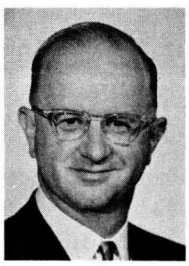
the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

IN THIS ISSUE:

Women as Guinea Pigs: DES...The Pill... Menopausal Estrogens...

VOL. 2, NO. 2 FEBRUARY 1978



Dr. Robert Mendelsohn

Last year, the University of Chicago was slapped with a $77 million class-action lawsuit filed on behalf of more than 1,000 women who unknowingly took part in a University experiment some 25 years ago with the synthetic hormone DES.

This suit has special significance to me since I was then a student at the University of Chicago School of Medicine and spent part of my time at Chicago Lying-In Hospital. I knew this experiment, aimed at utilizing diethylstilbestrol to prevent threatened miscarriage, was taking place, but being a conscientious medical student who trusted his school and believed his professors knew what they were doing, I had no incentive to probe into that treatment.

When 1971 rolled around and Dr. Arthur L. Herbst, then of Harvard Medical School, first described the link between mothers who took DES and the vaginal cancer that developed in some of their offspring 15 to 20 years later, the bloom was off the rose as far as my unquestioning acceptance of medical science was concerned. I was not surprised when I heard the news; the damaging effects of sex hormones used in the Pill and for menopause had already surfaced, and it was logical to expect that DES would have a horrendous effect on the vulnerable developing fetus. I also wasn't surprised to learn that DES had effects, 15 to 20 years later, on the male offspring of mothers who had been given the treatment, as cases of defects in genitalia and alterations in Vitamin E levels among these young men began to surface in the '70's. Nor have I been surprised to learn that a statistically significant number of women involved in the DES research project had died of cancer--six out of the 430 treated at the University during the 1960's. At the time of his original research, Dr. Herbst deservedly received great credit for discovering and exposing a major iatrogenic (doctor produced) disease.

Today, my surprise quotient is so low that I scarcely raise an eyebrow when I see that this same Dr. Herbst, while at Harvard, published a study which plays down the DES cancer risk. He now assures us that the risk of cancer in DES cases is now about one in 1,000, or maybe even as little as one in 10,000. But Herbst is playing with numbers. For every diseased or deformed offspring of every woman who was unknowingly treated with DES, the risk has been 100 per cent. Herbst's own records show 300 cases of vaginal or cervical cancer in babies whose mothers were treated with DES. Imagine if last year had produced 300 cases of swine flu--would we refer to it as "only 300" cases? Would we talk about low statistical probabilities? And so goes the statistical game.

Diethylstilbestrol is just one of the sex hormones being increasingly prescribed for women at all stages of their lives. Tens of millions of women take such hormones daily in the form of contraceptive pills or menopausal and postmenopausal estrogens. DES is still being given--as the "morning after" pill or to dry up breast milk. This month, my Newsletter attempts to answer questions posed by various women who, although they start as perfectly healthy members of the population, are being put at risk by supposedly "safe" chemicals whose long-term effects become known only years after they have been consumed unquestioningly.

Q

Although I know that contraceptive pills cause blood clots, coronary thrombosis, gall bladder disease, liver tumors, and possible cancer, I have heard that the American College of Obstetricians and Gynecologists says the Pill is safer than pregnancy. How can this be?--N.L.

A

The Pill safer than pregnancy?

Dear N.L.: It seems to me that comparing the dangers of the Pill to that of pregnancy (which statistically includes abortion) is like comparing apples to oranges. It illogically jumbles together rich women, poor women, healthy women, sick women, women on the Pill, women off the Pill, women using other contraceptives, women using no contraceptives, married women, unmarried women, teenagers, adults, promiscuous women and faithful women.

