

Sex and the Older Woman

Doctors differ on hormones to prolong femininity through the 60's and 70's.

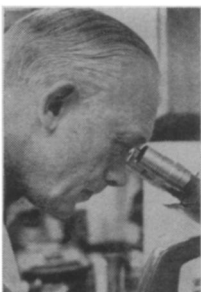
by Faye Marley

A popular book among women over 40 promises that the number of sexually restored postmenopausal women in America will pass 14,000 in 1967."

Dr. Robert A. Wilson of Brooklyn, who startled his medical colleagues last year with his book, "Feminine Forever," says that although this number is but a puny fraction of the many millions who might benefit, these constitute the beginning of a wholly new concept of woman's older years.

The treatment he prescribes—doses of female hormones such as estrogen—could, he insists, free women from the physical and emotional problems of the menopause, the end of the menstrual cycle and of fertility.

There is nothing startling about the use of estrogens to help women over the difficult months or years of their climacteric. Some 25 years ago, it was discovered that mare's urine contained chemically linked, or conjugated, hormones. Tablets containing the compounds have been readily available on prescription ever since at fairly reasonable prices. Anyone with hot flashes or other obvious signs of menopause could be eased.



Wilson

R. A. Wilson

The startling thing is that Dr. Wilson and some other gynecologists are proposing to continue the use of the pills to the grave. They do not promise a fountain of youth but a femininity that will keep physical well-being on a par with the aging man's.

One gynecologist on the staff of George Washington University in Washington, D. C., says she has been besieged by women patients who bring Dr. Wilson's book into her office with paper clips attached to various pages.

Dr. Caroline Jackson is not one of the "forever" advocates, and is opposed to using even the one birth control pill (containing norethynodrel) approved by Dr. Wilson.

She believes that women do very well on pure estrogen.

Like officials of the Food and Drug Administration she believes that "the

pill" may not be suitable for long-term use against menopause symptoms, and that more study is needed of its effects.

"Some women don't even need estrogen," she points out. "Many of them keep on manufacturing, in the adrenal glands, hormones that are related to the sex hormones, and do their job. If they are making hormones of their own, taking more will only deplete the supply they are producing."

Dr. Jackson says many women under hormone treatment have a psychological feeling that they are being made younger.

"This is true of men, too," she confides. "They have a climacteric as well as women, and some of them take testosterone (a male hormone), but they would die if anyone wrote a book about it."

A professor of obstetrics and gynecology at George Washington University Hospital, Dr. Roy Hertz, formerly with the National Cancer Institute, Bethesda, Md., and still a consultant to NCI, has a great deal to say about estrogen-progestogen combinations both for contraception and long-term use by postmenopausal women.

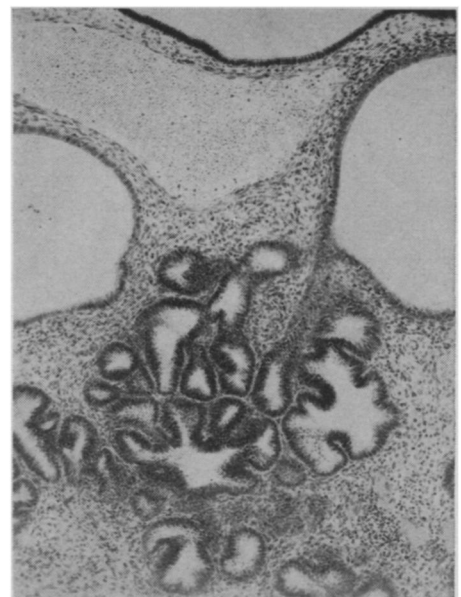
While Dr. Wilson and many other gynecologists believe there is little danger of cancer from an estrogenic birth control pill, Dr. Hertz calls attention to the risk of endometrial cancer (lining of the uterus) in long-term therapy.

One study refers to estrogen treatment of 292 older women for bone brittleness, or osteoporosis. Incidence of endometrial carcinoma among this group is many times normal.

Although Dr. Wilson reports no breast or uterine cancer in 304 women treated with estrogen for periods up to 27 years, he agrees that additional long-term studies should be made.

Among the cautious but enthusiastic users of postmenopausal estrogen are Dr. Henry S. Acken of Downstate Medical Center in Brooklyn, and Dr. M. Edward Davis of the University of Chicago.

Dr. Acken feels that an area of concern for cancer in cases of long-term therapy would focus on the endometrium rather than the breast. He uses estrogens in treating women who have had hysterectomy, or removal of the uterus, but like many other phy-



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Endometrium shows estrogen effect.

sicians does not use them when a woman has a bleeding fibroid tumor or has had a breast removed.

Dr. Davis says, however, that we now have enough data to show that continuous therapy is not harmful and does not cause buildup of estrogen in the endometrium after the first 40 days. Almost half of the 650 patients he has treated have been followed up for at least 15 years.

Dr. Robert W. Kistner, Harvard Medical School gynecologist, says synthetic progestins have produced a "dramatic response" in patients with disseminated endometrial carcinoma. The combination-type of oral contraceptives can also treat or prevent precancerous changes in the endometrium of premenopause women.

In cases of endometrial hyperplasia, in which there is excessive formation of tissue, he uses the pills up to age 50 but after the menopause he recommends hysterectomy to prevent the development of cancer.

Dr. Kistner says there is a great deal of research to be done on osteoporosis as well as on atherosclerosis in relation to estrogens.

Dr. Davis says women on estrogen have a marked reduction in symptoms of high blood pressure. Also, he says fractures may be prevented through retardation of osteoporosis. He points out that 90 percent of the estimated four million osteoporotic patients in the United States are postmenopausal women. In aging males, he explains, the gonads continue to produce androgen preventing bone degeneration.

Dr. Acken says that long-term use of estrogen can help to retard the changes naturally occurring in the vagina and breasts of older women and that this enhances the opportunity for satisfactory sexual relations, even among women in their 60's and 70's.