

Irregular Menses Linked to Increased Risk of MI

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ORLANDO — Postmenopausal women with a history of irregular menstrual cycles had a twofold increased risk of myocardial infarction and angina, compared with women with a regular menstrual history in a study with almost 700 patients.

"A history of menstrual cycling irregularity may be an important clinical marker of downstream risk, which is not immediately explained by the presence or severity of coronary artery disease risk factors or angiographic coronary artery disease," B. Delia Johnson, Ph.D., and her associates reported in a poster at the annual scientific sessions of the American Heart Association.

Risk factors that are not directly in-

involved with coronary artery disease, such as hormonal, inflammatory, and thrombotic variables during premenopause, may play a role in the link between menstrual irregularity and adverse events, said Dr. Johnson, of the University of Pittsburgh.

The analysis included 686 postmenopausal women enrolled in the Women's Ischemia Syndrome Evaluation (WISE) study, which was funded by the National Heart, Lung, and Blood Institute and run at four U.S. centers. All women in the

study were scheduled to undergo coronary angiography because of clinical indications. Their average age was 62 years, and 42% of the women had coronary artery disease diagnosed by their angiogram. A history of abnormal menstrual cycling was reported by 19% of the women.

The rates of myocardial infarctions, strokes, hospitalizations for angina, and total mortality were followed for an average of 5.9 years. In an analysis that adjusted for baseline differences in age, race, metabol-

ic syndrome, severity of coronary disease, and serum level of C-reactive protein, women with a history of irregular menstrual cycles had about a 5% incidence of myocardial infarction, compared with about a 2.5% rate in women with a regular menstrual history. The adjusted rate of hospitalization for angina during almost 6 years of follow-up was about 40% in the women with a history of irregular menstruation, compared with about a 30% rate in women with regular cycles. ■

Low-Dose Hormone Combo Brings Relief

WASHINGTON — Postmenopausal women who took a low-dose estrogen/progestin medication reported significant improvements in vasomotor symptoms and quality of life after 6 months, according to findings from an open-label efficacy study.

The therapy caused a significant increase in triglycerides, from an average of 129 mg/dL at baseline to an average of 168 mg/dL after 6 months. But the women had no other significant changes in their lipid profiles or in their body weight, body mass index, or blood glucose during the study period, Dr. Fernando Ayala Aguilera of the Hospital Universitario, Monterrey (Mexico) and colleagues reported in a poster presentation at the annual meeting of the American Society for Reproductive Medicine.

In the study, sponsored by Wyeth Pharmaceuticals, 68 postmenopausal women aged 45-55 years who reported at least four hot flashes per day received a combination of 1 mg 17 β -estradiol and 0.125 mg trimegestone orally each day for 6 months. The study criteria excluded women without an intact uterus, with known or suspected breast cancer, or with abnormal bleeding.

Overall, patient scores on the MEN-QOL (a questionnaire designed specifically to evaluate the quality of life symptoms in menopausal women) dropped from an average of 78 at baseline to an average of 5 after 6 months of treatment.

Similarly, average scores on the Blatt-Kupperman menopausal index dropped from 40 at baseline to 8 after 6 months.

The average total cholesterol remained stable between baseline and 6 months (201.3 vs. 200.2 mg/dL). Blood glucose, body weight, and body mass index were essentially unchanged from baseline to the 6-month follow-up: Average blood glucose was 92 at both baseline and 6 months, average body weight was 67 kg at baseline vs. 66 kg at 6 months, and average BMI was 27 kg/m² at baseline vs. 26.9 kg/m² at 6 months.

—Heidi Splete

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