

Uterine Fibroid Study Newsletter

October 2000

Greetings From the Uterine Fibroid Study!

We are pleased that so many of you have been in touch with us and that you are interested in keeping up with the study.

The information that you and the other 1500 study participants provided is now computerized, and we are busy analyzing those data. We will be submitting our first scientific paper before Thanksgiving describing the high prevalence of fibroids that we have previously reported to you. We will then try to identify factors that may either prevent fibroids or put a woman at higher risk of getting them.

Many of you have also called to tell us of your continuing experiences with fibroids, and it may interest you to know that we plan to do a brief follow-up interview to update changes in your health since the last study interview. So, we will be sending a letter asking for your help with our Year 2001 follow-up interview.

We enjoy hearing from you so feel free to call us at the same toll-free number 1-800-948-7552 Extension 327 and ask for Glenn Heartwell, the Study Manager. She will be glad to speak with you. Susie Covington, our Research Assistant, continues to work with us on the study. Tessie Gabriel, our Fibroids Study Supervisor, is no longer working at CODA but she keeps in touch.

Please call us on the toll-free number at any time to update your mailing address and telephone number so that we can continue to keep you informed as results become available.

In the meantime, check out the next page with news from "Sonja," a woman in search of the latest on women's health.

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Sonja's News from the Women's Health Literature:

▲ It is not understood why pregnancy influences uterine fibroid development, but studies in the US and Europe have consistently shown that each additional pregnancy decreases the risk of fibroids.

This effect was shown even after controlling for fertility problems in a cohort of US nurses (*Fertility and Sterility* 1998;70:432-439). The first report on pregnancy and fibroids in Asian women just showed the same protective effect for women in Japan (*International Journal of Fertility and Women's Medicine* 2000;45:34-37).

On the other hand, women who already have uterine fibroids when they become pregnant may have more complications during pregnancy. Births identified from Washington State birth certificates were linked to hospital discharge records. Moms whose records made note of uterine fibroids were more likely to have had first trimester bleeding, dysfunctional labor, separation of the placenta from the uterine wall before labor, or failure of the baby to enter the birth canal head first (*Obstetrics and Gynecology* 2000;95:764-9).

▲ Sonja has met more than one health provider who discounts her monthly symptoms. She wonders if it would change their attitudes to learn that symptoms associated with premenstrual syndrome were well known already to the Renaissance woman living 400 years ago. (*Medical History* 2000;44:301-302).

▲ Soft drinks are a bigger sell than ever before among American adolescents (*Archives of Diseases in Childhood* 2000;83:18-24), but at what cost? More soda is associated with less milk drinking. Researchers predict lower peak bone mass in these young people and more osteoporosis as they age, especially for the girls.

▲ Are you familiar with any of the following SERMS? No, that was not a typo. Selective Estrogen Receptor Modulators, like raloxifene and tibolone, are new generation hormone replacement therapy drugs (*Hormone Research* 2000; 53, Supplement 3:25-29). Here's the hope: because SERMS act like estrogen in some tissues but not others, they will keep our hot flashes at bay, save our bones, and keep our lipids (blood cholesterol) under control without stimulating breast tissue or the uterus, including any fibroids we may already have.

▲ Tibolone seemed to do better than the estrogen patch in a small study in which menopausal women with fibroids were followed for a year while taking either tibolone or wearing the patch. The fibroids grew some for women on the patch, but those taking tibolone showed no growth. But Sonja isn't satisfied. She wants her fibroids to shrink with menopause.

▲ Sonja's son is a cocoa freak, and she's always felt a little guilty about not nipping that in the bud back when he was a little tyke. She was relieved to learn that cocoa may have some health benefit. Like aspirin, it can keep blood platelets from sticking to blood vessels and causing atherosclerosis (*American Journal of Clinical Nutrition* 2000;72:30-35). But that doesn't change the fact that it is a high calorie drink with caffeine.

▲ Dogs and people are alike in more ways than one. They both thrive in social contexts, seemingly preadapted to learning cultural rules. They also both sit around and get fat as they get older. Since fat tissue is less metabolically active than muscle, it also takes less energy to maintain the fat, so it's easier to keep getting fatter. Not so with the mighty house cat. They keep about the same lean muscle mass as they age (*International Congress and Symposium Series 244, Royal Society of Medicine* 2000:15-16). Maybe that accounts for the air of superiority Sonja sees in her feline housemate (houseguest?).

▲ How do male partners affect women's decisions about hysterectomies? In a study using focus groups, women reported that the decision was ultimately their own. Men didn't know that much about hysterectomy or possible alternatives. One of men's big concerns was about its effect on sexual relations (*Journal of Women's Health and Gender Based Medicine* 2000; 9, Supplement 2:S51-S61).

▲ What about men's concerns? One of the few studies to address this issue found that after hysterectomy the number of women who had problems with pain during intercourse or lack of interest in sex had decreased significantly. However, a small percentage of women with no prior problems experienced new problems after surgery (*Obstetrics and Gynecology* 1994; 83:566-572). Sonja would like to see comparable followup of alternative treatments. She's also curious about women without gynecologic problems. What percentage of those women report pain during intercourse or lack of interest in sex?