

10th Year Anniversary

A publication of the Study of Women's Health Across the Nation

<http://www.swanstudy.org>

SWAN Celebrates its 10th Year

The Study of Women's Health Across the Nation (SWAN) began with the enrollment of women from seven sites/cities: Ypsilanti/Inkster, Michigan; Boston, Massachusetts; Chicago, Illinois; Oakland, California; Los Angeles, California; Newark, New Jersey; and Pittsburgh, Pennsylvania. This group of women is drawn from five ethnic groups: African-American, Caucasian, Hispanic, Chinese and Japanese. SWAN saw its first participants in California in January 1996. By the end of enrollment in 1997, 3302 women were a part of SWAN. Now that we are celebrating 10 years of activity, we would like to share a summary of some of the data that you have provided over the years.

A Message from Susan Johnson, MD, SWAN Study Chair and Associate Provost for Faculty at the University of Iowa

"SWAN has become an even more important study than we thought it would be 10 years ago. In the last four years, since the Women's Health Initiative study results were published, scientists, health care professionals, and women have new and urgent questions about menopause that only SWAN can answer. And, SWAN scientists could not find the answers to these questions without YOU. Each and every one of you, who have so generously given of your time, is the reason that SWAN exists. We hope that you are willing to "hang in there" for a bit longer! As more and more of you go into the post menopause, we are getting better answers to our questions. I thank you personally, and on behalf of the study investigators and staff, for your contributions."

SWAN Staff at the Project Director's Meeting in Oakland, CA this spring. A dedicated and hard working group behind the success of SWAN. Look closely and you may see some faces that you recognize.

State of the Science Conference Conclusions

The NIH State-of-the-Science Conference on the Management of Menopause-Related Symptoms was held in Washington, DC in March of this year. The conclusions shown here were provided by Dr. Sherry Sherman, the National Institutes of Aging Program Officer for SWAN for the past 12 years. Dr. Sherman was one of the scientists who recognized the critical need for a study like SWAN and was the author of the NIH initiative that got SWAN started. Her conclusions regarding menopause related symptoms are as follows:

- Symptoms attributable to the menopause transition: hot flashes, night sweats, vaginal dryness, and sleep disturbance
- Many women have few or no symptoms; these women are not in need of medical treatment
- Women with menopause induced by surgery, chemotherapy or radiation experience more bothersome symptoms and deserve safe and effective treatment.

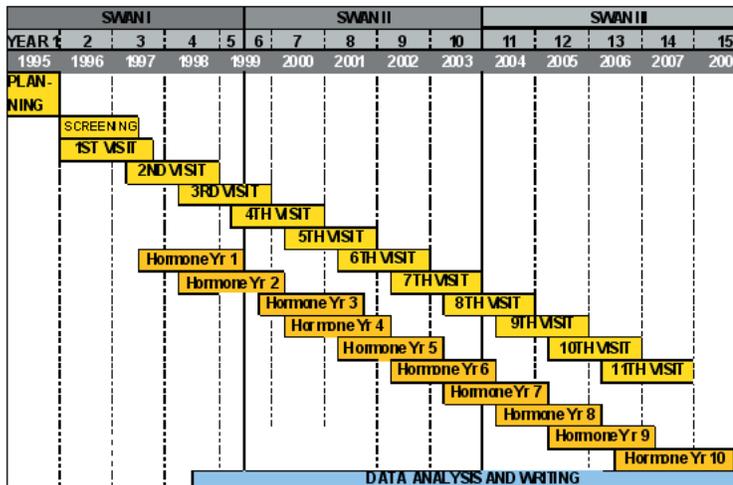
If you are interested in reading the Final Statement, the web address is:

http://consensus.nih.gov/ta/025/menopause_final_052505.htm



SWAN Timeline

The SWAN Study was just a glimmer in someone's eye more than 10 years ago. With a lot of hard work, much planning by many scientists and the cooperation of thousands of women, SWAN got its start and has continued through three phases, each of which was built on the success of the previous phase. This timeline displays the SWAN visits and the Daily Hormone Study (DHS) visits with their associated calendar years. It also shows a plan for 10 ½ years to analyze data and to write papers that will present SWAN findings to the scientific community.



There is much interest in continuing to follow the SWAN participants as they approach their later years in order to understand how women can successfully and gracefully age from middle into old age. If we can learn about women's health in the years following the menopausal transition, scientists, health care providers and women will understand more clearly how the menopause and midlife affects women as they age. The SWAN investigators are exploring the possibilities for extending the study after the current funding period ends.

