Aerobic Exercise May Cut Menopausal Symptoms

BY SHERRY BOSCHERT

Postmenopausal women improved their physical fitness and reported reductions in the severity of menopausal symptoms after 12-24 weeks of aerobic exercise in three 70-minute sessions per week.

The 65 women (mean age, 50.1 years) rated the severity of menopausal symptoms on the self-administered Menopause Rating Scale questionnaire at baseline, 12 weeks, and 24 weeks in the uncontrolled study. The program of aerobic and calisthenic exercise aimed for 75%-80% of maximal heart rate according to the Karvonen method and consisted of 10 minutes of warm-up exercises; 40 minutes of aerobics; 15 minutes of exercise targeting the abdomen, hip, and leg muscles; and 5 minutes for cooldown and stretching.

Participants reported significant decreases in the severity of hot flushes, night sweats, cardiac symptoms, muscle and joint pain, sleeping disorder symptoms, depressive mood, irritability, anxiety, exhaustion, sexual problems, and urinary symptoms between the start and end of the study, Dr. Selma Karacan of Selcuk University in Konya, Turkey, reported (Sci. Sports 2009 [doi:10.1016/j.scispo.2009.07.004]).

Some of the symptoms showed improvement by 12 weeks and further significant improvements by 24 weeks, including vasomotor symptoms, muscle and joint pain, psychological symptoms, and sexual problems. The women reported no significant change in vaginal dryness.

Significant improvements also were seen in resting heart rate, systolic and diastolic blood pressures, flexibility, aerobic power, and the ability to perform sit-ups, push-ups, and right or left hand grips. Body weight, body mass index, body fat percentage, and fat weight decreased significantly, with no change in lean body mass values.

The findings support results from previous observational studies of physically active postmenopausal women compared with age-matched, sedentary control women. No randomized controlled trials have looked at the efficacy of exercise in managing hot flushes.

The current study suggests that a high level of cardiorespiratory fitness may help reduce menopausal symptoms, Dr. Karacan concluded. ■

VITALS

Major Finding: Six months of 70-minute aerobic exercise sessions three days per week significantly reduced the severity of menopausal symptoms while improving physical fitness.

Data Source: An uncontrolled study in 65 postmenopausal women.

Disclosures: None reported.

OC Reduced Heavy, Prolonged Menstrual Bleeding in Study

BY PATRICE WENDLING

ATLANTA — An oral contraceptive known in Europe as Qlaira significantly reduced menstrual blood loss in women suffering from idiopathic heavy and/or prolonged menstrual bleeding, in a multinational, double-blind phase III trial.

Among 135 evaluable women, complete resolution of abnormal menstrual symptoms was achieved in 44% of those receiving the oral contraceptive containing estradiol valerate/dienogest (E2V/DNG) vs. 4% of those given placebo. The mean change in menstrual blood loss volume, as quantified using the alkaline hematin method, was –353 mL in the E2V/DNG arm vs. 130 mL in the placebo arm (*P* less than .0001).

The dramatic reduction in blood loss was apparent in 3 months, and was accompanied by improvements in iron metabolism parameters, said lead researcher Dr. Jeffrey T. Jensen, professor of obstetrics and gynecology at the Oregon Health and Science University in Portland.

Significant improvements were observed at 196 days with E2V/DNG vs. placebo in the mean change from baseline in the hematocrit (1.4% vs. –0.05%), ferritin (2.9 ng/mL vs. –0.4 ng/mL), and hemoglobin (0.6 g/dL vs. 0.1 g/dL) levels.

E2V/DNG was approved for contraception in Europe under the trade name Qlaira in 2009, and may become available in 2010 in the United States where dual indications for contraception and heavy menstrual bleeding are being discussed, Dr. Jensen said at the annual meeting of the American Society for Reproductive Medicine. Dienogest is available in Europe as a single-agent pill to treat endometriosis, and in combination with ethinyl estradiol for contraception.

During a discussion of the study, audience members questioned the lack of an active comparator in the study and the high number of patients excluded from analysis. Dr. Jensen said that it was a weakness not to have an active comparator, but that the study design was required by the Food and Drug Administration. Furthermore, unpublished data from a third trial showed a similar reduction in bleeding at 3 months with E2V/DNG and the approved levonorgestrel-releasing intrauterine system (LNG-IUS) and a better response at 6 months with LNG-IUS.

