg (1 medium)	55 mg

**HEALTH HORIZONS will be published several times a year.
If you would like to see a specific health issue addressed, please contact us at:**

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