

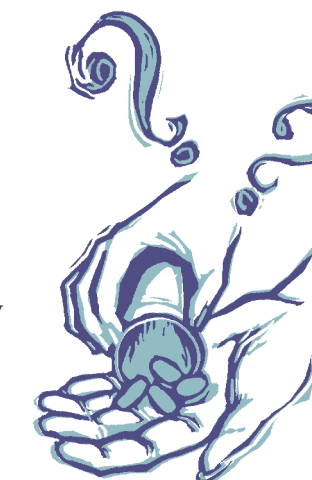
Wenatchee Valley Medical Center

Your source for news and information

WOMEN'S HEALTH NEWS UPDATE

Hormone Replacement Therapy: The New Dilemma

On July 9, 2002 the National Institute of Health halted a hormone replacement therapy (HRT) study that was examining the long-term effect of certain hormones on women's health. Researchers concluded that the risks for the study group outweighed the benefits. The sudden cessation of the program created a sense of alarm and confusion for thousands of women taking hormones. Here's a look at why the study was stopped, and the implications on women's health.



The National Institutes of Health (NIH) established the Women's Health Initiative (WHI) in 1991 to address the most common causes of death, disability and impaired quality of life in postmenopausal women. It was one of the largest U.S. prevention studies of its kind.

The HRT trial involved the hormones estrogen coupled with progesterin for the prevention of heart disease and hip fractures, while monitoring for possible increases in risk for breast and colon cancer. Before this study began, it was well-documented that the use of estrogen alone promoted cancer of the uterus, an effect that could be countered by adding progesterin to the mix. This mix resulted in HRT, the marriage of estrogen and progesterin.

"The Women's Health Initiative has two arms to the study," says Obstetrics/Gynecology physician Philip Mead, MD. "One arm looked at women who were menopausal who had a uterus. They were on Prempro®. Prempro® has a

combination of estrogen and progesterin. The other arm of the study looked at women who had had a hysterectomy, and they were given Premarin®. This drug doesn't have the progesterin hormone."

The Premarin study is still underway, with no red flags so far. The HRT study was halted because, while there was no difference in the death rates between the group on HRT and the placebo group, there was a small but significant risk for heart disease, breast cancer, stroke and blood clots for the women on HRT.

A Look At the Risks

The risk for heart disease was 29 percent higher for the group taking HRT than for those on placebo. On the average, there were seven more cases of heart disease events (such as non-fatal heart attack) per 10,000 women per year. The risk appeared in the first year of HRT.

Breast cancer was 26 percent higher in the HRT group, which translates into 38 additional cases of breast cancer per 10,000 women each year. The average American female already has a 12.5 percent risk of getting breast cancer in her lifetime. The risk in the study was 29 percent. HRT increased the risk of heart disease by 16.5 percent.

There was a 41 percent increased risk for stroke - 29 cases of stroke per 10,000 women on HRT, compared to 21 cases on placebo.

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Tinnitus: Sounds From Within, con't

Some tinnitus is reversible. Earwax buildup can be removed; neck, bite or jaw problems can be corrected; tumors can be surgically removed.

If hearing loss is an issue, **hearing aids** can help you hear more external sounds, which help block out the internal sounds.

For other causes, **sound therapy** is a common treatment. Sound therapy involves keeping away from very quiet situations where internal noise is more noticeable. Even something as simple as having a radio, television, or nature tapes playing - sounds that are comforting can distract from tinnitus.

"You're trying to retrain your brain to ignore the inner sound," says Horan. "It doesn't drown out the inner sound, it just quiets it a little bit."

Severe cases may be referred to programs for **tinnitus retraining therapy (TRT)**. In TRT a counselor helps you train your brain to ignore the internal sounds by exposing you to constant low-level sounds. Biofeedback can help teach you how to control your physiological response to stress, and prevent stress from making tinnitus worse. Horan has never seen a severe case in his Audiology practice.

"There's usually no 100 percent cure for tinnitus," says Horan. "The important thing to remember is that it's not life threatening in any way. Just knowing that it's very benign can help to ease the patient and make learning to ignore the sound easier."

INSIDE

Walter Horan,
Doctor of Audiology,
on the
Science of Tinnitus

We can measure activity in the inner ear, on the nerve of hearing, and in the brain. Research shows that tinnitus is only activity in the brain. It's a phantom type of response. An analogy is someone who has lost a limb. There's nothing there, but they'll still get an itch, still feel that sensation, they'll feel pain at times. But there's no nerve there. That's the brain forgetting that there's not a problem.

If you look at the structure of the sensory neural hearing system, you've got three components - the little hair cells that are stimulated, causing a neural firing onto the auditory nerve, which runs up into the brain where we process all sound. If hair cells are damaged, the brain is not getting stimulation from that section of the nerve. So the brain tries to get some stimulation, it tries to stimulate it itself. That's why you'll see the area of hearing that's damaged is about the same pitch of the ringing, of your tinnitus.