Where We're From and Who We Are

The map shows the geographic locations of the seven SWAN sites. As you can see SWAN *is* a study that extends across the nation. SWAN is proud of its diverse group of women which allows us to study the differences between women. Five ethnic groups are represented in SWAN: African Americans (28%) in Chicago, Pittsburgh, Boston, and Ypsilanti/Inkster; Caucasians (46%) at all sites; Chinese (8%) in Oakland; Hispanic (9%) in Newark; and Japanese (9%) in Los Angeles. Language is one of the challenges of the study. Many of the Chinese, Hispanic and Japanese women in SWAN do not read or speak English. All of the materials used in SWAN from newsletters like this to study forms, study letters, etc., must be translated. Also, some staff members at each of these sites must be able to speak the applicable language to conduct the study visits.

Many of you have moved away from your local SWAN clinic. **We still want to reach you wherever you live.** SWAN staffers keep in touch with women in over 23 states and in at least three foreign countries. Please remember to let your SWAN site know if you are planning a move so that we can stay in contact with you.

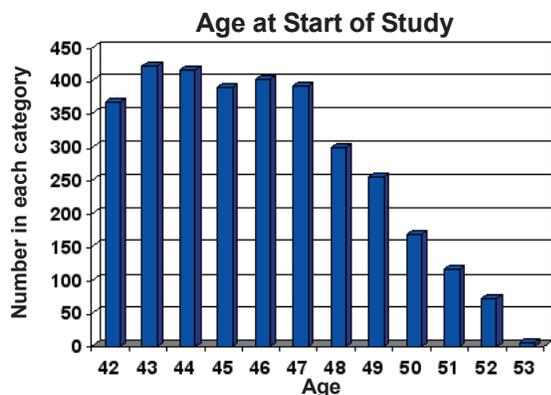


A New Way to Contact Your SWAN Site

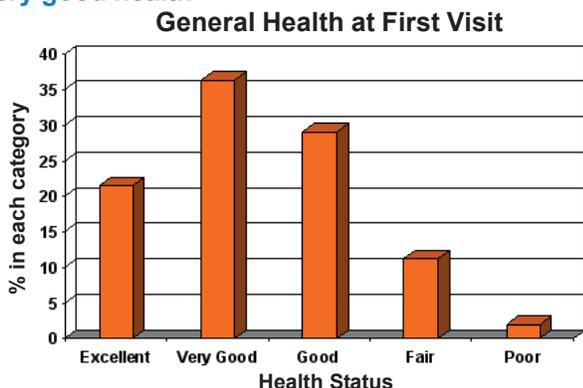
You can now send an email directly to your SWAN site by logging on to the SWAN Website (www.swanstudy.org). Once you have gotten on to the website, click on **Participants** and when the next screen appears click on **Contact Us**. Each SWAN site is listed with address, telephone and fax information. The email address of the Project Director is also shown. Depending on how you are connected to the website, you may be able to click on the address to automatically create a message. Or, you can copy the address into your email software to create an email message.

Characteristics of the SWAN Women

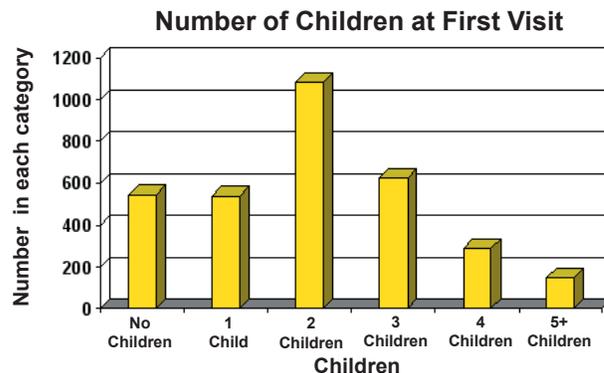
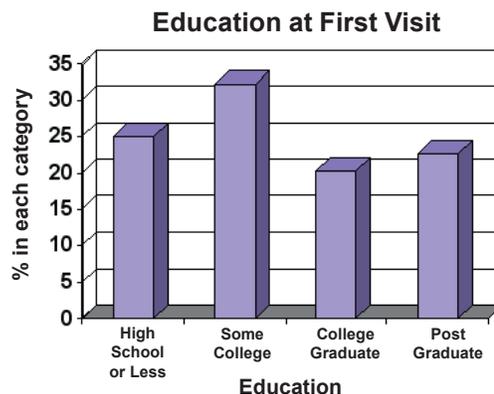
To be eligible for SWAN recruitment, women needed to be between the ages of 42 and 52. Because the study did not start immediately, some women were 53 at the start of SWAN. SWAN women are now in their 50s and 60s.