We have put an entire healthy population at risk by prescribing long-term use of estrogens whose cumulative effects we do not know. As the returns continue to come in on the Pill's dangers, we cannot take the easy way out by saying it is safer than pregnancy. The questions have to be: Is the Pill safer than other means of contraception? Is the Pill safer than the intrauterine device (IUD)? or the condom? or the old-fashioned diaphragm, which was considered perfectly acceptable medically and aesthetically just a few decades ago? Research needs to be done on this subject in this country where more than 10 million women use contraceptive pills. The only way we physicians, in good conscience, can discount the Pill's side effects is by comparing it to other means of contraception.

Q

I have just had a son and plan to breastfeed him. My doctor says there is no danger of my passing on to him through my milk the hormones in a low-dosage birth control pill. But two years ago, when our daughter was born, the doctor said I could NOT nurse if I went back on the Pill because my baby would definitely ingest the medication. Will the hormones reach this child, or won't they? Does anyone know?--K.B.

A

The Pill and breastfeeding

Dear K.B.: I wonder if you misunderstood your doctor. Even if no scientific information were available, common sense would dictate that medication given to a mother would, in some amount, appear in the breast milk and be passed on to the baby. But scientific information certainly is available --the prescribing literature for one low-dosage birth control pill contains a warning that "a small fraction of the hormonal agents in oral contraceptives have been identified in the milk of women receiving these drugs." In the next sentence, the pharmaceutical house states, "The long-range effect to the nursing infant cannot be determined at this time."

Your letter disturbs me because I find it hard to understand why a nursing mother would be taking the Pill in the first place. Apart from its known risks to women, the Pill may interfere with lactation, and this is surely a time in your life when you would be far better off relying on the diaphragm as a means of birth control. Even if the diaphragm

is not used, the mother who effectively and exclusively breast-feeds receives an extremely high degree of protection against pregnancy for a number of months.

Q

I am 32 years old and have been taking birth-control pills since the birth of my daughter 13 years ago, stopping only to have my son who is now nine years old. I do stop taking the pills for a month or two every six months because those were my instructions when I first began taking them.

I have no complications that I know of, but I am worried about taking these pills for such a long period of time. I spoke to my doctor and his associate about my feelings, told them I thought it was time I had a normal menstrual period, and suggested being fitted for a diaphragm. They tried to talk me out of using any other form of contraception since I was having no complications from the Pill, and they added that there was no need to stop since I already have two children. I had planned to use a diaphragm until I was 40, at which time my husband would have a vasectomy. Please advise us.--Mrs.D.M.

A

Going off the Pill

Dear Mrs. D.M.: Since you are a healthy young women with only two children, I cannot understand why a physician would deliberately expose you to the known as well as the predictable future dangers of the Pill and would deny you the safety and simplicity of the diaphragm, particularly since this latter method is acceptable to you.

I frequently hear of women who, for reasons they describe as "convenient" or "aesthetic," reject the diaphragm and force their physicians to write a prescription for the Pill. But I never have heard of a case such as yours in which a patient makes a considered, sane, practical and reasoned decision, only to have the physician force on her a chemical of such dangerous proportions. It makes me wonder whether your doctor is more concerned with political issues of population than with his patient's health and family life. Unless your physician can offer you justification beyond the weak reason stated in your letter, I won't be surprised to hear that you're in the market for another doctor.

Q

How long should a woman in her 50's continue to take birth control pills? What effect do they have on a woman of this age? My doctor first said I will continue to have menstrual periods as long as I take the Pill; he then said I should take the Pill as long as I continue to menstruate. This doesn't make an awful lot of sense to me. What is your view?--Mrs. G.W.

A

The Pill for women over 40

Dear Mrs. G. W.: I presume both you and your physician are familiar with the repeated warnings that have appeared in medical journals and in the mass media during the past few years regarding the increased risk, particularly of heart attacks, associated with use of the Pill by older women.