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Kirby Primm, MD
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Tinnitus: Sounds From Within

The Wenatchee Valley Medical Center newsletter is published as a community service by the Marketing and Public Relations Department of Wenatchee Valley Medical Center

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Tinnitus: Sounds From Within

Ringings in the New Year shouldn't be accompanied by a ringing in your ears, but for some people this noisy problem plagues them year round. The condition is called tinnitus (pronounced tin-EYE-tus or TIN-uh-tus). People with tinnitus hear sounds or noises when no external sound is present. Sound comes from the inside out.

Audiologist Walter Horan, AuD, explains. "Tinnitus is any kind of noise in the ears that is not coming from an external source. It can be a ringing, it can sound like crickets, and some people hear the sound of the ocean, a roaring or humming. There's a lot of different sounds that can encompass tinnitus."

Tinnitus is not a disease, but a symptom of an underlying cause. And it's common. It's severe enough to distress an estimated 10 million Americans. Most prevalent in people over 40, a third of the elderly population are thought to be affected. And, as decibel levels increase in today's world, tinnitus is affecting younger people.

Causes

"The most common cause is noise-induced damage to the inner ear, the Cochlea," says Dr. Horan. "The Cochlea is tuned like a piano. The far end of the Cochlea is a lower pitch, and as you get closer to the eardrum it's higher pitched sound. Typically the higher pitched areas get damaged because like a piano, the hair cells are very thin so they can be stimulated by smaller waveforms."



When they're thinner they also break more often, or become damaged more readily."

Hearing loss from aging is also a cause, simply because as you hear less sound from 'outside' you're more likely to hear subtle sounds from within.

Other causes include use of certain drugs and medications: aspirin and other nonsteroidal anti-inflammatory drugs (ibuprofen, naproxen, indomethacin, etc.); bupropion and other antidepressants; quinine and other antimalarials; furosemide and other diuretics; propranolol and other beta-blockers; and antibiotics. Discontinuing the drug can eliminate the problem. However, if your doctor prescribed the medication, don't just stop taking it. Always talk with your doctor about the problem.

And still there are more causes: neck, bite or jaw problems, earwax buildup, ear infection, or a hole or rupture in the eardrum, along with noncancerous tumors and stiffening of the bones in the middle ear. The narrowing of arteries or capillaries from a variety of causes can exacerbate tinnitus, as can high blood pressure.

"It's typically some type of a trauma, not always to the ear, that causes you to start to notice the tinnitus," says Horan. "A stressful situation, the flu, a cold, something that simple can bring it into the light. And once you've started paying attention to it, it's hard to ignore it"

Managing Tinnitus

If tinnitus is keeping you from sleeping or concentrating, it may be time to seek help. "If it's negatively affecting your life," says Horan, "see your primary care physician. Finding out the source of the problem is a very big start. From there we can find ways to help."

Your doctor may refer you to an Audiologist who will perform a thorough evaluation of the auditory system and its functioning to determine the cause.

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Hormone Replacement Therapy: The New Dilemma

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HRT Benefits

At the same time, the study found benefits for HRT use. The risk of colon cancer was reduced by 37 percent. And importantly, the study was the first of its kind to document a decreased risk of osteoporosis-related fractures. Also, researchers found if taken for less than four or five years, hormone therapy is a reasonably safe way to deal with menopausal symptoms, including hot flashes, vaginal dryness, night sweats and mood swings.

"Estrogen has been associated with a lot of positive things," says Dr. Mead. "Dentists have said that women who are on hormone replacement keep their teeth longer. And there are some cosmetic issues. Women may maintain a thicker skin if they're on estrogen, but it's not the fountain of youth."

What's Best For You?

"Most women on Prempro are coming off of it," says Dr. Mead, "It's a reasonable choice to go off of it, and see how they feel. We suggest women taper off Prempro over six to eight weeks. You're more likely to have symptoms, like hot flashes, if you go cold turkey and stop it all at once."

"I think you have to weigh the risks and the benefits," says Dr. Rita Hsu, Obstetrics/Gynecology physician. "It really depends on what you're at risk for. If somebody has a strong family history of breast cancer and a high BMI (Body Mass Index), she should definitely not take hormones. If somebody has no family history of breast cancer and a BMI of 22, her heart disease risk is quite low, but has osteoporosis or bad osteopenia, if she doesn't take hormones she needs to do something else."



"HRT is very effective against menopausal symptoms such as hot flashes and vaginal dryness, but it should be used only for severe symptoms and for the shortest time possible - and not longer than four or five years."

