

# From the EDITOR



**Dr. Wulf H. Utian**, consultant in women's health and reproductive endocrinology, has served as Editor-in-Chief of *Menopause Management* since its inception in 1988. The Arthur H. Bill Professor Emeritus of Reproductive Biology and Obstetrics and Gynecology, Case Western Reserve University School of Medicine, he is also Consultant in Women's Health to the Cleveland Clinic, and Executive Director of The North American Menopause Society (NAMS). He is Chairman of the Advisory Board of Rapid Medical Research, Cleveland. He received his medical degree from the University of Witwatersrand, Johannesburg, South Africa, and his PhD from the University of Cape Town, South Africa, and is a Fellow of the Royal and American Colleges of Obstetricians and Gynecologists, as well as the International College of Surgeons. In 2007 he earned the DSc (Med) degree from the University of Cape Town, its highest degree and only awarded 11 times in over 100 years.

A pioneer in Women's Health issues and menopause research, in 1967 he established the Grootte Schuur Menopause Research Clinic in Cape Town, the world's first such clinic. He was one of the three original founders of the International Menopause Society in 1976, of which he is Honorary Past President, and founded the North American Menopause Society in 1989.

He is the recipient of numerous national and international awards and research grants, and is still an active investigator with multiple grants. Dr. Utian has written over 200 papers related to the reproductive system in women and has authored five books on menopause and its effects on women. He is editor of *Menopause: The Journal of The North American Menopause Society*.

## A Menopause Quiz: You Complete My Editorial

You have the opportunity to treat yourself to something that really will simplify and enhance your clinical practice. The North American Menopause Society (NAMS) has just published the most factual book on menopause practice in existence today. A veritable treasure trove of information from basic science to practical recommendations to assist clinicians in every aspect of contemporary menopause management, the textbook *Menopause Practice: A Clinician's Guide* (3<sup>rd</sup> Edition) represents the collaborative input of dozens of experts from all modes of clinical expertise. This is not a compendium of single-authored, detailed chapters with a small number of editors. The book truly represents the integrative efforts of these experts to present the most evidence- and clinical-experience-based information about the how-to's of current practice.

The book can be purchased through the NAMS Web site at [www.menopause.org](http://www.menopause.org), or can be downloaded. I still belong to the old school that prefers the feel of a hard-copy book in my hands, but the choice is yours.

Now for a little quiz. I have excerpted some statements from the book, but left out the relevant facts or lessons. The challenge to you is to complete the statement, or to search the document for the answer. To make life easy, I include the page numbers from which the passages have been abstracted. So go ahead and test yourself!

### Fill in the Missing Information

1. In 2000, there were an estimated \_\_\_\_\_ million postmenopausal women in the United States. About \_\_\_\_\_ million of them were older than age 51, the average age of menopause in the

