

Study suggests ovary removal dementia link

NEW YORK Women who have their ovaries removed before menopause run a heightened risk of developing dementia or other mental problems later in life unless they take estrogen until age 50, a new study suggests.

Experts said the research needs to be confirmed by further study, but the findings suggest another issue for premenopausal women and their doctors to discuss as they consider ovary removal.

If they decide to go ahead with surgery, they need to consider the risks and benefits of taking estrogen to age 50, said Dr. Walter Rocca, a Mayo Clinic neurologist and lead study author.

Hormone therapy has been linked to a greater risk of dementia and heart attacks when given to women after age 65. But recent research indicates that when given before menopause or just afterward, it doesn't raise heart attack risk and may protect against dementia.

The study did not include women who had ovaries removed as part of cancer treatment, and Rocca said the results do not apply to such women. The work was published Wednesday in the online edition of the journal *Neurology*.

Ovaries produce estrogen. Rocca said the likeliest explanation of the study results is that removing ovaries causes a sudden deficiency of that hormone, which affects the brain.

Hundreds of thousands of women have their ovaries removed each year in the United States. In women around age 45, approaching menopause, ovaries are often removed during hysterectomies as a precaution against developing ovarian cancer. In addition, some women at unusually high risk of developing ovarian cancer have ovaries removed without hysterectomies, as do others who have ovarian problems such as endometriosis.

Women younger than 45 often take estrogen after ovary removal because of symptoms like hot flashes and concerns about developing osteoporosis, noted Dr. Nancy Chescheir of Vanderbilt University. But older women who have the surgery are less likely to start estrogen therapy, said Chescheir, who didn't participate in the new research.

The new study found the risk of later mental impairment was higher when the surgery was done at younger ages.

The research examined the fates of women who had one or both ovaries removed from 1950 to 1987 and compared them with other women. Interviewers spoke with either the women themselves or somebody who knew them, asking about signs of memory impairment and any diagnosis of dementia or Alzheimer's disease.

Overall, the study found impairment or dementia in 150 of 1,489 women who'd had ovaries removed, vs. 98 of 1,472 women who hadn't. That indicates nearly a 50 percent increase in risk.

A second study, which included about 2,300 women who'd had the surgery and about 2,400 who hadn't, found about a 70 percent increased risk for Parkinson's disease symptoms.

Outlined -- Menopausal Syndrome (climacteric syndrome) refers to the psychological as menopause, neuroendocrine and metabolic changes caused by the organ system symptoms and somatic symptoms integrated unit. The aging of human life in modern society is an important trend. Therefore menopausal and postmenopausal women's health care and disease prevention, is the gynecologist, and even the entire community was faced with the important task.

Diagnosis -- One, asked detailed questions about the history of menstrual history, the history of marriage and child rearing, menopausal age, and ovarian hysterectomy time. Postmenopausal bleeding availability of the past history and family history (cardiovascular disease, diabetes, cancer) and clinics history (hormones and drugs). Two check-body was investigated. Watch cardiovascular, liver and kidney disease, obesity, edema, malnutrition diseases and mental-nervous system function. Gynecological body should be routinely check for cervical cytology and watch genital inflammation and tumors. There were postmenopausal bleeding, it should curettage and endometrium were. Abnormal Cytology, should be more cervical biopsy and neck tube CURETTAGE. Ovarian increased, should be taken to exclude tumor. Breast wellness checks. Three, there are indications of a special inspection exercise. (A) Determination of hormones include : HPO axis, adrenal axis, the thyroid, pancreas function of the hormone. (2) Blood Chemistry : including calcium, phosphorus, blood sugar, cholesterol, BUN, liver and kidney function. Urine sugar, urine protein. Ca + + / C, hydroxyproline / C ratio. (3) Medical Imaging inspection : the focus is diagnosed osteoporosis. Including bone density, the thickness of

cortical bone single / multi-beam optical absorption measurements, neutron activity assay, CT and MRI.n

