

# HRT may pose more harm than good

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WASHINGTON - Scientists for the government abruptly ended the nation's biggest study of a type of hormone replacement therapy, saying long-term use of estrogen and progestin significantly increases women's risk of breast cancer, strokes and heart attacks.

The hazards turned up during a study of more than 16,000 women at 40 medical centers, including 636 through the University of North Carolina at Chapel Hill.

Six million American women use this hormone combination, either for short-term relief of hot flashes and other menopausal symptoms or because of doctors' long-standing assumptions that long-term use would prevent heart disease and brittle bones and generally keep women healthier longer.

In fact, there are serious risks to using the hormones for years, risks that far outweigh the few benefits, the National Institutes of Health announced last week.

The hormones harm, not protect, the heart. They actual-

ly increase previously healthy women's risk of a heart attack by 29 percent and a stroke by a stunning 41 percent. They also increase women's chances of breast cancer by 26 percent.

On the good side, the hormones cut by a third the risk of colon cancer and hip fractures - but there are other, safer ways to fend off those illnesses, doctors noted.

So the NIH stopped the 16,600-woman study three years early and is advising other women who use the estrogen-progestin combination to ask their doctors if they, too, should quit.

"This clarifies the picture and will affect the practice of medicine," said Dr. Gerardo Heiss, a professor of epidemiology at the UNC School of Public Health and lead investigator of the university's portion of the study.

"What this study clearly establishes is that hormone replacement therapy, as a long-term preventive measure, is not a viable option," he said.

The NIH's Women's Health Initiative sponsored the study. "We want to get the word out to women and their

doctors that long-term use of this therapy could be harmful," said Dr. Jacques Rossouw, acting director of the initiative.

Women may still want to use the hormones for a short period to treat menopause symptoms such as hot flashes, he said. But for how long?

"There is no really safe period," he acknowledged, noting that the heart attack risk hit during women's first year taking the hormones, "as short a period as you can get away with in order to manage the menopausal transition."

Other researchers were even more negative.

"We recommend that clinicians stop prescribing this combination for long-term use," wrote Dr. Suzanne Fletcher of Harvard Medical School in an editorial accompanying the study results posted on the Web site of the Journal of the American Medical Association. "Risks from the drug add up over time."

The study's leaders stressed that women shouldn't panic because personal risk is pretty small.

In one year, for every 10,000 women who take the estrogen-progestin combina-



A study of more than 16,000 women at 40 medical centers indicates that long-term use of estrogen and progestin significantly increases women's risk of breast cancer, strokes and heart attacks.

tion there will be eight more breast cancers, eight more strokes and seven more heart attacks - and six fewer colon cancers and five fewer hip fractures - compared with 10,000 women who didn't take the pills.

However, because millions take the hormones, those numbers can add up to thousands of illnesses, Rossouw noted.

To use estrogen or not has long been a vexing question for women entering menopause. While the study seems definitive, it doesn't settle all the questions:

- What about women who use estrogen alone? The NIH is letting a second, smaller study of those women continue for now, saying so far the balance of risks and benefits remains uncertain. Only

women who have had hysterectomies can use estrogen alone, because it causes uterine cancer unless balanced by progestin.

- How do the risks stack up for short-term use? In the latest study, the cardiovascular risk actually jumped within the first year of use while the cancer risk didn't appear until around year four.

"The message still goes back to treat your individual needs," said study co-author Jennifer Hays of the Baylor College of Medicine. "If you can't sleep for three weeks (because of night sweats) and short-term therapy at a low dose helps you with that, quality of life is an important thing."

- This study used Prempro, the most popular estrogen-

progestin combination. But what about lower-dose pills or even skin patches?

Without testing each, "you can get wrong answers," cautioned study co-author Dr. Norman Lasser of the University of Medicine and Dentistry of New Jersey, who wants drug companies to do such testing. "It's going to be a while 'til we know what's safe."

Wyeth Pharmaceuticals, which makes Prempro and other estrogen supplements, said the main reason women start hormone therapy is to relieve hot flashes, night sweats or vaginal problems.

