

## Rx Briefs

### ■ Bee stings

For millions of Americans, summer brings the threat of insect stings and, for some, the danger of severe and sometimes life-threatening reactions. The American College of Allergy, Asthma and Immunology offers these tips:

■ If you are stung and experience symptoms such as troubled breathing, hives, fainting or any symptoms OTHER THAN pain, itching, redness and swelling at the sting site, you may be having a severe reaction and should seek medical attention immediately.

■ If you have experienced a severe reaction, you may have insect sting allergy, a condition that puts you at a high risk of having a similar or worse reaction the next time you are stung.

■ Insect sting allergy can be treated. Ask your doctor to refer you to an allergist who can evaluate you for a vaccination program that immunizes against future allergic reactions.

■ A sting kit containing injectable epinephrine, emergency rescue medication only, it can stop an allergic reaction in progress, but it cannot treat the underlying allergy and therefore will not protect against future reactions.

Allergic reactions to insect stings can be dangerous and sometimes fatal. Insect-allergic individuals often change their lifestyles out of fear, sometimes avoiding outdoor activities altogether. Proper evaluation and treatment by an allergy specialist can eliminate much of the fear and misunderstanding associated with insect sting allergy. For a free informational booklet, call (800) 233-5746.

### ■ Cancer nutrition

American Institute for Cancer Research has launched a new online guide devoted to nutrition for the cancer survivor. The new Cancer Survivor's Guide includes a set of seven dietary guidelines, exercise tips, recipes for good health, lists of resources and helpful organizations, survivor stories and frequently asked questions.

It also offers access to two longer texts prepared by a panel of experts. One discusses problems and solutions for the cancer survivor during treatment. The other covers dietary options for survivors after treatment.

In addition, the site links survivors to a registered dietitian who will answer questions. By clicking on "Ask a Registered Dietitian," an e-mail form appears on which survivors can send a question to an AICR dietitian. A reply will be e-mailed back within two workdays.

The Web site address for the Cancer Survivor's Guide is [www.aicr.org/survivor](http://www.aicr.org/survivor).

### ■ Bag of Safety

The American Red Cross of Southeastern Michigan is offering free kits to libraries, churches, schools, or other community facilities with everything they'll need to easily set up a Red Cross summer safety bulletin board. It contains photos, information and safety tips on tornadoes, violent weather, coping with hot weather, and water safety. Provided to organizations in Oakland, Wayne and Macomb counties. To order "Bulletin in a Bag," call (313) 494-2740.



# Hormone Replacement Therapy

—Crisis or concern—

BY RENÉE SKOGLUND  
STAFF WRITER

Farmington Hills gynecologist Dr. Judith Joslin-Page expected her phone to ring off the hook after last month's announcement that the Women's Health Initiative study on Hormone Replacement Therapy (HRT) had been suspended. It didn't.

"We have all been a little bit surprised, based on how busy a gynecology practice we have," she said.

In fact, she added, many of the patients she saw the day after the press conference were adamant about remaining on HRT. "The interesting thing I found is that my ladies had a very defensive posture. I saw four of them in a row, and their first statement was, 'You're not taking me off these hormones.'"

Dr. Shari Maxwell, a gynecologist with Henry Ford Health Center in Plymouth, also had patients who said "they feel great and want to stay on their medication." The Women's Health Initiative study, which enrolled over 16,000 healthy, ethnically diverse women between 1993 and 1998, was designed to assess the use of Hormone Replace Therapy (HRT) — specifically, the combination of estrogen and progesterin — on preventing coronary heart disease in postmenopausal women aged 50-79 who had an intact uterus. It was to have ended in 2002; however, it was stopped at the end of May because of the risk for invasive breast cancer, as well as cardiac events and strokes, exceeded the trial's safety boundaries. Most participants had been enrolled at least 3.5 years, with an average follow-up of 5.2 years and a maximum of 8.5 years.

Although the findings reported a 26 percent increase in invasive breast cancer over the placebo group (38 vs. 30 per 10,000 person-years), the absolute risk was just eight more incidents of invasive cancer.

"And it was not that the placebo group had none," said Joslin-Page.

Still, the risk is real. "This is not the magic pill," Dr. Michelle Riba, a University of Michigan psychiatrist who counsels women with breast cancer. "Because once you get breast cancer, the HRT stops."

### ONE MEDICATION

Dr. Michael Gatt, of Westside Obstetrics and Gynecology in Canton, believes many women are simply waiting to see how the HRT dilemma plays out before making a decision about continuing HRT. Doctors have questions about continuing their patients on HRT and are waiting for guidelines from the American College of Obstetrics and Gynecology, he said.

"Do you do another year and then re-evaluate. Do you switch them to another estrogen?"

The Women's Health Initiative study focused on a single HRT medication, Prempro, manufactured by Wyeth-Ayerst. The drug combined estrogen, in the form of 0.625 mg. of conjugated equine (horse) estrogen, and progesterin, in the form of 2.5 mg. of medroxyprogesterone acetate. According to the *Journal of the American Medical Association*:

"The results do not necessarily apply to lower dosages of these drugs, to other formulations of oral estrogens and progestins, or to estrogens and progestins administered through the transdermal route (skin)."