In 1975, the Food and Drug Administration sent a warning bulletin to physicians throughout the country recommending that they switch Pill-taking patients older than 40 to some

other contraceptive. In 1977, the FDA required that Pill manufacturers supply brochures containing warnings to doctors and druggists. These brochures emphasize the higher risk of heart attacks associated with oral contraceptives for that age group.

You fall into a rather small category of Pill-takers; according to a National Survey of Family Growth prepared by the National Center for Health Statistics, only seven per cent of married U.S. women using oral contraceptives were 40 or older in 1973.

You must have misunderstood at least part of your doctor's prescription. Regardless of how long one takes the Pill menstrual periods obviously will not continue indefinitely. Perhaps when you clear up this area of confusion, you also might find out why he has not become as wary as other physicians about prescribing the Pill for women over 40.

I'm a post-menopausal woman, and I've been taking the estrogen drug Premarin. I've heard Premarin can lead to uterine cancer. Do you think I should continue taking estrogen?--N.W.

Premarin and cancer

Dear N.W.: There are some valid reasons for postmenopausal women to use estrogen. In cases where demineralization of the bones may lead to fractures, estrogens can correct this condition. But in those cases where estrogens have been given because they seem to make women feel or look better, I think the risks of hormones far outweigh their often-vague benefits.

That's just common sense, and that common sense has been well validated by research. Estrogen drugs, taken by 22 million American women, have been implicated so strongly as causative agents in cancer of the uterus that the Food and Drug Administration has issued warnings on the drug's dangers.

In an article in the Jan/Feb 1977 issue of Ca--, A Cancer Journal for Clinicians, published by the American Cancer Society, Dr. Saul B. Gusberg, professor and chairman of Obstetrics and Gynecology at Mount Sinai School of Medicine in New York, says "Estrogens are a potent substance that should be used judiciously, not prophylactically, in postmenopausal patients." Pointing to three recent epidemiologic studies, Dr. Gusberg concludes that the risk of endometrial cancer is increased by long-term estrogen therapy in postmenopausal patients. He recommends the following guidelines:

"1. Women who require estrogen to control flushes or atrophic vaginitis can be given estrogens safely on a short-term basis, under medical control.

"2. The prophylactic use of estrogens for all postmenopausal women to preserve youth, for cosmetic effect or for the prevention of coronary disease, is without hard evidence and, in my opinion, not justified.

"3. The use of estrogen for the prevention of osteoporosis, while it may play a role, clearly involves a greater risk than diet or exercise, which also play a role."

Dr. Gusberg concludes, "The current vogue of estrogen therapy to keep postmenopausal women 'young' and vigorous is based on a myth that has been sadly dispelled for those women who now have endometrial cancer."

Should you continue to take estrogen? Weigh the benefits against the risks. And the next time a new drug hits the market with lots of fanfare and assurances as to its absolute safety, let someone else try it out for the first 10 or 20 years while the researchers gather their facts.

I would like to know your view on the use of estrogen vaginal cream (Premarin) rather than pills or injections, for vaginal dryness.

My doctor has prescribed the cream in a minimal dosage of two grams a day. He says that continued vaginal dryness can lead to bladder problems or to cancer of the cervix or vagina. While estrogen injections or pills might cause cancer, he feels there is no danger from the cream. But it seems to me that a preparation which is suspected of causing cancer in one form would be suspect in any form. And the pamphlet which accompanies the prescription says the cream is contraindicated in patients with known or suspected breast cancer or endometrial carcinoma, and that adverse reactions include breast tenderness, which I have experienced.--G.M.

Estrogen vaginal creams

Dear G.M.: I applaud your common-sense approach and your intelligent deductions. The fact that estrogen vaginal creams can cause breast tenderness certainly demonstrates that their effects are not localized and that other parts of the body may be affected by them. In view of the already established carcinogenic risks of hormones in pill form, the burden of proof rests on your physician and on the drug manufacturers to show that hormonal creams are incapable of causing cancer.