"It is important to recognize the critical role" the hormones play for those women, said Wyeth vice president Dr. Victoria Kusiak.

## Diabetes

from page C3

energy more efficiently when food was scarce but that today may instead make the person more susceptible to developing type 2 diabetes.

- Gestational diabetes - in which blood glucose values are elevated above normal during pregnancy - occurs in about 2 to 5 percent of all pregnant women. Large body size and low blood sugar are higher in these pregnancies, but the women generally return to normal glucose values after childbirth. Once a woman has had gestational diabetes, she has greater risk of developing gestational diabetes in future pregnancies. Also, about half the women with gestational diabetes develop type 2 diabetes within 20 years of the pregnancy. The occurrence of gestational diabetes is 50 to 80 percent more frequent in African-American women than in white women, according to several studies.

- Hyperinsulinemia - higher than normal levels of fasting insulin - is associated with an increased risk of developing type 2 diabetes, and studies have shown higher insulin levels in African-Americans than in whites.

- Obesity is a major risk factor for type 2 diabetes, and African-Americans have higher rates of obesity than whites.

- Lack of regular physical activity: In one survey, 67 percent of African-American women and 50 percent of African-American men reported that they participated in little or no leisure time phys-

ical activity.

- Other factors yet to be understood.

According to NDIC, African-American children seem to have lower rates of type 1 diabetes than white children, but the prevalence of type 2 diabetes has been increasing in children, especially among African-American, American-Indian and Hispanic children.

The frequency of diabetic retinopathy - a deterioration of the blood vessels in the eye that is caused by high blood glucose and can lead to impaired vision and blindness - is 40 to 50 percent higher in African-Americans than in whites, according to NDIC. African-Americans with diabetes experience kidney failure about four times more often than whites. African-Americans with diabetes are much more likely to undergo a lower-extremity amputation than whites. According to one study, the death rate for people with diabetes was 20 percent higher for African-American men and 40 percent higher for African-American women, compared with whites.

In 1996, NIDDK began a research effort to learn how to prevent or delay type 2 diabetes in people with impaired glucose tolerance, a strong risk factor for type 2 diabetes. The findings, released in August 2001, showed that people at high risk for type 2 diabetes could sharply lower their chances of developing the disease through healthful eating and regular physical exercise. In addition, treatment with the oral diabetes drug metformin reduced diabetes risk, but less dramatically. Study participants who made lifestyle

changes (including getting 30 minutes of exercise per day such as walking or other moderate exercise) lost 5 to 7 percent of their body weight and reduced their risk of getting type 2 diabetes by 58 percent. Participants who took metformin reduced their risk of getting type 2 diabetes by 31 percent.

Mike Conrad, executive director of the Piedmont Triad Chapter of the Juvenile Diabetes Research Foundation, said his organization's mission is to find a cure for diabetes and its complications through research. He said his organization does not keep statistics about the incidence of juvenile diabetes among different racial groups.

According to the organization's Web site, diabetes kills one American every three minutes; 16 million Americans have the disease, and of these 5.4 million remain undiagnosed. Worldwide, diabetes afflicts 120 million to 140 million people, and that number is expected to more than double by 2025. More than 1 million Americans have Type 1 (juvenile) diabetes.

Conrad said the Piedmont Triad Chapter of the Juvenile Diabetes Research Foundation will have four walks (called Walk to Cure Diabetes) to raise money for diabetes research: Sept. 7 at High Point Central High School, Sept. 21 at Davis Field at Wake Forest University, Sept. 28 at Grimsley High School in Greensboro and Oct. 19 at Elon University in Alamance County.

All the walks will begin at 8 a.m. For information, call 768-1027.

in the medical literature.

"In many of those cases, there was excessive, very inappropriate use of a DEET product in which someone was applying a high-strength formulation and covering large areas of skin for many days in a row," Fradin said.

Estimates are that DEET-based products have been used between 5 billion and 8 billion times with very few reported problems, he said.

"Until a better repellent becomes available, DEET-based repellents remain the gold standard of protection under circumstances in which it is crucial to be protected against arthropod bites that might transmit disease," Fradin said.