The study, Joslin-Page emphasized, did not indict all HRT medications. "We should look at this as a possible single product problem as opposed to an entire class of drugs problem," she said.

Maxwell said most doctors have endorsed HRT. "We've seen benefits with it. Women are naturally dependent on estrogen. When it is no longer present, they feel the difference."

New data must be interpreted carefully, she Maxwell. Like other doctors, she is awaiting guidelines from the American College of Obstetrics and Gynecology. Meanwhile, she will continue to administer her care as usual.

"I see HRT as being a good thing. I have women in my family on it. That's as good as it gets in my life," she said.

### PATCH VS. PILL

Dr. Jerry Nosancluk, a founding member of the North American Menopause Society, has considered himself a "menopausalist" since 1984. He has a practice based in Bingham Farms that consists of women — most of them 45-55 years old — who have been HRT resistant under the care of their gynecologists. Thirty percent of his patients seek his help because of loss of libido, a side effect of menopause, he said.

"Some women who have had their ovaries removed say their doctors have told them they don't need HRT. I

tell them to ask their (male) doctor if he had his testicles removed would he want to take testosterone."

Other women complain of persistent flushes, sleep disturbances, memory problems, or a "diminished quality of life."

The answer is not HRT in a pill, he said.

"I think very few women in the United States are on an optimal hormone replacement therapy. It is always sub-optimal to be on an oral HRT (as opposed to a patch, applied transdermally, or an implant). Oral HRT is metabolized by the liver. It induces the liver to produce a number of (unwanted) substances."

Oral HRT raises the level of C-Reactive Protein (CRP), a protein closely related to cardiac events, he said. CRP is unaffected by transdermal HRT. In addition, oral HRT increases insulin resistance and raises Sex Hormone-Binding Globulin (SHBG). SHBG binds to a woman's natural level of testosterone, he explained. It decreases her libido, interferes with energy, reduces muscle mass, and causes weight gain and the development of a pot belly.

It is important not to extrapolate the findings on Prempro and apply them to other HRT products, said Nosancluk. "I think we've unduly frightened women without providing the specifics of what's going on. ... The side effects of an appropriately administered HRT are increased longevity and a better quality of life."

### NATURAL

Dr. Kavita Rao is an internist who practices at Oakwood Health System's Center for Complimentary

Medicine in Westland. She is not adverse to treating menopausal women with traditional HRT medications, although she prefers to use "bio-synthetics" rather than Prempro or Premarin.

She also uses herbal remedies, such as black cohosh, anise seeds, fennel and sage (which helps in preventing excess perspiration). She closely monitors her patients on herbal therapies, seeing them every six to eight weeks and tapering them off herbals within three to nine months. Self-medicating with herbs can be dangerous, she

PLEASE SEE HRT, C7



## Common chest blows can cause sudden death in children

Seemingly innocent chest blows — even from attempts to remedy a hiccup or a blow from a toy plastic bat can result in rare cases of sudden death in children, according to research presented at the American Heart Association's Scientific Sessions 2001 conference in November.

"These fatal chest blows often occurred inadvertently in young children and under bizarre circumstances that are not usually associated with sudden death risk," says Dr. Barry J. Maron, lead author of the study and director of the Hypertrophic Cardiomyopathy Center at the Minneapolis Heart Institute Foundation.

The chest blows came from objects such as a hollow plastic bat, a snowball, a tennis ball filled with coins, a swing, a plastic sledging saucer and baseball-related blows. Bodily contact during shadow boxing, playing with a pet dog, parent-child discipline, gang rituals, intervening in scuffles,

and attempts to remedy the hiccups also caused death. These activities often occurred around the home or play group and involved friends, parents and siblings.

Maron says the most vulnerable children are those under the age of 12 whose chest cages are narrow and who have underdeveloped chest muscles.

### DEADLY

While deadly chest blows have been recognized as a possibility in sports such as softball or baseball, the fact that they can occur in the home with objects that are not considered dangerous has not been recognized, he says.

Striking the chest at any time is not advisable under any circumstances, even when the blow is trivial, says Maron. "The general public is largely unaware of the fact that striking the chest, even lightly, can sometimes result in death."

These chest blows, also called commotio

cordis, have been associated with sudden cardiac death in the absence of structural damage to the chest wall or heart.

To examine the type and rate of these events, researchers created the U.S. Commotio Cordis Registry and identified 124 cases. The average age of deaths in this category was 14.

About 43 percent of the cases involved children 12 years old or younger, but only 22 percent were 18 or older. The majority were males and the most common cause of commotio cordis (77 cases, or 62 percent) was from organized sports such as baseball, softball or hockey. However, in 38 percent of the cases the chest blows occurred during daily activities or recreational sports.

Only 18 victims in the registry (14 percent) survived commotio cordis, usually because of prompt cardiopulmonary resuscitation (CPR).

PLEASE SEE CHEST, C8