57% of you reported that you were in excellent or very good health



SWAN Women Have a Range of Educational Backgrounds and Children



SWAN HIGHLIGHTS from the website

SWAN surveyed over 16,000 women aged 40-55, and then began a study of 3302 of those women who were pre- or perimenopausal.

What factors influence the age of menopause?

- On average, Hispanic women experience menopause about 6 months earlier than women in the other ethnic groups, while Japanese women have a later menopause by approximately 3 months.
- One of the most important factors influencing the age at menopause is smoking, and women who are current smokers, on average, have an earlier menopause (by 1-2 years) than other women.

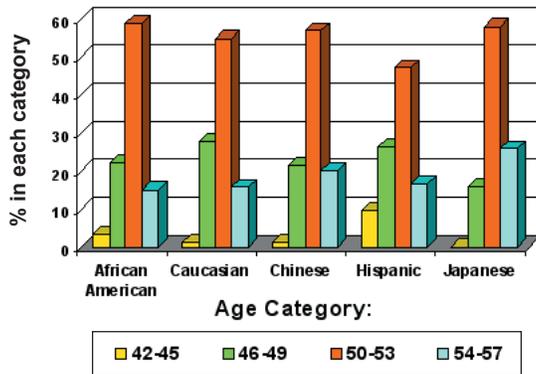
Some, but not all, symptoms and changes during the midlife are related to menopause.

The menopause transition means the time from the end of premenopause (when a woman's periods are

similar to what they have always been) through perimenopause (when periods are changing in length, bleeding characteristics and/or frequency), to postmenopause (12 months or more with no period, without an explanation like pregnancy or medication use).

- Hot flashes are not limited to women in the menopause transition. Some 20% of premenopausal women experience hot flashes and night sweats. However, the proportion of women who have hot flashes and night sweats increases dramatically, in the perimenopause and postmenopause, at least up to age 55.
- In the perimenopause, hot flashes and night sweats are more common in certain ethnic groups: 46% of African American women and over 30% of Hispanics and Caucasians report having these

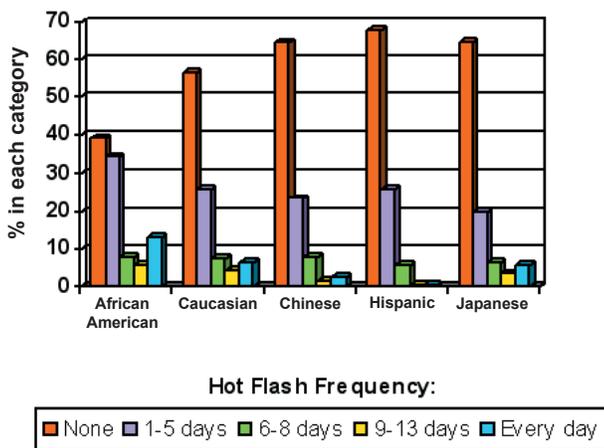
Age at Final Menstrual Period by Ethnicity by Sixth Visit



It is of interest to scientists, doctors and women to be able to predict when menstruation will cease. Since the beginning of SWAN, many participants have stopped having a period. Using data collected through the 6th visit, this plot shows the age at which women who have stopped menstruating had their final period. The majority of women in all ethnic groups (who have stopped menstruating) had their final menstrual period between ages 50-54.

And some of you have experienced hot flashes

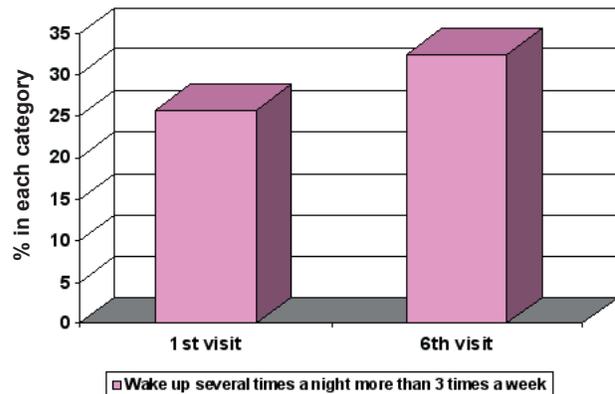
Hot Flashes by Ethnicity at Sixth Visit (# of days in the last two weeks)



And your sleep habits have changed

More of you are waking up several times a night for 3-5 days per week, 32% at the sixth visit compared to 26% at the first visit.

Wake-up Several Times a Night



SWAN HIGHLIGHTS continued

symptoms, but only about 20% of Chinese and Japanese women do.

