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THE CONSUMER

Over-the-Counter Menopause Test Kits Offer Few Answers

BY MARY DUENWALD

Linked as it is to instances of insomnia, palpitations, hot flashes and other signs of menopause, the over-the-counter test kits for menopause are one of the more bewildering stages in a woman's life. Its mystery is only enhanced by the fact that many women are not sure when it begins.

For help in figuring that out, women can turn to over-the-counter menopause test kits, which have been on the market for the past few years. These are urine tests, similar to home pregnancy tests, but with names

like Estroven, Menocheck and RUTS Plus. They are sold at drugstores for about \$20. But some doctors doubt the reliability of these tests and question why women would need to use them.

"I can't think of a situation where, if a patient called, I'd say go out and do this test," said Dr. Isaac Schiff, chief of obstetrics and gynecology at Massachusetts General Hospital in Boston.

The problem is that the tests are designed to tell when a woman has reached menopause, yet menopause itself is simply the day when a woman has stopped having menstrual periods for one year. By that time,

usually lasts two to three years, but it can stretch out in some women to as long as eight years before menopause.

It is during perimenopause, rather than menopause, that women are likely to question what is happening to them — perhaps because their menstrual cycles have become shorter or they have missed a period or two or they have begun to experience hot flashes or mood swings.

Yet during perimenopause, the test may not give an accurate result because the hormone it measures — follicle-stimulating hormone, or F.S.H. — fluctuates from day to day and even from hour to hour.

"The levels are fluctuating so much that although an elevated F.S.H. is certainly evidence that your hormones are in the perimenopausal state, it doesn't say what's going to happen next," said Dr. Marcie Richardson, co-director of the Menopause Consultation Service at Harvard Vanguard Medical Associates in Boston.

She noted that 20 percent of women in perimenopause who go for three months without a period will start having them again. "And if the test says your F.S.H. is negative, it doesn't rule out that you're in this process and you're just at a point where

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More Osteoporosis, and More Drugs to Treat It

CHICAGO, July 26 (AP) — The number of Americans with osteoporosis surged sevenfold over the past decade, coinciding with the development and marketing of new drugs to treat the bone-thinning condition, a study has found.

As of 2003, osteoporosis had been diagnosed in an estimated 3.8 million people, compared with half a million people in 1994, according to the study by researchers at the Stanford Prevention Research Center at Stanford University. Also, the number of doctor visits for the condition increased to 6.3 million last year from 1.3 mil-

lion in 1994. The increases coincided with the introduction of three bone-protecting drugs: alendronate, made by Merck and sold as Fosamax, in 1995; raloxifene, or Evista, by Eli Lilly, in 1997; and risedronate, or Actonel, by Aventis, in 1998.

The medications are among the nonhormonal alternatives to estrogen supplements, which have long been used to prevent osteoporosis but have lost popularity because of recent studies linking them to heart problems, breast cancer and other risks.

In 2002, a large federal study of combination hormone therapy in postmenopausal women was halted ahead of schedule because the researchers concluded that the risks outweighed the benefits. In March, another arm of the study, of estrogen alone, was also stopped early.

The new study found that in 1998, estrogen was prescribed in 35 percent of osteoporosis-related doctor visits, but the hormone was prescribed in only 2 percent of such visits last year.

The estrogen alternatives have grown into a multibillion-dollar-a-

year industry with widespread advertisements and slick promotional campaigns that have helped raise awareness about osteoporosis. The researchers said that probably helped increase diagnosis rates.

Partly because of the newer drugs, "the whole way that we think about osteoporosis has shifted," to focus on prevention, said Dr. Randall Stafford, who led the study, "early enough to treat our fractures." Dr. Stafford added, "Nevertheless, osteoporosis remains underdiagnosed and under-

treated," said Dr. Ethel Siris of the National Osteoporosis Foundation's science and research committee. Osteoporosis affects an estimated 10 million Americans, mostly women, who face a high risk of debilitating bone fractures, according to the National Osteoporosis Foundation. An additional 24 million have less severe bone thinning that also increases the risk. The condition is diagnosed through tests of bone mineral density.

The study's authors said new guidelines recommending universal screening for women 65 and older may further improve the diagnosis and treatment of the disease. The study appeared in the July 26 issue of Archives of Internal Medicine. Dr. Stafford and colleagues ana-

lyzed the frequency of visits to doctors for osteoporosis-related complaints from 1988 to 2003 and the pattern of drug prescription associated with the visits. They based their analysis on a national survey of physicians conducted by IMS Health, a health care information company. About 3,500 randomly selected doctors participate each quarter in the survey.

Prescriptions for calcium, an older standard treatment for osteoporosis, fell during the study period. The authors had no data on sales of over-the-counter calcium pills. Dr. Stafford said the decrease was a concern because calcium remains an important way of helping to prevent osteoporosis.