- Western world. By the year 2020, the number of US women older than age 51 is expected to be more than \_\_\_\_\_ million. (Answer, p. 12.)
2. Hot flash frequency usually increases during perimenopause, reaching highest occurrence during the first \_\_\_\_\_ years of menopause, and then declining over time. Most women experience hot flashes for \_\_\_\_\_ months to \_\_\_\_\_ years, although some have them for \_\_\_\_\_ years or longer. (Answer, p. 35.)
  3. If hot flashes persist after an adequate trial (ie, 2-3 months) of ET, what should be considered in the differential diagnosis? (Answer, p. 38.)
  4. If a perimenopausal woman does not have a history of depression and she develops mood changes or minor depressive symptoms after experiencing menopausal symptoms, her primary problem may be \_\_\_\_\_. (Answer, p. 47.)
  5. Clinical trial evidence indicates that systemic ET and combined EPT have some beneficial effects on the skin. Systemic ET/EPT (HT) has been shown to \_\_\_\_\_. (Answer, p. 75.)
  6. \_\_\_\_\_ is the only drug available for promoting hair growth in women with androgenic alopecia. (Answer, p. 77.)
  7. Various ocular changes may occur during the menstrual cycle, during pregnancy, and at menopause. Ocular complaints reported by postmenopausal women include \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. (Answer, p. 78.)
  8. NAMS supports the World Health Organization (WHO) definition of osteoporosis in a postmenopausal woman as a BMD *T* score of \_\_\_\_\_. (Answer, p. 113.)
  9. All postmenopausal women should be assessed for risk factors associated with osteoporosis and fracture. This assessment requires \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. (Answer, p. 117.)
  10. Women with or at high risk for type 2 diabetes mellitus have a substantially higher risk for developing \_\_\_\_\_, and this risk increases with age. A postmenopausal woman who has type 2 diabetes mellitus is three times more likely to develop \_\_\_\_\_ or \_\_\_\_\_ and is four times more likely to die from an \_\_\_\_\_ than a woman without type 2 DM. (Answer, p. 136.)
  11. Menopause is not associated with increased cancer risk. However, since cancer rates increase with age, women in midlife and beyond should be evaluated for risk of cancer of the \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_, the most common cancers that affect women. (Answer, p. 139.)
  12. Colorectal cancer is the third leading cause of cancer death in US and Canadian women. More than 31,000 North American women were expected to die from this disease during 2006. The decline in incident rates is attributed to \_\_\_\_\_. (Answer, p. 153.)
  13. If the patient receiving thyroid hormone starts HT to alleviate menopause-related symptoms, monitor TSH levels \_\_\_\_\_ weeks later. Anticipate that the dose of thyroxine may need to be \_\_\_\_\_. (Answer, p. 159.)
  14. As women move through the menopause transition, regular health examinations are the standard of care. Although some experts have questioned the value of the periodic health examination, a recent systematic review concluded it was justified. In general, the clinical evaluation includes the following: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_. (Answer, p. 183.)
  15. Counseling Issues. This section of the textbook addresses various issues to consider when counseling women about health issues related to menopause. Managing patients should  
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## Top Ten Menopause Stories of 2007

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37. Boyd NF, Guo H, Martin LJ, et al. Mammographic density and the risk and detection of breast cancer. *N Engl J Med* 2007;356:227-36.
38. Kerlikowski K. The mammogram that cried Wolfe. *N Engl J Med* 2007;356:297-300.
39. Tamimi RM, Byrne C, Colditz GA, Hankinson SE. Endogenous hormone levels, mammographic density, and subsequent risk of breast cancer in postmenopausal women. *J Natl Cancer Inst* 2007;99:1178-87.
40. Vachon CM, Sellers TA, Carlson E, et al. Strong evidence of a genetic determinant for mammographic density, a major risk factor for breast cancer. *Cancer Res* 2007;67:8412-18.
41. Santen RJ, Boyd NF, Chlebowski RT, et al. Breast Cancer Prevention Collaborative Group. Critical assessment of new risk factors for breast cancer: considerations for development of an improved risk prediction model. *Endocr Relat Cancer* 2007;14:169-87.
42. Diem SJ, Blackwell TL, Stone KL, et al. Use of antihypertensives and rates of hip bone loss in older women. The Study of Osteoporotic Fractures. *Arch Intern Med* 2007;167:1240-45.
43. Richards JB, Papaioannou A, Adachi JD, et al, for the Canadian Multicentre Osteoporosis Study (CaMos) Research Group. Effect of selective serotonin reuptake inhibitors on the risk of fracture. *Arch Intern Med* 2007;167:188-94.
44. Yirmiya R, Goshen I, Bajayo A, et al. Depression induces bone loss through stimulation of the sympathetic nervous system. *Proc Natl Acad Sci* 2006;103:16876-881.