Because of your constant warning to women who take estrogens, I've weaned myself away from these pills and have taken none since October. I am 46 years old, have five children, three of whom live at home, and I still get a monthly period.

How I wish that men could experience menopause the way women do! There are many books on pregnancy, which lasts for only nine months, but so little information on the menopause, which lasts for many years.

You say that women years ago managed without estrogen. But mental institutions years ago were filled with women who had experienced all kinds of mental anguish due to the menopause.

I've lost my zest for living. I'm in no position to "get out of the house" when I'm feeling really low, and it's impossible for me to take a job because my children need transportation back and forth from school. There is no one else I can rely on.

I've been married for 25 years. At one time, I could work circles around anyone. I kept a beautiful home, baked, cooked and raised a fine family. All my children excelled in school and never caused me a moment's grief. But now I find myself weeping for no good reason, and I'm getting to hate my life more and more.

I'm torn between wanting to go back on medication and saying to hell with the consequences, and knowing if I do that I may someday end up with cancer.

Why don't doctors treat menopausal depression with an antidepressant? Surely such medication is less harmful than estrogen, if taken with discretion.

I have waited a long time to reach this phase of my life when I would have more time for myself and my husband. Yet the months keep slipping by, and I remain in a constant state of depression. I cannot afford therapy from a psychiatrist, and when I went to two different agencies for counseling, I made no progress at all.

I'm afraid that if I continue like this, I'll push away the people I love most. What shall I do?

P.S. I've lived here only three years and have found a tremendous lack of good family doctors. The fees are two and sometimes three times as high as they were back East. Because they are afraid of being sued for malpractice, they all have a tendency to overtreat their patients for even the simplest ailments.--California Reader.

Premarin for menopausal depression

Dear California Reader: Let's begin by questioning one basic premise--that you are depressed because of the menopause. You give no other menopausal symptoms, so I'd like to respectfully suggest to you that your depression may result from causes that are not purely physical. You moved from one coast to the other at a particularly critical time in your own life, physiologically speaking. Perhaps you have left behind family and close friends who might be able to help you through the depression you're now undergoing.

The major factors in depression usually are separation, alienation, and isolation. This might be a good time to improve communications with those you've left behind--you might want to visit them personally, or, if that isn't possible, telephone or write to them.

Let's forget for a moment about the estrogens, anti-depressants and the whole narrow range of pharmacologic treatment for depression. Why don't you think about getting a part-time job during the hours your children are in school, perhaps even something you can do at home? Think about putting to use the wonderful writing skills you have demonstrated in your letter. And please write me again, and let me know how things are going.

References

If you'd like to know more about some of the subjects covered in this newsletter, I'd recommend the following books:

1. "Breastfeeding and Natural Child Spacing," Sheila Kippley (Penguin Books, $1.95)
2. "Menstruation and Menopause," Paula A. Weideger (Knopf, $10.00)
3. "Women and the Crisis in Sex Hormones," Barbara Seamen and Gordon Seamen, M.D. (Rawson Assoc., $12.50)
4. "By Prescription Only," Morton Mintz (Beacon Press, $3.95)
5. "Medical Hazards of the Birth Control Pill," (Child and Family, Box 508, Oak Park, Il 60603, $1.25)

If you're interested in the most recent DES studies, write to the Office of Research Reporting, NICHD, Bldg. 31, Room 2A34, National Institutes of Health, Bethesda, Md 20014.

Your questions about the medical problems that trouble you most, will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.

The People's Doctor Newsletter
664 N. Michigan Ave., Suite 720
Chicago, Illinois 60611

Published monthly. Subscription rate: $18.00 annually.
Robert S. Mendelsohn, MD, Editor
Vera Chatz, Assistant Editor

Medical News

The home humidifier is a useful device for putting moisture back into air that has been dried out by heating on cold winter days. But, if not properly maintained, the home humidifier can cause severe respiratory illness. Water in home humidifiers can be contaminated by plant and air-borne organisms, and these organisms sometimes are responsible for allergic alveolitis (hypersensitivity pneumonia). The condition includes shortness of breath which is often so severe that the sufferer is unable to do routine housework or office work.

