

Disease

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age 50, the decision whether or not to use hormone replacement therapy is a difficult one. These guidelines should help physicians guide patients to the most effective therapies to lower an individual's risk of cardiovascular disease."

According to Mosca, the established benefits of HRT for the treatment of menopausal symptoms, such as hot flashes, and the prevention of osteoporosis, must be weighed against the risks for blood clots, gallbladder disease, and a possible increased risk of breast cancer.

"The new guidelines recommend essentially taking HRT out of the risk-benefit equation for women who have already had a heart attack or stroke," said Mosca. "For postmenopausal women without heart disease, we do not suggest that HRT be taken completely out of the equation. We state that heart disease prevention should not be used as the sole purpose of therapy. It can weigh into the decision, it just shouldn't drive the decision for women without heart disease."

"The prevailing wisdom for

decades has been that hormones protect the heart," Mosca says. "This is based on quite reasonable assumptions. Compared to men, women have a delayed onset of heart disease by about 10 years. It has been assumed that this protection has been afforded to women because they have estrogen and men don't."

In addition, epidemiological studies have indicated that HRT reduces heart attacks in healthy women. However, because women who are prescribed HRT are often healthier than those who are not, these studies cannot be considered definitive because women are not randomly assigned to treatment.

Two large, randomized studies of healthy women designed to avoid those biases — the Women's Health Initiative, sponsored by the National Heart, Lung and Blood Institute, and the WISDOM trial in Europe — are expected to report results in five years. "These studies will provide more definitive answers about HRT for prevention of heart disease in healthy women," said Mosca.

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Dr. Burton Brodsky, M.D.P.L.C. Evening Appointments Welcome



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MEDICAL DATEBOOK

SUN, JULY 29

CHEMICAL SENSITIVITY

M.C.S. Friends, a non-profit, educational support group for the chemically injured, their families and friends, will meet 2-5 p.m. at the Good Food Company, 42615 Ford Road, Canton (1/2 mile West of I-275 at Lilley). The guest speaker will be Patrick Lyons, a licensed builder and inspector for "safe housing." Please come unscanted. For more information or a newsletter, call (248) 349-4972.

WED, AUG. 1

PREGNATAL FITNESS

"Prenatal Fitness," a new six week series of classes will run from Aug. 1 through Sept. 5. Classes meet weekly from 6-7 p.m. in the hospital's West Addition. Exercise ensures a positive outlook about pregnancy and delivery, increases strength and stamina needed for childbirth, and makes postpartum recovery faster and easier. There is a fee for the course. To pre-register call (734) 655-1100.

THUR, AUG. 28

Arthritis Today

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MATCHING STANDARDS WITH EXPECTATIONS

You may be aware of the march of science and technology in medicine. The last ten years have brought undreamed of changes such as monoclonal antibodies, detection of defects in individual genes, and the use of lasers for surgery.

Your reasonable expectation is that physicians will make good use of these advances in diagnosis and treatment. That is, that the medical profession will take the steps necessary to understand these changes and apply them properly.

The medical community agrees and has set down new standards for medical competency. In the past, doctors sat for examinations to determine that they had the knowledge needed to call themselves practitioners. Once passing that examination a doctor could consider himself "board certified" for life. Beginning in 1985 the subspecialties of medicine abandoned that concept and granted board certification to those who passed examinations.

The subspecialties reasoned that changes in medical care were occurring so fast, that physicians would need to take an examination periodically to confirm that their knowledge was up to date. I have just completed recent/fusion in rheumatology, and can state that in my 30's the examination was not important, but in my 40's it was important to my patient care.

Of course, passing a test does not make one a good physician. However, having a knowledge base that the examination requires is necessary to practice at the levels made possible by the advances of science.

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