UC Berkeley Wellness Letter, January 2003

If you are taking HRT solely to protect against heart disease, stop. "The Women's Health Initiative had another paper published in Journal of American Medical Association (JAMA) about a month ago," says Dr. Hsu. "(It said) smoking,

hypertension, and obesity have a far greater impact on heart disease than whether or not you took hormones."

Other Choices

- Heart disease and overall health. Dr. Hsu emphasizes the importance of BMI, of maintaining a healthy weight for your height. "Getting your BMI into normal range, a low heart disease risk range, is going to do a whole lot more for women with regard to heart disease than any medication we can give them."
- Menopausal symptoms. Certain antidepressants have been shown to reduce hot flashes in women who have breast cancer and can't take estrogen. There is also a blood pressure medication that can help alleviate hot flashes. However, these drugs do have side effects, and may not be for everyone.
- Bone strength. "Exercise and weight-bearing exercise is going to do a whole lot for your bone density," says

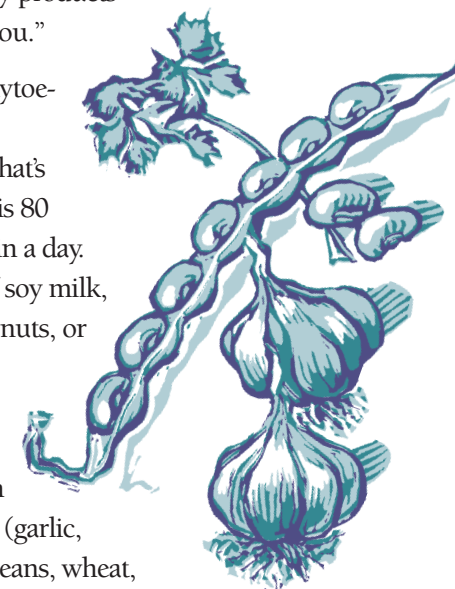
Hsu. Getting enough calcium and vitamin D is important. Also, there are two other drugs that successfully foster bone protection - Fosomax and Actonel.

There are alternative and complementary choices as well.

- Plant estrogen. Many different plants produce compounds that may mimic or interact with estrogen. "I talk to my patients about soy products," says Dr. Mead. "There's a class of plant chemical called phytoestrogens, which seem to act like estrogen in some areas of the body. There is some evidence that they can help

relieve hot flashes. Soy products certainly won't hurt you."

While research on phytoestrogens is still in its infancy, the number that's been thrown around is 80 grams of soy protein in a day. That's three glasses of soy milk, three handfuls of soy nuts, or half a pound of tofu. Weaker than natural estrogens, phytoestrogens also reside in herbs and seasonings (garlic, parsley), grains (soybeans, wheat, rice), vegetables (beans, carrots, potatoes), fruits (dates, pomegranates, cherries, apples) and drink (coffee).



- Herbal solutions. "Black cohosh is an herbal product that has been reported to improve menopausal symptoms," says Mead. "It's been around for a long time. But herbal products aren't regulated, and there's no guarantee that what's on the box is in the pill."

The Final Decision

The final decision is up to you. Talk with your physician, examine the alternatives, and together, choose the best solution for you.

How To Determine Your Body Mass Index

BMI is a measure of weight in relation to height and is thought to more accurately correlate with the risk of heart disease than weight alone.

$$\text{BMI} = \frac{\text{Weight in pounds}}{\text{Height in inches}^2} \times 703$$

Example: A person weighing 135 pounds and 5 feet, 6 inches tall would have a BMI = (135 pounds divided by 66 inches divided by 66 inches) multiplied by 703 = 21.78

BMI Categories:

- Underweight = <18.5
- Normal weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = BMI of 30 or greater

To learn more about BMI and for an online BMI calculator, visit the National Center for Chronic Disease Prevention and Health Promotion web site at: <http://www.cdc.gov/nccdphp/dnpa/obesity/bmi.htm>



Kirby Primm, M.D. Promoted to Clinical Professor of Medicine

Cardiologist Kirby Primm, M.D. has been appointed Clinical Professor of Medicine at the University of Washington School of Medicine. The Dean and the Board of Regents at the University of Washington School of Medicine approved the appointment in July, 2002.

Henry Rosen, M.D., Professor and Associate Chairman of the Department of Medicine, writes, "This promotion is a well-deserved recognition of your contributions to our teaching programs. I am delighted at this recognition and look forward to your continued activities in the Department's academic programs."

Dr. Primm joins four other WVMC physicians who have been appointed Clinical Professors at the University of Washington School of Medicine: Surgeons Milton H. Brinton, M.D., Gerald E. Gibbons, M.D., Ben H. Knecht, M.D., and Christopher Stahler, M.D.