- Women who have more education, don't smoke and who have more physical activity tend to have fewer symptoms than other women.
- Aging, not natural menopause is responsible for the weight gain at middle age.
- During midlife, Caucasian women are more likely to report being irritable, nervous or blue, or to have sleep problems or stiffness and soreness than women of other race/ethnicities.
- Surprisingly, 1 of every 10 SWAN women, at the relatively young age of 40-55, has limitations in physical activity (limited in climbing a flight of stairs, walking one block, bathing or dressing).
- Women who report limitations are more likely to have health conditions like diabetes, arthritis and

heart disease. Women who are overweight are 80% more likely to report physical activity limitations than other women.

What factors affect bone density?

- It has been widely believed that Asian women have lower bone density than Caucasian women, but that is not necessarily correct. Bone density is affected by both body weight and bone size. Therefore when assessing ethnic differences in bone density it is important to compare women of comparable weight and bone size. SWAN has shown that among women of similar weight, bone density in Asian women is actually higher than in Caucasian women. African American women have higher bone density than Asians or Caucasians but even those differences are reduced if women are of similar weight.
- In Japanese women, diets high in soy foods are

Urinary Incontinence in SWAN, Elaine Waetjen, MD, UC Davis, CA

Urinary incontinence (leaking urine) is a very common problem in women. At the beginning of SWAN, about 1260 women (40% of the participants) reported that they leaked urine several times per month or more. Over the first five years of SWAN, about 800 more women reported leaking urine.

There are two main types of urinary incontinence. Leaking urine with coughing, sneezing or physical exercise like jumping is called “stress incontinence.” Leaking urine when you feel the urge to get to the bathroom, but can’t get there in time is called “urge incontinence.” Most of the women who told us they leaked urine had stress incontinence (55%), fewer had urge incontinence (16%) while some had both types (24%).

Among women reporting some incontinence, women who were overweight or had diabetes were more likely to have both stress and urge urinary incontinence. Women who had given birth to children were more likely to have stress incontinence only.

We found that the different racial/ethnic groups in SWAN reported different rates of incontinence. Caucasian women were the most likely to report a problem with leaking urine while Hispanic women were the least likely to report a problem. African American women reported more urge incontinence than any other group; they were also the most likely to develop a problem with leaking urine over the first five years of the study. For rates of urinary incontinence in all racial/ethnic groups, please see the table below.

	Caucasian	African-American	Chinese	Japanese	Hispanic
% reporting leaking urine at start of study	47%	30%	34%	40%	20%
Type of Incontinence Among the Women Who Reported Leaking Urine					
Stress Incontinence	57%	35%	68%	74%	77%
Urge Incontinence	15%	31%	10%	10%	6%
Both Stress and Urge Incontinence	28%	34%	22%	16%	17%

SWAN HIGHLIGHTS continued

linked to stronger bones than diets with less soy. Surprisingly, Chinese women who consume a diet high in soy do not have higher bone density than Chinese women consuming less soy, perhaps because Chinese and Japanese diets contain different kinds of soy foods. This suggests that not all soy foods improve bone strength.

What factors are linked to heart disease risk?

- African American women who have experienced chronic stress or discrimination in their lives tend to have thicker carotid artery walls and more carotid artery plaque than their Caucasian counterparts. The level of plaque in the carotid arteries (in the neck) is important because these arteries supply blood to the brain and plaque build up can block blood flow.
- Major depression, even before menopause, is

associated with cardiovascular risk. Mid-life Caucasian and African-American women (the only two ethnicities studied for this special project) who have a history of two or more major depressions are twice as likely to develop plaque in their coronary (heart) artery before menopause than women who have no history of depression, or only one episode of depression.

How do women cope with midlife changes?

- At the sixth annual visit, one in five SWAN women had used female hormones, including birth control pills, in the past year. Hormone use ranged from a high of 25% in Caucasians to a low of 6% in Hispanic women.
- African American women tend to be more positive towards the idea of menopause than women of other ethnicities. Chinese and Japanese are the least positive.

WISH = SWAN

The Chicago SWAN site is called the Women in the Southside Health Project (WISH). The decision to change the name was made when focus group meetings in the community revealed that women felt that the name “SWAN” did not reflect the ethnic diversity of the site. To respond to and encourage participation, we are known as the WISH Project and along with all SWAN sites,

Our WISH is to promote the health and vitality of women at mid-life.

Comments from SWAN Chicago (WISH)

When I agreed to participate in the Women in the Southside Health (WISH) Project’s menopause study, I had no idea how it would impact my life. At the onset the study sounded interesting and it has continued to be so. The facilitators have been pleasant and interesting women, with whom I’ve enjoyed interacting.

