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NEWS

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*****"Estrogen withdrawal" causes hot flashes, says hormone researcher.

DALLAS--Hot flashes are not caused by a lack of estrogen. Rather they are apparently the result of "estrogen withdrawal."

"Women who have never produced estrogen do not experience hot flashes," says Dr. Paul MacDonald, director of the Cecil H. and Ida Green Center for Reproductive Biology Sciences at The University of Texas Health Science Center at Dallas.

Those undergoing estrogen withdrawal may experience vasomotor instability (characterized by hot flashes) and vaginitis, the known physical symptoms of menopause. MacDonald recommends low-dose estrogen therapy for women suffering severely from these symptoms. Therapy should be carried out for a limited period of time, and the patient should see her physician for a checkup every six months.

Other symptoms attributed to menopause, such as depression and loss of recent memory may be psychological symptoms due to the stage of life the woman is going through, says MacDonald.

Usually at menopausal age, the children are leaving home; the woman's husband may be experiencing a career or identity crisis--he realizes he is not going to be quarterback of the professional football team or president of the bank. Her own parents are aging.

These circumstances are enough to cause depression and other psychological symptoms. It has not been proven that estrogen is helpful for a woman's emotional health, says MacDonald, although it may alleviate sleeplessness caused by hot flashes.

Another physical symptom often attributed to estrogen loss is osteoporosis. This condition, caused by calcium loss in the bones and characterized by easily broken bones, may be due more to aging itself rather than to the amount of estrogen produced by the body.

MacDonald recommends estrogen replacement therapy in women who undergo an early menopause, either naturally or surgically, to reduce the risk of osteoporosis.

Estrogen therapy may help prevent osteoporosis in other women also. He feels that this therapy may be indicated for small, frail white women, whose bone density is known to be less at menopause than that of larger women. Osteoporosis also occurs less frequently in men and in black women.

Until estrogen therapy has been proven effective for preventing osteoporosis, MacDonald recommends regular physical exercise, such as walking or tennis, in which the weight is put on the bones, and adequate calcium in the diet. And he says an inexpensive, low-calorie way to get enough calcium is to take two Tums every day.

Risks related to estrogen therapy include endometrial cancer (cancer of the uterus lining) and gallbladder disease. Because of these increased risks, the patient needs to see her physician every six months.

Many women worry about estrogen causing breast cancer. MacDonald says that estrogen therapy neither causes nor prevents breast cancer. If a patient develops a benign breast tumor during therapy, she may have an increased risk for breast cancer.

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