

Study confirms risks, benefits of estrogen drugs

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Estrogen replacement pills are prescribed for a number of problems linked with menopause, such as hot flashes. The Food and Drug Administration estimates that three million women in the U.S. take these pills to replace lost estrogen.

Progesterone is another female hormone. Secreted during the last 14 days of a woman's monthly cycle, it further prepares the uterine lining for pregnancy and causes this lining to shed if no fertilized egg implants in the uterus.

Long-term effects

In the study, physicians measured the effects of long-term estrogen use alone and with progesterone pills added. They did not look at the effects of birth control pills.

Two groups of women with low estrogen levels were compared. Looking back over patient records, the physicians picked out 301 women who had taken estrogen replacement drugs for at least five years and 309 women with similar problems who had taken no estrogens.



Pops concert slated

Cheese and wine served at candlelit tables to be enjoyed while the Durham Symphony performs — that's the plan for Saturday evening, April 28, at the Durham First Pops Concert.

The concert will begin at 9:30 p.m. at South Square Mall. Tickets are \$10 per person. Four dollars of each \$10 ticket is tax deductible as a contribution to the non-profit Durham First program and the Durham Symphony.

For tickets and reservations, contact the Durham Chamber of Commerce, 682-2133.

The estrogen users took their pills for 25 days of each month, on the average. Then they took no estrogen for the next five days.

Eleven of the women who took estrogen developed cancer of the uterine lining, the endometrium (en-doe-ME-trium). Only three such cancers occurred among women in the study who never took estrogen.

But no cancers at all turned up in women who took both estrogen and progesterone regularly. The progesterone pills were added for the last seven to ten days of the 25 days that estrogen was taken each month.

Finding of 'major importance'

Hammond, principal author of the study, called the apparent protection offered by progesterone a finding "of major importance." The result supports earlier studies showing the same effect.

At least six other studies have found an increased uterine cancer risk for women taking estrogens over a long period of time. Four other studies, however, show only a small risk increase or none at all.

On the positive side, estrogen users in the Duke study had significantly lower rates than non-users of heart and circulation diseases, stomach and intestinal problems, high blood pressure, tension, anxiety, fractures and osteoporosis (OS-te-o-po-RO-sis), a weakening of the bones common after menopause.

Comparable groups

"There were initial differences between the groups," Hammond said, "but they were seen here for similar

problems and for this reason, we feel that the groups are comparable."

The women taking estrogens were younger than the no-estrogen group, weighed less, had lower blood pressure, had borne fewer children and were more likely to be white and middle or upper class.

When statistical adjustments were made to level out the age, race and weight differences between the groups, the findings did not change, however.

The study turned up no increased risk for any other type of cancer among estrogen users.

"Some studies have suggested an increased rate of breast cancer among estrogen users," Hammond said, "but this observation is not accepted by all physicians and was not found in our study."

Effect of progesterone

Before leaving for Los Angeles, Jelovsek explained why progesterone seems to protect against endometrial cancer.

"Estrogens in general cause the endometrium to grow," he said. "When you add progesterone in the second half of a woman's monthly cycle, the endometrium no longer keeps growing and actually shrinks."

Jelovsek said progesterone acts in two ways. "We know that it stops proliferation of the uterine lining," he said. "But it does something else. In postmenopausal women, it may cause withdrawal bleeding, like an induced menstrual period."

A thick uterine lining that's actively

growing could turn into a condition called hyperplasia, considered a step toward uterine cancer. Stopping the growth for awhile each month with progesterone could make hyperplasia less likely, he said.

Allowing the lining to slough off could also help reduce a woman's cancer risk.

"When we add progesterone, the same tissue is not being restimulated each month," Jelovsek said. This could also reduce the risk of hyperplasia.

Progesterone did not diminish the benefits of estrogen in the study.

Two clear-cut uses

Hammond said the study reaffirms his prior beliefs about estrogen replacement therapy. He said there are two clear-cut reasons for prescribing these drugs: Severe hot flashes or atrophic vaginitis, a thinning of the vaginal wall that can cause pain during intercourse or an irritating vaginal discharge and a burning sensation.

He said most physicians also believe that estrogen is effective against osteoporosis.

"My personal thesis has been to treat the patient's symptoms with the lowest possible dose for the shortest duration and with added progesterone," he said.

Some women may object to the renewed bleeding that progesterone may cause. "It's obvious that a patient of 60 doesn't like to have periods again," Hammond said.

The bleeding, although slight when it occurs, can probably be eliminated, he added. "If the patient is bleeding, this tells me that I may be giving too much estrogen."

Bob O'Connell returns to Duke in new post

When Robert F. O'Connell, former director of dietary services, left Duke last summer, he called the medical center "a kind of special place to be," and he commended the people he knew here, all of whom he said he would miss.

Now he has returned, having been appointed assistant administrative director of the hospital.

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These duties will include overseeing



O'CONNELL

plans for the expansion of service when Duke Hospital North opens in the spring of 1979, Peck said.

A native of Pennsylvania, O'Connell graduated in 1961 from Pennsylvania State University with a degree in institutional management.

He came to Duke as director of dietary services in 1973, at the beginning of the Duke-Marriott affiliation, and was promoted by Marriott last year to district manager for the corporation's Health Care Services Division.

He previously was director of food service at the Medical College of Virginia in Richmond.



WHERE'S ANDY?—Intensive Care Nursery RN Sheila Holt (photo at left) played the part of Raggedy Ann for the benefit of the ICN graduates at their April 12 reunion. Raggedy Ann holds 6-

month-old Faith Hoffman while Dr. Richard David, a fellow in neonatology, offers a playful hand. At right, ICN graduate Melissa Rouse, gets the better of a cookie.