The monthly surveys and yearly questionnaires were/are interesting tools. They are tools that have taught me as well. The questions are thought provoking - asking me what I ate, drank, how I slept, felt, and viewed my life and world. These questions sometimes held up a mirror for me, causing me to reflect and ultimately come to conclusions about my life.

However, the most important impact on my life came from the blood work done yearly. Three major health issues were brought to my attention, not through my HMO medical plan, but from the conclusions highlighted in **bold-faced** type in the WISH letter sent to me with the results of the work up. From the letters I learned I had diabetes, a hyperthyroid and high cholesterol.

Now I’m almost afraid of the early morning visit from the pleasant technician with the warm smile and the medical tray. Still, I know it was a good thing that I was told of these conditions, and then followed through with my doctor. Presently I am on medication for the mentioned issues. I am conscientious about taking the medicine because I realize the seriousness of doing so.

I know that the study is receiving tremendously valuable information from us dutiful women, but I got something too. Thanks WISH.
Barbara T.

Comments from SWAN Chicago (WISH)

I became a WISH (SWAN) participant to give my daughter and generations beyond a chance for healthier lives.

Surprisingly, I have benefited, too. The free medical tests I was given revealed health conditions, for which I am now being treated. Plus, I have met a wonderful group of women, many of whom have become friends.

I have a couple of specific examples on the medical tests. One test showed that I was losing bone mass, in spite of my taking calcium supplements and exercising, so my doctor knew to put me on Actonel. Also, the heart scan showed that my arteries were clear – even though I have high cholesterol. This was very reassuring and gave my doctor the information she needed to treat me correctly.

In terms of personal stories, I can share the fact that when my son became seriously ill, the staff at WISH was extremely supportive. I could talk about my situation, and I learned that others were going through similar experiences. WISH became part of my support network and helped me through some very tough years. – *Leslie W.*

WISH WOMEN by Judith GS

We are WISH Women
Over 800 strong
With health as our focus
As we transition along

We give up our time
Answering questions, taking tests
So our change in life can be studied
Through each personal quest

As we journey through menopause,
We can stand unified
In principle and purpose
With the data we provide

Each year that we participate
One fact remains true--
There would not be a WISH project
Without each one of you!

Sisters of SWAN-Pittsburgh

Marie, 55 and Annette, 52 have been faithful SWAN participants for nine years. They are Pittsburgh natives, who live in separate residences on the same street, in the neighborhood where they grew up. Their father is deceased, but their mother lives nearby, in the family home. Their elder sister lives in San Diego, CA, where she works on the staff of a national women's health study. Both Annette and Marie have their careers in the



GREAT RACE Richard S. Calliguri
CITY OF PITTSBURGH
September 26, 2004

Marie (left) and Annette (right) with Sosueme

financial business world. Annette worked as an International Accountant for a bank. Since her retirement, she has focused her time and energy into her poodle, Sosueme. Marie continues to work as a Service Delivery Representative with a local financial corporation. She volunteers her time to many of Pittsburgh's community events, e.g., The Great Race, MS Walk, Pittsburgh Steeler's Walk & Run, Senior Olympics, and the Regatta. In addition to walking together daily for personal exercise and to exercise the family pets, both sisters participate in many fund-raising walks.

Through SWAN, Annette became a participant in SWAN Heart which is a sub-study at the Pittsburgh and Chicago SWAN sites. One of the tests performed is a carotid ultrasound, which uses high-frequency sound waves to evaluate the carotid arteries in the neck. In 1999, Annette's right carotid artery was 85% blocked. She was alerted to this serious condition by SWAN but she did not seek treatment. In 2001, a second SWAN Heart evaluation showed that her right carotid was 90% blocked, with additional blockage in her left carotid. SWAN notified her doctor who followed up with a surgeon. Annette had successful surgery to open her carotid artery.

How has SWAN impacted their lives? Both sisters acknowledged that their routine medical care would not have included the diagnostic procedures that SWAN provided. They feel these procedures saved Annette's life. Their on-going

participation in SWAN is fueled by their need to care for themselves and to contribute to the physical and emotional well-being of all women.

Good news from a SWAN participant from UCLA

I got a job! I am working part time at a local outpatient clinic. My job duty is to create a Women's Health Program for them. This will include osteoporosis, post partum, menopause, incontinence training, arthritis, diabetes, wellness, etc. I know this will be a challenge....if it weren't for my association with SWAN, I don't think I would be as excited to take on this huge project. Thanks so much! – *Sharon K.*

Words from Los Angeles

I recently had my annual gynecological appointment and showed my doctor my physical measurements and results of the bone scan. She was very impressed and found it very interesting. I told her that when I received my first bone (density) scan, I knew I had to make changes in my life. The same was true when I saw my physical measurements and weight increase substantially. Being in this study has helped me stay on a healthier track and be more aware of changes that I needed to make in my lifestyle.

