

SUNDAY

OCTOBER 27, 2002

SECTION M

The Providence Sunday Journal

HEALTH

& FITNESS MONTHLY

Women finding ways to cope without HRT

Solutions to debilitating symptoms such as hot flashes and bone thinning range from simple lifestyle changes to medicines.

BY VICTORIA L. WILCOX
SPECIAL TO THE JOURNAL

At age 37, Susan Sgambato, of Burrilville, faced a "double whammy": breast cancer and sudden menopause. "It was a horrible, horrible time," she recalls.

Despite a strong family history of breast cancer, Sgambato was surprised to be afflicted at so young an age. And after one cycle of chemotherapy, her periods stopped — and hot flashes kicked in.

Sgambato, a church administrative assistant, found the other side effects of chemotherapy mild compared to the menopause symptoms.

"With chemotherapy, I could expect two or three days a month to be feeling ill, but the menopause symptoms were daily," she says.

Night sweats would jolt her awake, allowing her to sleep just a few hours each night. Fatigue permeated all she did. Sgambato, "happily married for 19 years," also endured vaginal dryness, another common menopause woe. That, she says, caused a "pretty drastic change" in her physical relationship with her husband. "We've had to adapt," she says.

Her oncologist, nervous that estrogen could spur tumor growth, advised against hormone replacement therapy (HRT), which is more than 90 percent effective in alleviating hot flashes and vaginal dryness.

"I struggled for a long time with what to do when you can't take hormones," Sgambato says.

While not all breast-cancer patients experience menopause symptoms, they are five times more prone to do so than

SEE **MENOPAUSE, M-9**

Menopause: Post-HRT

Continued from M-1

other women their age, according to a recent study. And those who do, suffer more frequent, more severe, and longer lasting hot flashes.

Dr. Mary Anne Fenton, a hematologist and oncologist with the Comprehensive Cancer Center of Rhode Island Hospital, calls menopause symptoms a "major problem" for these patients for three reasons:

- Chemotherapy can precipitate an abrupt, early menopause.

- Most women who are taking HRT for menopause quit the therapy if they are diagnosed with breast cancer. According to Dr. Michele Cyr, HRT is contraindicated in breast cancer patients because of concerns that it will stimulate breast-cancer cells, promote recurrence in the same breast or increase risk of a new cancer.

- Tamoxifen, the main anti-estrogen therapy for breast cancer, can worsen hot flashes.

Following the Women's Health Initiative bombshell that estrogen plus progestin increased incidence of heart attacks, breast cancer and stroke, many women, not just cancer patients, have been considering an HRT-free menopause. According to Cyr, a health initiative investigator and Brown University professor, the large, randomized, placebo-controlled trial also found that while hormones averted fractures, overall they hurt more than they helped.

SINCE THE NEWS hit, Dr. Maureen Chung, a surgical oncologist at the Breast Health Center at Women & Infants Hospital, in Providence, has been fielding healthy patients' questions: Should I stop using hormones? Will I get breast cancer from them?

About half have already decided to quit HRT, she says.

With both breast-cancer patients and many healthy women shunning HRT due to cancer fears, questions arise: What can breast-cancer patients do about menopause symptoms? Can they protect their hearts and bones after menopause without risking breast cancer?

Fortunately, the road to menopausal well-being is not always paved with hormones.

For hot flashes, alternative remedies range from simple to medicinal.

Low-tech fixes, such as wearing easy-to-remove layers of cotton clothing, may suffice. Sgambato started taking an icepack, wrapped in a dish towel, to bed; she also put a fan on her nightstand to cool her face.

Like many women, Sgambato found that hot foods, hot liquids, and alcohol would trigger hot flashes. Eating soup, even in midwinter, would leave her dripping with sweat. Spices, caffeine and stress can also bring on hot flashes.

Fortunately, the road to menopausal well-being is not always paved with hormones.

A HOT FLASH diary can aid in spotting triggers, says Carol Landau, a professor at Brown University Medical School who, as a clinical psychologist, treats many midlife women.

Taking slow, rhythmic breaths as hot flashes occur may help, too. Landau says small, randomized, controlled studies show that deep, abdominal breathing suppresses hot flashes.