Portable units should be cleaned thoroughly at least once a week with detergent. Screens should be changed frequently in humidifier units which are built into furnaces. (Journal of the American Medical Association, Dec. 19, 1977)

The widespread incidence of doctor-induced hyaline membrane disease, a condition which causes severe breathing problems in premature babies, is revealed in a study conducted by a team of physicians at the neonatal intensive care unit of the Milton S. Hershey Medical Center in Hershey, Pa. The results of their research showed that the incidence of this disease could be reduced at least 15 per cent if obstetricians scheduled caesarean sections and other kinds of induced delivery more carefully. The report states that at least 6,000 of the estimated 40,000 cases of hyaline membrane disease which occur annually in the U.S. could be prevented if doctors did not induce delivery until they were sure the fetus was mature enough to leave the womb.

"A reassessment of current practices with regard to the artifical termination of pregnancy seems appropriate," say these doctors. (Detroit Free Press, Dec. 2, 1977) Ed. note: Quite an understatement!

A remark on the use of pelvic x-rays (334,000 in 1970) given to pregnant women:

"Except in cases of gross cephalopelvic disproportion, this technique did not seem to be clinically useful. At least from the viewpoint of the radiologist, pelvimetry is the single greatest source of radiation to the fetus, and its use should be minimized ...to the greatest extent possible." (JAMA, Oct 24, 1977)

Parents of a two-year old boy who became ill with polio after receiving oral vaccine have filed a $12 million lawsuit against Lederle Laboratories and the American Academy of Pediatrics. The lawsuit contends that both defendants were negligent in failing to publicize risks associated with the vaccine, Orimune. (American Medical News, July 11, 1977)

Another View

by Marian Tompson
President, La Leche League International

The trouble with lying, a friend of mine once said, is that it sets up a situation in which you must constantly reshape reality, and in the process you run the danger of losing sight of what the truth actually is.

The description, I think, is analogous to what happens at the very start of life when we interfere with the natural process of birth by using synthetic hormones to induce labor or speed up delivery. The end result can be a completely different reality.

Elective induction of labor is fairly common in the United States. While there are medical indications for this procedure in only about 3% of births, statistics gathered by the National Institue of Health indicate that in at least 20% of the births in this country labor is stimulated by oxytocin and that in at least 10%, labor is actually induced by drugs.

What does this mean in terms of changing reality? Well, for one thing, there is a higher risk of prematurity when labor is induced, with an increased risk of hyaline membrane disease when babies are delivered before their lungs are adequately developed. A study in the British Medical Journal showed that fetal distress, low Apgar scores at five minutes, and admission to high-risk nurseries were common in babies of mothers whose labors were induced. A baby whose birth is hurried in this way is likely to find himself in an incubator instead of in his mother's arms during the first weeks of extrauterine life.

There are other reshapings. A mother, well prepared for active participation in her delivery, may find she needs drugs to enable her to cope with the intense contractions of artifically induced labor. (One study showed that only 8% of induced mothers were able to go through labor without drugs.) This introduces a whole new set of problems. A drugged mother often cannot push effectively, and forceps are used to extract the baby. These drugs administered to the mother also affect the baby. In fact, the American Academy of Pediatrics Committee on Drugs has stated that there is no drug that has been proven safe for the unborn infant. Not only might the infant have difficulty breathing, but his response to his mother is depressed, which in turn can affect the interaction between mother and baby and result in less than optimal patterns of mothering which can persist for months or longer. Breastfeeding suffers, too, when the baby is not alert enough to suck vigorously and build up the mother's milk supply.

But, enough of this dreariness. By keeping informed and by looking to Nature for our guidelines, we can learn to recognize that reality in which our families will thrive. And then we can do something about it.