– *Else R.*

SWAN Night Out at the Michigan Site

At least once a year, the Michigan SWAN site sponsors town hall meetings for its participants. The meetings are held after-work and promise both a social and informative evening. Since participants are primarily located in the Inkster and Ypsilanti communities (which are separated by 15 miles), a town hall event is scheduled in both areas to allow participants to stay within their communities. During our round table discussions, light dinner snacks and beverages are served.

The first half of the meetings includes re-acquainting the participants to clinic staff and introducing people who work “behind-the-scenes”, such as our data managers and the investigators. Then, we present and discuss topics such as new findings from the Michigan functional limitation data or how to interpret bone results. During this time, participants usually ask lots of general questions regarding blood and bone density results—if they have specific questions, we hold these until later in the meeting when participants can meet individually with investigators.

The second part of the meeting allows our fun-spirited SWAN personality to shine through! For example, in our event “Graying in Black and White”, we brought in two hair stylists (one Caucasian and one African-American) who offered valuable advice about coloring unwanted gray and maintaining healthy hair during the midlife transition. To say the discussion was animated is an understatement—and everyone commented on how interesting it was to understand that different hair types and textures really created the need for different products and approaches to styling, coloring and safely maintaining the “salon look” at home.

During our most recent meeting, we held a “Smart Shopper Boutique”. At this roundtable, we first sampled various foods (tofu, dates, miso soup) and beverages (soy milk, green tea, calcium-fortified orange juice) that may have been unfamiliar to the participants. Then, we talked about how we were learning about different estrogen-like foods from SWAN enrollees. We tied the food sampling to the importance and relevance of the Year 09 Food questionnaire—and information gained from the analysis of the previous Food

Questionnaire data. Participants were provided with their own personal data to follow along and see how the intake of various food sources affected caloric and macronutrient content, including the polyphenols like isoflavones or hydroxycinnamic acid (no, we’re not kidding—the participants know what foods we are talking about!).

These town hall meetings are a great way to tie our SWAN group together—the investigators, the staff, and especially the women who make SWAN possible! It is our way of giving back and truly thanking them for their commitment to this study. What better way to say “Thank You” than a SWAN night out!

SWANS Become Poetic

Ms Menopause

Ms Menopause address her anyway you wish.
She is heat slowing rising introducing her arrival.
Bringing desert heat with the blanket of the sun.
Melting pot of hot flashes and million tiny pebbles,
Of sweat trickling down foreheads, and backs,
Wet cold against subsiding flames.
Leaving a cool breeze to remind us,
Ms Menopause was here will return unannounced.
Mood swings in and out.
Her entrance has brought disasters,
She does not need a welcome mat,
Nor approval, she visits briefly, sometimes stays,
For a while.
When she surpasses with no return,
Only her race of aging lingers.

Deborah Lindsay Tillman (Pittsburgh) from *Come Inside – Poetry from One Heart*

Just a reminder to SWAN women who have had a hysterectomy. We want you to continue in the study as the information that you can provide after a hysterectomy is important to us. SWAN staff are currently collecting information about hysterectomies. If you haven't already released your information to SWAN, someone from your site may be in touch with you by telephone or letter requesting records about your hysterectomy. SWAN would like to have this information by December 2005 for the first paper we will write. Please help us with this important task.

My SWAN Song

**Jason Wyland, Project Director,
Massachusetts General Hospital**

The SWAN Study. I had no idea of the impact it would have on my life, a “twenty-something” man who, by chance, found work with this wonderful study of women’s health. I wanted a job with patient contact in a hospital environment and I was lucky enough to find work at Massachusetts General Hospital. I was hired to do the SWAN traveling blood draws. This meant waking up early on many mornings, to have wonderful participants warmly greet me and invite me into their homes, workplace and sometimes in to other very random locations in Boston. After more than three years, I still happily work for the SWAN study, as the Project Director and Data Manager.

But as the title of this article indicates, this is my “SWAN Song”. While I am not leaving the study, I will no longer be as actively involved. I will begin my Physician’s Assistant (PA) Masters program at Northeastern University, and will stay with SWAN on a part-time basis.

I have reflected on these past years as I prepare for the next stage of my life. I have become aware of how the women of SWAN have fueled my inspiration to become a PA. More importantly, they have shown me how to love and accept myself.

