

Ear Acupuncture May Ease Tamoxifen Hot Flashes

BY NANCY WALSH
New York Bureau

EXETER, ENGLAND — A standardized ear acupuncture protocol effectively reduced hot flashes in women receiving tamoxifen as adjuvant treatment for breast cancer, according to an interim analysis presented at a symposium on alternative and complementary therapies sponsored by the universities of Exeter and Plymouth.

The National Acupuncture and Detoxification Association (NADA) protocol has been used for 30 years to treat withdrawal symptoms in substance abusers, most famously at the Lincoln Medical and Mental Health Center in New York City's South Bronx, Beverley de Valois said.

Ms. de Valois, a Ph.D. candidate at Thames Valley University, London, and a research acupuncturist at the Lynda Jackson Macmillan Centre at Mount Vernon Hospital, Northwood, had previously done a study of traditional acupuncture for women experiencing adverse effects during tamoxifen treatment. "The results were encouraging, but the methodology is complex and time consuming, and our goal at the center is to make treatment for tamoxifen-related side effects widely and easily available," she said.

There also were some difficulties in administering traditional acupuncture.

Needling the limb on the affected side is discouraged because of fears that this might lead to lymphedema, she said. This restriction was particularly problematic for women who had had bilateral mastectomies.

She had previously worked with the NADA protocol, and because some of the side effects of tamoxifen—night sweats, anxiety, and sleep difficulties—resemble those of withdrawal, she thought this might be useful for these patients as well.

A total of 50 women were recruited for the study. They had to be taking tamoxifen for at least 6 months and having four or more vasomotor incidents per day. The treatment involved eight acupuncture sessions, five patients at a time, during a 29-week period. Participants recorded the frequency and severity of hot flashes in diaries and were asked how they subjectively rated the treatment.

There was no control group, and any placebo effect was not addressed.

An interim analysis of the first 35 patients showed a reduction in frequency from a mean of 10.32 flashes per day at baseline to 7.24 at the end of treatment, a statistically significant mean reduction of 24.4%, Ms. de Valois said. Sleep also improved as nocturnal hot flashes decreased.

Participants gave high marks to the experience of receiving the treatment in groups, where they met others with similar problems and were able to share experiences and information, she said. ■

Think Interstitial Cystitis in Cases of Chronic Pelvic Pain

SAN FRANCISCO — In an overwhelming majority of women presenting with chronic pelvic pain, the bladder is the pain-generating organ, Edward J. Stanford, M.D., said at the annual meeting of the American Association of Gynecologic Laparoscopists.

In three studies of almost 300 women with chronic pelvic pain, the prevalence of interstitial cystitis ranged from 70% to 82%, said Dr. Stanford of St. Mary's Good Samaritan Medical Center, Centralia, Ill.

In the most recent and thorough of these studies, Dr. Stanford followed 64 women with chronic pelvic pain for a year. Each patient completed the Pelvic Pain and Urgency/Frequency questionnaire and underwent a vulvar touch test, a potassium sensitivity test, cystoscopy with hydrodissection, and laparoscopy. During the laparoscopic period, suspicious lesions were biopsied and adhesions removed.

Although 64% did have adhesions, the pain could not be attributed to this cause, Dr. Stanford said. In 70% the bladder was the pain-generating organ, 28% had biopsy-proven endometriosis, and 20% had vulvar pain. Therefore, in the differential diagnosis of chronic pelvic pain, interstitial cystitis must be ranked first, with irritable bowel syndrome, endometriosis, and vulvodynia ranked second, third, and fourth, respectively.

—Robert Finn



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1. Cuzick J, et al. Management of women who test positive for high-risk types of human papillomavirus: the HART study. *LANCET* 2003; 362:1871-1876.
2. Lorincz A, Richart R. Human Papillomavirus DNA testing as an adjunct to cytology in cervical screening programs. *Arch Pathol Lab Med* 2003;127:959-968.

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