"Having placebo-controlled data is very useful as far as getting a benchmark, and there's lots of women out there that aren't currently using any other products," he said. "Now whether this is a better treatment than other oral contraceptives, we don't know," he said.

A comparative trial conducted by one of Dr. Jensen's coinvestigators in 798 healthy women seeking contraception, reported significantly fewer bleeding/spotting days among women given E2V/DNG than those given ethinyl estradiol 20 mcg/levonorgestrel 100 mcg (EE/LNG): 17.3 vs. 21.5 days (*P* less than .0001). No unintended pregnancies occurred with E2V/DNG and only one occurred with EE/LNG, while adverse drug reactions occurred in 10% vs. 8.5% of women (Contraception 2009;80:436-4). ■

VITALS

Major Finding: Complete resolution of abnormal menstrual symptoms was achieved in 44% of those receiving an oral contraceptive containing estradiol valerate/dienogest vs. 4% of those given placebo.

Data Source: A multinational, double-blind phase III trial of 135 women.

Disclosures: The study was funded by Bayer Schering Pharma AG, which is developing E2V/DNG. Dr. Jensen has received research support from Bayer and Warner-Chilcott, and served as consultant for Bayer and Schering Plough. His coauthors disclosed employment with Bayer Schering and consultant roles with Bayer.

Hormone Therapy Associated With Need for Cataract Surgery

BY SHERRY BOSCHERT

Women who used hormone therapy were more likely to need cataract surgery, a risk potentiated by drinking alcohol, a large Swedish prospective study found.

In a 98-month study of 30,861 postmenopausal women, those who had ever used hormone therapy (HT) had a 14% higher risk for cataract extraction and current HT users had an 18% higher risk, compared with women who had never used HT, in a multivariate adjusted analysis, Dr. Birgitta Ejdervik Lindblad and her associates reported. The study appears in the journal Ophthalmology (doi:10.1016/j.ophtha.2009.07.046).

Cataract extraction was even more likely in women who were using HT and drank alcohol. Among current HT users, any alcohol consumption was associated with a 29% higher risk for cataract extraction, and those who drank more than one alcoholic drink per day had a 42% higher risk, compared with women who were neither using HT nor drinking alcohol. (One drink was defined as about 13 g of alcohol, roughly equal to one glass of wine, bottle of beer, or drink of liquor.) Drinking alcohol has been associated with increased levels of plasma estrogen in postmenopausal women in prior studies.

Investigators collected data from women in the Swedish Mammography Cohort who completed questionnaires in September 1997 about hormone status, use of hormone therapy, and lifestyle factors. The researchers followed them through October 2005 and compared their names with those on Swedish registers of cataract surgeries, which identified 4,324 women who underwent cataract surgery during the study period.

Among women aged 65 years or older, the risk for cataract surgery was 73% higher in those using hormone therapy, compared with women who never used HT, after the researchers adjusted for the effects of alcohol consumption, smoking, diabetes, hypertension, steroid or vitamin use, body mass index, and education level.

Longer use of HT was associated with a higher risk for cataract extraction in a linear fashion, added Dr. Lindblad of the Karolinska Institute, Stockholm. Current users of hormone therapy reported a longer duration of HT (a mean of 6 years) compared with past users (4 years). Women who used HT for more than 10 years had a 20% higher risk of cataract extraction, compared with women who never used HT.

Dr. Lindblad and her associates advised caution in comparing their study with those conducted outside of Sweden because HT preparations and clinical practices vary between countries. Hormone therapy with estrogen alone is more common in the United States. And U.S. versions of HT for postmenopausal symptoms like hot flushes most commonly use conjugated estrogens alone or in combination with progesteronelike progestins, while in Sweden the predominant hormone therapy is a combination of estradiol with testosteronelike progestins. The different chemistries might have different effects on the body. ■

VITALS

Major Finding: Women who had ever used hormone therapy had a 14% higher risk for cataract extraction and current HT users had an 18% higher risk, compared with women who never used HT.

Data Source: A 98-month Swedish prospective study of 30,861 postmenopausal women.

Disclosures: Dr. Lindblad and her associates reported having no conflicts of interest related to the study, which was funded by Swedish government agencies and research foundations.