The one life lesson that stays with me is that by learning to love oneself and seeing one’s own worth, a person can shine outwards and inspire others to do the same. It has been a privilege to meet the SWAN women who come from such diverse backgrounds and experiences, and who have such different jobs, families, and homes, who shine in this way. So “Thank You” to all the SWAN women that I’ve met for trusting me with your stories, travels, pictures and thoughts. You have been inspirational to me, each in your own way.

Quotes from SWAN women about SWAN’s effect on their lives. (from Oakland)

It’s made it so I am very aware of women’s health. I read everything I can get my hands on when it comes to women’s health. I exercise and watch what I can do to take care of myself. – *Karen W.*

Because of SWAN I have actually made graphs of my blood results and bones and I have it put with my medical records, so when I see my doctor we can discuss and see how I am doing each year. – *Aileen T.*

SWAN reminds me each year to take care of myself. It sets aside a time for reflection on stress and physical health. I feel that the questions we are asked have made me alert to menopausal symptoms and I am not afraid of the changes, I am prepared. – *Doris C.*

My mother has osteoporosis and SWAN has helped me track my bones through the years. – *Betty G.*

SWAN in the News

Time Magazine

The May 16, 2005 issue of Time Magazine highlighted the “female mid-life crisis”. In this issue, a reporter spoke with Dr. Carol Magione, a UCLA professor of Medicine who led the National Institutes of Health (NIH) State of the Science Panel on Management of Menopause-Related Symptoms in March 2005. In the article, they discuss a scientific consensus statement to be issued soon that urges women and their doctors to stop thinking about menopause as some kind of disease. Women continue to thrive after menopause but the transition is not the same for all women. Women can have problems with hot flashes, night sweats, and vaginal dryness that vary in intensity among women. Dr. Mangione says, “One of the challenges of this research is teasing out which symptoms are associated with menopause and which are simply the result of aging”. That is one of the primary goals of SWAN and the data that you provide will help to answer this question. See the article on Page 1 for access information to the State of the Science Conference statement.

SWAN in the News continued

Perceived Discrimination Linked To Coronary Artery Calcification:

American Heart Association meeting report, Washington, D.C., April 30, 2005

The more discrimination African-American women report, the more likely they are to have coronary artery calcification, a buildup of calcium in the vessels that is associated with hardening of the arteries, according to a study presented at the American Heart Association's 45th Annual Conference on Cardiovascular Disease Epidemiology and Prevention.

These results indicate that discrimination might be linked to a higher risk of cardiovascular disease in African-American women, the researchers reported.

“Previous research has suggested that discrimination and unfair treatment may have a negative impact on a variety of risk factors for heart disease”, Tenè Lewis, Ph.D. from Chicago SWAN said. “Most of these earlier studies have focused on patients with cardiovascular disease, and this may actually underestimate the effect of discrimination on the development of cardiovascular disease.”

This research, which used some participants in the Study of Women's Health Across the Nation (SWAN) Heart study (a special study done at some sites), examined the relationship between discrimination and risk factors for heart disease such as coronary artery calcification. Some studies have shown that calcification of the arteries predicts diseases such as heart attack. Further studies are needed to find out if other minority women experience discrimination and health outcomes in the same way, and whether the stress of discrimination might cause inflammation that could contribute to the start of hardening of the arteries.

“What a SWAN can teach us about menopause”

A recent paper in *Contemporary OB/GYN* by Nanette Santoro, Principal Investigator for the New Jersey site of the SWAN study, states:

“The first multiethnic longitudinal study of the menopause ever done in the US, the Study of Women's Health Across the Nation (SWAN) is changing our ideas about the change of life.”

“Now in its 10th year, the Study of Women's Health Across the Nation (SWAN) has produced some intriguing findings about the impact of ethnicity and socioeconomic status on a woman's experience of the menopause.”

In conclusion, Dr. Santoro reports that results from SWAN research so far suggest that ethnicity has a large impact on the experience of menopause. However, whether the ethnic differences in menopausal experiences are due to ethnic differences in factors such as income and body size remains to be clarified.

Dr. Santoro hopes that further knowledge to be gained from SWAN will allow doctors to:

- predict when menopause will occur
- determine whether menopause is occurring quickly or slowly
- predict which women are likely to have menopausal symptoms
- help women prevent menopausal symptoms
- develop better treatment for menopausal symptoms

Dr. Santoro is Professor and Director, Division of Reproductive Endocrinology, Department of Obstetrics, Gynecology and Women's Health, Albert Einstein College of Medicine, Bronx, NY.

Santoro, N. What a SWAN can teach us about menopause. *Contemporary Ob/Gyn* May 1, 2004;49:69-79.

