

# Frequent Hot Flashes? Check Lipid Levels

*Higher levels of LDL, HDL, and triglycerides were significantly associated with frequent hot flashes.*

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NATIONAL HARBOR, MD. – Frequent hot flashes in menopausal women were significantly associated with higher levels of low-density lipoproteins, high-density lipoproteins, and triglycerides during a 7-year follow-up study of 3,201 women enrolled in an ongoing longitudinal study.

Previous investigations using the Study of Women's Health Across the Nation (SWAN) database have shown that women with more hot flashes have an elevated risk for subclinical cardiovascular disease, said Rebecca Thurston, Ph.D., of the University of Pittsburgh.

But "there is a lot we don't know

about this association, including what could possibly explain this," she commented.

Dr. Thurston and her colleagues examined hot flashes as they related to lipid profiles in women enrolled in SWAN.

The subjects' median age was 46 years, 48% were white, 46% were in early or perimenopause, and 26% reported hot flashes within the past 2 weeks.

Hot flashes were analyzed in relation to six lipid profiles, after controlling for age, race, menopausal status/cycle day, alcohol use, physical activity, smoking, anxiety, body mass index,

cardiovascular disease status and medications, lipid-lowering medications, and estradiol.

Compared with women who reported no hot flashes, women who report-

**'The cardioprotective nature of HDL may depend on particle size.' HDL particles become smaller as women transition through menopause.**

## VITALS

**Major Finding:** LDL levels among women with 6 or more days of hot flashes peaked at approximately 125 mg/dL during a 2-week period, compared with a peak of approximately 120 mg/dL among women with 1-5 days of hot flashes and a peak of approximately 118 mg/dL among women with no reported days of hot flashes.

**Data Source:** Data from 3,201 women enrolled in the Study of Women's Health Across the Nation (SWAN).

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ed 1-5 days of hot flashes or 6 or more days of hot flashes during the past 2 weeks were significantly more likely to have elevated levels of LDL cholesterol, triglycerides, apolipoprotein B, and apolipoprotein A1.

For example, LDL levels among women with 6 or more days of hot flashes peaked at approximately 125 mg/dL during a 2-week period, compared with a peak of approximately 120 mg/dL among women with 1-5 days of hot flashes and a peak of approximately 118 mg/dL among women with no reported days of hot flashes.

Levels of HDL cholesterol were significantly higher in women who reported 6 or more days of hot flashes during the past 2 weeks, compared with those who reported no hot flashes, but

HDL levels were not significantly different between women who reported 1-5 days of hot flashes and those who reported no hot flashes.

By contrast, levels of lipoprotein(a) were not significantly different among women who reported no hot flashes, women who reported 1 to 5 days of hot flashes, and women who reported 6 or more days of hot flashes.

The positive relationship between hot flashes and lipoprotein(a), and between hot flashes and HDL in some women, were surprising, Dr. Thurston commented.

"The cardioprotective nature of HDL may depend on particle size," she noted.

HDL particles become smaller as women transition through menopause, she added, which might explain the differences. ■

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Another day, another breakthrough.

## NO MORE HEADS OR TAILS TAKING THE GUESSWORK OUT OF PELVIC FLOOR DISORDERS

Too often when a woman goes to her doctor and complains of pelvic pressure, vaginal prolapse, urinary incontinence, or defecatory dysfunction, it's a coin toss whether she will eventually end up with the appropriate evaluation and treatment. Many primary care physicians are not current on the most accurate diagnostics and successful therapies, but specialists at the nation's leading academic medical institutions are equipped to take the guesswork out of pelvic floor disorders.

While most patients have problems such as incontinence or vaginal prolapse, others may have more complicated conditions that require advanced diagnostic and treatment modalities. Consider, for example, the recent case of a 49-year-old patient who lives 200 miles away. She was scheduled to have a hysterectomy and transvaginal mesh procedure for vaginal prolapse at her local hospital. The prolapse was confirmed, but the patient and her doctor weren't sure how that operation would help her severe constipation and splinting. Her physician referred her to The Mount Sinai Medical Center where, after an initial consultation, she was jointly evaluated by specialists in our Division of Colon and Rectal Surgery. Colorectal surgeons are traditionally trained to perform advanced surgery to remove disease, but many Mount Sinai surgeons are also subspecialists in defecatory disorders associated with pelvic floor dysfunction.

Using a collaborative approach, the patient underwent a supracervical hysterectomy, sacral colpopexy, paravaginal repair, and a low anterior resection. Using the "mini-lap" 5-cm incision pioneered in our Department of Obstetrics, Gynecology, and Reproductive Science, the patient was discharged three days after major bowel surgery. Her incision size allowed her to resume work three weeks later. Using traditional tools and surgical

approaches, the hospital stay can be two to three times longer and the return to work might be up to six weeks.

Mount Sinai has an institutional commitment to global health and our OB/GYN surgeons are also experts in fistula repair. An estimated 2 million women worldwide have postpartum fistulas, with prevalence rates as high as 3.5 per every 1,000 deliveries in some African nations. Mount Sinai routinely sends surgical teams to East and West Africa where they perform many complicated procedures. Fistulas are not limited to the developing world, however, and recently we received a referral of a 32-year-old woman who, following a cesarean section, developed what was presumed to be a vesico-vaginal fistula. After an in-depth evaluation, Mount Sinai specialists accurately diagnosed the condition as a vesico-uterine fistula and our team performed a robotic fistula repair. The patient was sent home the next day.

Female pelvic medicine and reconstructive surgery is the newest OB/GYN specialty approved by the American Board of Obstetrics and Gynecology (ABOG) in the United States, and Mount Sinai has one of the few ABOG-approved fellowship programs for this area in the country. Together with our broad research agenda, which currently ranges from connective tissue studies to MRI evaluation of surgical approach outcomes, we strive to replace guesswork with real science and advanced innovative methods in complex clinical care.

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