

bone BASICS

PRIME PLUS/Red Hot Mamas® and Berlex Laboratories Team up to Arrest Bone Loss

Welcome to the *Arrest Bone Loss* program! I am delighted to be a part of this very important project, sponsored by Berlex Laboratories, Inc., the makers of Climara estrogen replacement therapy. As a practicing gynecologist and member of Connecticut's Osteoporosis Education and Awareness Advisory Council, I want to remind you that osteoporosis is a preventable disease for which all postmenopausal women are at risk.

Postmenopausal existence was not a relevant issue 100 years ago. In 1900, a woman's average life expectancy in the United States was 48, which also happened to be the average age at menopause. Back then, you were supposed to go through menopause and not live too long thereafter.

Fortunately, with advances in modern medicine, a woman's average life expectancy now is well into the 80s — but what is the quality of your life if you spend it in fear that you might break a bone? We must look to our futures and protect our bones, so we can lead active, productive lives.

It's never too late to start the fight against osteoporosis. Even if you have never been on estrogen, and have significant bone loss, this loss can be reversed. Studies have shown that even 20 years after

menopause, estrogen replacement therapy even at low doses can improve your bones. This newsletter is designed to help you understand other lifestyle changes that can help, too!

I hope the information provided here will help you lead a healthy and happy life.



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Red Hot Mama Spotlight

At 50, Pam Tocornal found herself going through menopause. Despite the resources provided through her physician, Pam still found herself full of



Pam Tocornal

questions and desperate for information. So, it was not a coincidence that around that time, Pam came across a newspaper article about Karen Giblin and Prime Plus/Red Hot Mamas®. Encouraged by what she read, Pam contacted Ms. Giblin to share her story and not long after, started a Red Hot Mamas program in her local community of Poughkeepsie, New York. The program was so successful that after only a few meetings, the crowd grew from 50 to 250 women, forcing them to relocate to accommodate the crowds!

Through that program, Pam realized she was among a larger group of women who experience confusion and frustration about their health as they age. "At menopause and thereafter, it is very important to become a participant in your own healthcare," says Pam. "Get active and take charge of your overall health," she adds. Furthermore, she recommends

continued on next page

bone basics 101

did you know?

Osteoporosis is responsible for more than 1.5 million fractures annually.

Symptoms

Osteoporosis is often called the "silent disease" because bone loss often occurs without symptoms. Sufferers may not know they have osteoporosis until their bones become so weak that a strain or fall causes a fracture or collapsed vertebra.

Detection

The only sure way to determine bone density and fracture risk for osteoporosis is to have a bone mineral density (BMD) test. There are several ways to measure bone mass and all of the procedures are painless, noninvasive and safe. These tests measure bone density in your spine, hip or wrist. Although there are several different methods of testing, the most common technique

for BMD assessment is the dual energy x-ray absorptiometry (DXA) which can measure the spine, hip or other bones in the entire body. Test results will help you and your doctor decide the best course of action for your bone health.

Prevention/Treatment

According to the National Osteoporosis Foundation, studies indicate a 50 to 75 percent decrease in all fractures with 10 or more years of hormone replacement use. Based on its effectiveness in preventing and treating osteoporosis, along with other postmenopausal health benefits, hormone replacement provides the greatest benefit relative to its cost. Therefore, all postmenopausal women should talk with their doctor about their personal health history to determine if hormone replacement therapy is right for them. ♦



Red Hot Mama Spotlight, *continued*

establishing an open dialogue with your doctor to discuss all of the symptoms associated with menopause and the treatments available to prevent osteoporosis, a disease that can occur immediately following the loss of estrogen at menopause.

As a recent nursing school grad, Pam is currently busy saving lives, but she hasn't forgotten her own. Although it's been years since her first symptoms of menopause, Pam continues to do her part by exercising, eating right and using medication (estrogen replacement therapy) to ensure her bones stay as strong as she is! ♦

Q & A

These questions were collected from women who attended the Arrest Bone Loss program held in Boca Raton, Florida. Answers are provided by Mary Jane Minkin, M.D.

Q. How long are you supposed to take ERT?

A. Women take estrogen to get through the menopausal transition, to help them deal with hot flashes and night sweats, and then they stop. However, ERT can be used long term for osteoporosis protection. There is no magic cut off time to stop estrogen replacement therapy. I have many patients in their 70s who have remained on estrogen since their menopause.

Q. I've heard that the oral dose of estrogen is the same as the patch. Is this true?

A. Oral estrogens are different from patches. With the patch, estrogen is absorbed directly into the blood stream, and avoids going through the liver on its first trip through the body. Patches seem to produce no significant elevation in triglycerides whereas oral estrogens tend to elevate them, which can be a problem for women predisposed to diabetes or heart disease. Estrogen patches are just as effective in preventing osteoporosis.

Q. Estrogen arrests bone loss, but can it cause breast cancer?

A. The breast cancer controversy is always with us. There are about 12 studies in the scientific literature that show that with 10+ years of administration, there is a statistically significant, but slight, increased risk of breast cancer. However, there are also 40 studies which do

estrogen fared better and experienced a longer survival rate than the women who did not take estrogen. As I tell my patients, stay tuned for more information, but if there is a risk, it is very small.



Q. What about showers or swimming with a transdermal patch?

A. Women who wear a patch can swim and shower as they usually do. Special 3M™ technology has produced a clear, thin and flexible patch that allows for full range of motion and won't interfere with your daily activities. There is only one thing to remember about swimming, which is marvelous cardiovascular exercise: If you want to protect or improve your bones, swimming won't do the job, because it is not weight bearing exercise. So if you like to swim, terrific! But you also have to do some walking or other weight bearing exercise, too.

Q. Will yoga or similar exercises increase the chance of hip or spine fractures if I already have osteoporosis?

A. Yoga or other similar exercises are usually fine for women with osteoporosis. But if you do have osteoporosis, it is always a good idea to check with your health care provider for a recommended exercise regimen that works for your body type. A physical therapist can also provide additional exercise tips. ♦



not show this risk. Even in the studies that show a slight increased risk, the women on

Lifestyle Tips



By Karen Giblin,
President and Founder
of Prime Plus/
Red Hot Mamas®

Knowing the facts is the most important thing you can do to prevent osteoporosis. Additionally, developing strategies to promote good health that include nutrition and exercise and creating an open dialogue with your physician concerning the benefits of estrogen replacement therapy and the value of having a bone mass assessment are also important.

Furthermore, establish a personal risk profile for developing osteoporosis. Here are valuable questions to ask yourself and your healthcare provider:

- *Do I have a family history of osteoporosis?*
- *Have I fractured a bone?*
- *Does my medical history and/or the medications I am taking put me at risk?*
- *Am I leading a sedentary lifestyle?*
- *Am I incorporating good nutrition in my diet?*
- *Have I had a bone mineral density test?*
- *Should I be taking estrogen replacement therapy to prevent osteoporosis? ◇*



did you know?
One in two women over 50 will have an osteoporosis-related fracture in their lifetime.

Prime Plus Personal Power Plan for Osteoporosis Prevention

- Measure your height regularly. Loss of height can be a sign of osteoporosis.
- Evaluate your eating habits to determine if you are consuming enough calcium and getting enough vitamin D.
- Assess your level of physical activity. Exercises should include aerobic, weight bearing and strength training components.
- Identify your personal risk profile including family history, personal medical history, and the medications you are taking.
- Have a bone mineral density test.
- Quit smoking, cut back on consumption of caffeine and alcohol, and eliminate stress.
- Always talk to your health care provider about what you can do to maintain good bone health.