Treatment measures -- One, hormone therapy or estrogen / progesterone replacement therapy. (1) Indications : VASOMOTOR syndrome, osteoporosis, atrophic vaginitis, early menopause, the recurrence or persistence urethral - cystitis; Hyperlipoproteinemia (Lipoproteinaemia). (2) taboo disease : medical embolism, chronic liver and kidney dysfunction, hormone-dependent tumors (uterine fibroids, endometrial cancer, breast cancer, ovarian cancer), pyrrole rhodopsin calmly Disease (prophyria), serious hypertension, diabetes, severe varicose veins, are encouraging, not those who insist on long-term follow-up. (3) Method : Recommended oral medication, abandoned intramuscular and subcutaneous implantation. Use is limited to local senile vaginitis, and not long-term application. 1. Estrogen - progestin therapy cycle : to regulate alternative treatment. Estrogen linked 0.n

Where cyclical withdraw blood, should continue Adjuvant progesterone. If three consecutive cycles without dismantling the blood, could stop using progesterone. 2. Pure estrogen therapy cycle : that is to replace the estrogen dose taken 25 days a month. Limited to have for hysterectomy and menopause symptoms were obvious.n

Where dismantling positive blood, should be replaced by estrogen - progestin therapy cycle. If three consecutive negative blood progesterone withdrawal, and they can continue to estrogen-alone therapy cycle, but the principle of not more than three to six cycles. 3. Nylestriol (Nylestriol) therapy : suitable for all menopausal women. 5mg oral January 1 meeting.n

Also insist on dismantling the treatment of 17 with normal blood remains. (5) reaction : gastrointestinal side effects and estrogen dose and the dosage form. But women are well tolerated. To reduce the reaction, the individual should follow principles, use the smallest effective dose, as soon as the symptoms and signs of easing after the reduction or withdrawal. (6) A test and follow-up : The focus is to prevent endometrial hyperplasia and cancer, breast hyperplasia and systemic response to abnormal metabolism changes. The acceptance of hormone replacement therapy, should be every three months outpatient review or petition a meeting. Six times on a gynecological examination, and, if necessary, the ultrasound and endometrial biopsy. Breast examination watch lobular hyperplasia or tumors, and to the heart, liver, bile, blood function monitoring.n

Reaction to dizziness, drowsiness and dry mouth. Beta-adrenergic blocking agents, such as ammonia benzyl Liu heart will be eased palpitation. Sedatives such as stability, phenobarbital, and antidepressants such as imipramine Doxepine only in spirit-evident neurological symptoms application.

Calcium, vitamin D, calcitonin () and fluoride on sex hormones, which can effectively curb the osteoporosis development and reduce fracture rate. See section osteoporosis. 3, psychological health and systemic diseases prevention Menopausal women psychosomatic health is a community-wide task. The community should strengthen health, educational and health measures, to create a health service to provide advice, regular check-active control menopause risk of psychosomatic disease, early diagnosis and treatment of cardiovascular disease, osteoporosis, metabolic diseases and endocrine tumors. Organizations menopausal women self-care to reduce the incidence of menopausal syndrome.

About the Author

From www.sun-sentinel.com:

Prostate cancer info on prostate cancer education, prostate cancer support, and prostate cancer diagnosis including male hormone therapy, antiandrogens.

Hormone therapy, or hormonal therapy is the use of hormones in medical treatment. Treatment with hormone antagonists may also referred.

News on Hormone Replacement Therapy continually updated from thousands of sources.

The following area offers information on hormones and hormone therapy that may be used to expand the number of years that comprise the human life span.

After years of studies suggesting estrogen may have health risks for older women, the treatment for menopause is more or less back where it started.

Detailed information on hormone therapy for cancer, including potential side effects of prostate cancer hormone therapy and potential side effects.

Objective To explore whether the effects of hormone therapy on risk of cardiovascular disease vary by age or years since menopause.

This page is about hormone therapy for prostate cancer. There is information on Why doctors use hormone therapy for prostate cancer The types of drugs used How.

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