The state of Florida paid for part of the study, which received no support from industry, he said.

made in the light of day. Working within our given resources, we continue our goal of maximizing the public health benefit for North Carolinians.

In 1998, the General Assembly made a farsighted decision to allocate a portion of the tobacco settlement money toward health and wellness programs. It was the right thing to do. The funds allocated to the Health and Wellness Trust Fund Commission from the settlement have been used prudently and reasonably on clearly-defined programs that target at-risk segments of our population. With vision, leadership and clarity of purpose, the Health Trust will continue to make a positive impact on the quality of life for Tar Heels for generations to come.

tropical countries where mosquito-borne diseases are endemic, then your best bet would be to choose products containing DEET."

Worldwide, mosquitoes transmit diseases to 700 million people a year, he said. Malaria alone still kills up to 3 million people annually. Even in the United States, various forms of mosquito-borne encephalitis show up from time to time, and West Nile virus, which has been detected to date in 27 states, killed seven people in the New York City area two years ago.

DEET's toxicity gets a lot of news media attention every year, but the UNC dermatologist said concerns about that appear to be grossly exaggerated. The "very safe" product has been on the market for some 45 years, and fewer than 50 cases of significant toxicity have been reported

tional hours in their local educational agency.

Thus in the span of about one year, the Health Trust has crafted two significant plans with a positive long-term health-care impact. The Health Trust passed these programs after serious deliberation and public input. Moreover, we have balanced the need to create effective programs generating long-term benefits within limited funding. I firmly believe this commission has given the people of North Carolina a tremendous health-care bang for their buck.

The Health Trust is made up of dedicated, knowledgeable leaders representing many facets of the health-care arena. Our monthly meetings are open and all policy decisions are

## Agency

from page C3

Harper and his wife, Annette, have three children, Erin, 19, a sophomore at High Point University; Meredith, 14, a freshman at Western Guilford High School; and Adam, 6, a first-grader at Claxton Elementary School in Greensboro.

"Many people know the March of Dimes succeeded in its initial mission to find a cure for polio. Now we have as our mission to improve the health of babies by preventing birth defects and infant mortality," Harper said. "I feel that every baby born deserves the same opportunities, the same start in

life. We here at the March of Dimes are dedicated and committed to research and education that will help in assuring healthy births."

Harper remains active in the Boy Scouts by volunteering with the Old North State Council of Boy Scouts of America and holds volunteer positions at Muirs Chapel United Methodist Church in Greensboro.

Upcoming March of Dimes events include the N.C. Chili Championship & Rubber Duck Regatta on Sept. 21 at Tanglewood Park, Bikers for Babies Oct. 19 in Winston-Salem and the Gourmet Chefs' Auction Nov. 9 at the Greensboro Children's Museum. More information is available on the March of

Dimes Web sites at [www.marchofdimes.com](http://www.marchofdimes.com) and [www.nacer-sano.org](http://www.nacer-sano.org).

## DEET

from page C3

offered complete protection for an average of almost two hours. Bite Blocker for Kids, in which the active ingredient is 2 percent soybean oil, lasted an hour and a half on average, he said.

Various Skin-So-Soft products, including those containing either the chemical IR3535 or plant-based citronella protected, on average, far less than 20 minutes. Recently introduced oil of eucalyptus repellents Fite Bite and Repel lasted an average of two hours.

"If you are outside at a barbecue in the United States, this variability probably won't make much difference," Fradin said. "But if you are looking for prolonged protection that's reliable, especially in tropical and sub-

## Commission

from page C3

the national average. With this commitment of funds, North Carolina is taking a major step in reducing the rate of teen smoking. Clearly, we must do what we can to prevent teens from smoking and help them quit if they have already begun.

Last month, spurred by the actions of the Health Trust I took my personal and professional commitment to teen smoking prevention one step further by authoring a State Board of Education resolution calling for local school boards to adopt a tobacco-free policy that prohibits tobacco use for students, staff and visitors on school property during opera-

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