Kirby Primm joined the Cardiology Department at Wenatchee Valley Medical Center in 1984.

Physician and Staff News



Michelle N. Straus, M.D.
Hospitalist
Wenatchee Valley Medical Center/
Central Washington Hospital

Michelle Straus, MD earned her B.S. in Chemistry at the University of Illinois. She attended medical school at the University of Illinois College of Medicine in Chicago, and completed her Internal Medicine residency at Temple University Hospital in Philadelphia. She is board certified in Internal Medicine. Prior to working in Wenatchee, she practiced internal medicine at Cook County Hospital in Chicago, and then in Ketchikan, Alaska.

Dr. Straus lives in Bellingham with her husband Cade Mansfield, and their 4 cats. She will be living in Wenatchee when she is on duty at the hospital. She enjoys hiking, but sadly, she says, has failed to learn to snowboard. She looks forward to moving to Wenatchee in the future but will miss the rain!



Terry Wood, M.D.
Ophthalmology
Moses Lake Clinic

Please help us welcome Terry D. Wood, M.D., Ophthalmology, to the Moses Lake Clinic. Dr. Wood grew up in the Methow Valley, and earned a BA in English Literature at the University of Washington. He served in the US Air Force. While stationed in Spain and in Florida, he decided to go to medical school. He returned to the University of Washington and earned a BS in Microbiology. He graduated from Wake Forest University School of Medicine in North Carolina and completed his internship at Legacy Emanuel Hospital and his Ophthalmology residency at Oregon Health Sciences Hospital, both in Portland, Oregon. Dr. Wood has a comprehensive Ophthalmology practice, with a combination of clinical work and surgery.

Dr. Wood has a private pilot's license and one reason he was attracted to Moses Lake was the opportunity to do more flying. He also enjoys hiking and has an interest in climbing; having climbed Mt. Hood, he would now like to climb Mt. Rainier.



Randall J. Wendt, MD
Obstetrics/Gynecology
Moses Lake Clinic

Randall J. Wendt, M.D., board-certified Obstetrician/Gynecologist has joined the Women's Health Department at the Moses Lake Clinic. Dr. Wendt is a graduate of the University of Texas Medical School in San Antonio. He completed both his internship and residency at Walter Reed Army Medical Center in Washington, D.C. Dr. Wendt has delivered over 4,000 babies in his career and loves providing obstetrical care. He is also an experienced gynecological surgeon caring for many patients with infertility and numerous other gynecological problems. He has a special interest in evaluating female incontinence and providing medical and physical therapy or, if it is appropriate, surgical treatment.

Dr. Wendt and his family are very happy with their move here. They look forward to further getting to know the people and the community.

Alan Clark, PA-C
Orthopedics
Wenatchee Valley Medical Center

Alan Clark, PA-C, has joined the Orthopedic department at Wenatchee Valley Medical Center. He completed a B.S. in Sports Medicine at Eastern Washington University and a B.S. in the Physician Assistant program at Oregon Health Sciences University in Portland. He has been a Certified Athletic Trainer since 1995 and worked at physical therapy clinics in the Spokane area prior to starting the Physician Assistant program. Most recently, he worked as a physician assistant for a surgeon in Spokane and also filled in at St. Joseph's Hospital Emergency Department as a supplemental emergency room physician assistant.

He is married to Vhari Rust-Clark. Alan and Vhari have two black labrador retrievers. Alan also enjoys golf, skiing, running and hiking.

Ben Murrell, PA-C
Internal Medicine
Moses Lake Clinic

Ben Murrell, a Certified Physician Assistant, has joined the Internal Medicine department at Moses Lake Clinic. He earned a bachelor's degree in biology at Central Washington University, Ellensburg, and a bachelor's degree in Health and Clinical Services at the University of Washington, Seattle. He completed the MEDEX Northwest Physician Assistant Program at the University of Washington School of Medicine, Seattle. His experience includes being a Certified Physician Assistant in a large cardiology practice, and a hospital critical care nurse. Ben enjoys music, the outdoors, church activities, and spending time with his wife Elisabeth and their three children.

Kelly A. Welz, ARNP
Occupational Medicine
Moses Lake Clinic

Kelly Welz, ARNP, has joined the Occupational Medicine Department at Moses Lake Clinic. She earned an integrated B.S.N and M.S.N., Family Nurse Practitioner, at Gonzaga University, Spokane, Washington. She is a member of Gonzaga Honor Society and American Academy of Nurse Practitioners. Kelly's nursing experience includes being a Critical Care Registered Nurse, along with primary care, home health and hospice.

Kelly and her husband Pete have two children; son David, 19, is a U.S. Marine, daughter Rikki, 16, is a student and cheerleader at Moses Lake High School. Along with being a Moses Lake Chief booster, Kelly enjoys quilting.



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