45. Michelson D, Stratakis C, Hill L, et al. Bone mineral density in women with depression. *N Engl J Med* 1996;335:1176-81.
46. Eskandari F, Martinez PE, Torvik S, et al. Low bone mass in premenopausal women with depression. *Arch Intern Med* 2007;167:2329-36.
47. Harvard Women's Health Watch. *Exploring the depression-bone connection*. A new study finds that antidepressant use doubles fracture risk. Other research points to links between depression and bone loss. June 2007:1-3.
48. Wyeth Pharmaceuticals. *Wyeth Pharmaceuticals receives FDA approvable letter for Bazedoxifene for the prevention of postmenopausal osteoporosis* (press release). April 26, 2007. Available at: [www.wyeth.com/news?nav=display&navTo=/wyeth\\_html/home/news/pressreleases/2007/1177442503840.html](http://www.wyeth.com/news?nav=display&navTo=/wyeth_html/home/news/pressreleases/2007/1177442503840.html). [Accessed November 12, 2007]
49. Lewiecki EM. Bazedoxifene and bazedoxifene combined with conjugated estrogens for the management of postmenopausal osteoporosis. *Expert Opin Investig Drugs* 2007;10:1663-72.
50. FierceBiotech. *Wyeth reports strong phase III efficacy of Bazedoxifene data*. September 20, 2007. Available at: [www.fiercebitech.com/story/wyeths-reports-strong-phase-iii-bazedoxifene-data/2007-09-20](http://www.fiercebitech.com/story/wyeths-reports-strong-phase-iii-bazedoxifene-data/2007-09-20). [Accessed November 14, 2007]
51. Ronkin S, Northington R, Baracat E, et al. Endometrial effects of bazedoxifene acetate, a novel selective estrogen receptor modulator, in postmenopausal women. *Obstet Gynecol* 2005;105:1397-1404.
52. Pinkerton JV, Utian WH, Constantine G, et al. *Efficacy and safety of bazedoxifene/conjugated estrogens for treatment of menopausal vasomotor symptoms*. Pre-

sented at the 18th annual meeting of The North American Menopause Society, October 5, 2007, Dallas, TX.

53. Kagan R, Gass M, Williams RS, et al. *Effects of the tissue selective estrogen complex bazedoxifene and conjugated estrogens on vulvar/vaginal atrophy and sexual function in postmenopausal women*. Presented at the 18th annual meeting of The North American Menopause Society, October 5, 2007, Dallas, TX.
54. Stovall DW, Utian W, Gass M, et al. The effects of combined raloxifene and oral estrogen on vasomotor symptoms and endometrial safety. *Menopause* 2007;14:1-8.
55. Endocrine Society. Policy Statement. *Bioidentical hormones*. Available at: [www.endo-society.org/publicpolicy/policy/index.cfm](http://www.endo-society.org/publicpolicy/policy/index.cfm). [Accessed November 14, 2007]
56. Doheny K. *Hormone-free hot flash drug on horizon but experimental drug Pristiq gets mixed reviews*. May 9, 2007. Available at: [www.webmd.com/menopause/news/20070509/hormone-free-hot-flash-drug-on-horizon](http://www.webmd.com/menopause/news/20070509/hormone-free-hot-flash-drug-on-horizon). [Accessed September 19, 2007]
57. Wyeth Pharmaceuticals. *Wyeth receives approvable letter from FDA for PRISTIQ for the treatment of vasomotor symptoms associated with menopause* (press release). July 24, 2007. Available at: [www.wyeth.com/news?nav=display&navTo=/wyeth\\_html/home/news/pressreleases/2007/1185276550318.html](http://www.wyeth.com/news?nav=display&navTo=/wyeth_html/home/news/pressreleases/2007/1185276550318.html) [Accessed November 14, 2007]

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involve addressing their concerns based on scientific \_\_\_\_\_ while also being respectful and considering \_\_\_\_\_. (Answer, p. 277.)

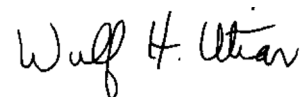
## Take the Next Step

This has really been a teaser. But hopefully it will give you a tantalizing glimpse into the scope and detail of the contents of this quite remarkable publication. The book is also a CME activity and offers a maximum of 25 AMA PRA Category 1 Credits through NAMS, which is an ACCME-accredited organization. No administrative fee is required.

Finally, remember that acquiring, reading and digesting the contents of the book is only

part of an ongoing self-education process. As knowledge about and the need to manage menopause increase at a phenomenal pace, I encourage you to join NAMS and take advantage of the multiple offerings that will keep you up to date and on the front lines of this exciting and rewarding area of medical practice. Visit the NAMS Web site ([www.menopause.org](http://www.menopause.org)) to sample the offerings, and remember the member's section offers even more.

My very best wishes to you and yours for a healthy, happy, peaceful and prosperous New Year.



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