Although Vitamin E, on average, controls hot flashes about as well as placebos, some of Fenton's patients say the vitamin helps them. Since proper doses can do little harm, Landau suggests trying it. Cyr, an internal medicine specialist, recommends 800 international units (I.U.s) per day.

Many women try phytoestrogens, such as soy. According to Marion Winkler, a registered dietitian running Rhode Island Hospital's part of a nationwide breast-cancer study, these plant compounds act as weak estrogen in the body.

While phytoestrogens gave Sgambato some relief, experts say claims that soy reduces hot flashes remain unproven. Worse, soy may boost breast-cancer risk, so they warn women at high risk to avoid soy supplements. Still, Fenton doubts that a daily glass of soy milk would hurt.

Women have also flocked to the herb black cohosh, but neither Cyr nor Fenton see clear evidence to back its use for hot flashes. Additionally, Fenton says, "We are concerned about the use of black cohosh in women with a history of breast cancer because it is a plant estrogen, and we don't know how safe it is for women with breast cancer."

ANTIDEPRESSANTS, particularly venlafaxine and a class called selective serotonin reuptake inhibitors, may cool the heat. SSRIs include fluoxetine, better known as Prozac. Cyr says that in a randomized, controlled trial of 191 breast-cancer patients, venlafaxine reduced hot flash severity by 61 percent. Likewise, randomized trials show that SSRIs, compared to placebos, cut hot flashes by half.

Some women are hesitant to take antidepressants. Fenton assures them that she is not prescribing them for depression, but rather because they affect the chemical pathway that causes hot flashes. Some patients, however, feel not quite themselves on these drugs.

Breast-cancer patients also use clonidine, a non-hormonal treatment for high blood pressure. While Cyr says it curbs hot flashes, many patients cannot bear its side effects, including dry mouth and fatigue.

Sgambato now runs or walks three to five miles a day, and eats plenty of fruits and vegetables. She says, "I actually found that the best help came from the exercise and from just changing my eating habits."

Over-the-counter remedies exist for vaginal dryness, which can make sexual activity painful. Lubricants such as Astroglide, applied before intercourse, can ease discomfort. Doctors also recommend Replens, a moisturizer that affords longer-term relief.

If those methods fail, topical estrogen could help. Cyr says that while estrogen creams, available by prescription, allay dryness, breast-cancer patients should exercise caution in using them. Also available are vaginal rings, but while the body absorbs less estrogen from them than from creams, patients should consult their doctors before use.

WHILE FAITH in HRT's ability to protect the heart has weakened, heart and blood-vessel conditions still kill nearly half of all women, most after menopause.

Doctors put two lifestyle changes atop their battle plans for heart disease. First, women who smoke should quit. Second, regular aerobic exercise improves women's cholesterol profiles and helps control weight, both key to healthy hearts. Cyr says, "Just going from being sedentary to being active is probably as good as we thought estrogen was going to be."

A low-fat diet substantially lowers heart-disease risk, as does controlling high blood pressure and diabetes. Popping a baby aspirin each day may cut women's risk by a third, Cyr says. She recommends it for her high-risk patients.

Relaxing bolsters both hearts and general health. Landau touts exercise for stress reduction and classes for learning how to manage stress.

As with heart disease, women can do much to thwart bone loss and the fractures that can sap independence. According to Cyr, "Everybody who's concerned about osteoporosis should be engaged in exercise." All forms help, particularly weight-bearing activities such as lifting weights, running, and walking.

Cyr warns that most menopausal women get far less calcium than they need for strong bones. She recommends 1,500 milligrams each day, from dairy products or supplements. They should also get Vitamin D from either sunlight or supplements, says Winkler, the dietician. And drugs such as alendronate can help maintain bone.

SGAMBATO recalls lying in bed, having changed nightgowns three times, and thinking, "I guess this is better than 6 feet under, so I'll just deal with it."

After improving her diet and exercise, she says, "I have more energy now than I ever remember having." She has also lowered her cholesterol and regained bone mass.

In telling her story, Sgambato reveals a larger truth about breast-cancer patients and menopause. As Landau says, "They do what women always do: they cope."

Victoria L. Wilcox, who lives in Rhode Island, has a Ph.D. in medical psychology.