<http://www.contemporaryobgyn.net/obgyn/article/articleDetail.jsp?id=108528>

[Journal of the American Medical Association](#)

An article published recently in JAMA, one of the most prestigious medical journals in the US, was based upon the SWAN Daily Hormone Study. The study shows that women's sensitivity to estrogen changes as they enter the perimenopause. Many women with abnormal menstrual cycles have high levels of estrogen. Estrogen is made in the ovaries, and until now, a decrease in the ovaries' production of estrogen has been considered as the main cause of menopause. Now scientists will need to learn more about other changes that lead to menopause and menopausal symptoms. This article is titled "Menopause and Hypothalamic-Pituitary Sensitivity to Estrogen."

Weiss G, Skurnick JH, Goldsmith LT, Santoro NF, Park SJ. Menopause and Hypothalamic-Pituitary Sensitivity to Estrogen. Journal of the American Medical Association. 2004;292(24):2991-2996.

Did you know that SWAN has:

- 77 published manuscripts.
- 8 manuscripts accepted or in press.
- 14 manuscripts submitted to scientific journals.
- 2 published book chapters and 1 in press.
- 95 manuscripts in preparation.
- 146 abstracts presented at scientific meetings.

This and more information about SWAN can be found on the SWAN website:

<http://www.swanstudy.org>

You can find many interesting facts in addition to the SWAN Highlights that are reproduced here. Other topics include, SWAN History, Scientific Areas, Publication List, Research Findings, and more. Please log on at home or in your library to learn more about SWAN.

Physical Activity Helps Prevent Excess Weight Gain: Findings from SWAN Barbara Sternfeld, PhD, Oakland, CA

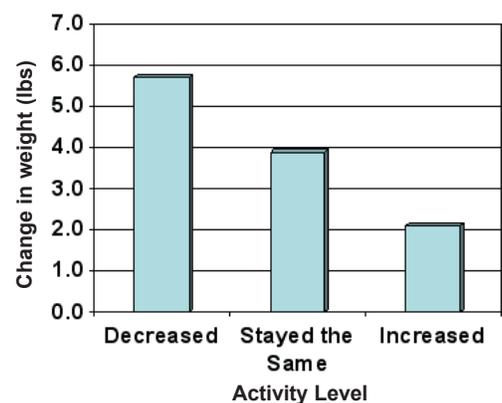
As many of us know from personal experience, women tend to gain weight in their middle years, and they notice other changes in their body shape as well. In a recently published SWAN paper, we found that the SWAN participants, on average, gained about 4.6 pounds over the first three years of the study or about 1.5 pounds each year. Our analysis showed that this weight gain was due to age and not to a change in menopausal status.

Waist size also increased, on average, by about an inch during this time. This increase reflects the increase in weight but also shows that body fat tends to go from the hips and thighs to the abdomen.

However, women who were physically active gained less weight and had smaller changes in waist size than women who had less exercise. Perhaps even more important, women who *increased* their level of physical activity in the next 3 years gained less weight than those who had a decrease in activity, regardless of their level of physical activity at their first visit. The same was true for the changes in waist size. As the graph shows, women who decreased their participation in sports and exercise had an average weight gain of almost 6 pounds, while the women who increased their participation in sports and exercise gained only 2.2 pounds.

These findings underscore how important regular physical activity is for maintaining body weight as we age and for avoiding many of the health problems that result from excess body weight. If you are already regularly physically active, you are doing great and should work on maintaining this level of activity. If you are not already regularly active, find an activity that you like to do, and that is practical to do, and then gradually increase your level of activity to at least 30 minutes a day on most, if not all, days of the week.

Change in Weight by Change in Physical Activity from the 1st to the 4th Visit



Use of Complementary and Alternative Medicine (CAM) in SWAN,

Yali Bair, PhD, UC Davis, CA

Since the beginning of SWAN, we have asked questions about a variety of therapies and practices that our participants use for a variety of health conditions. These have included non-prescribed therapies and practices, known as complementary and alternative medicine (CAM). We have asked about five broad groupings of CAM use: nutritional, physical, herbal, psychological, and folk medicine. We have now analyzed the CAM data from the first through the sixth annual visit and have a number of new findings.

Caucasian and Japanese women report CAM use more frequently than other ethnic groups (60%). Chinese and African American women reported moderate use, similar to nationally representative surveys (40%). Hispanic women reported the lowest use (20%). It does not appear that women in different stages of the menopause transition are more or less likely to report CAM use. We did find that women who use hormone therapy (HT) are also more likely to use CAM. However, the extent to which HT and CAM are used together varies across ethnic groups and across the different types of CAM. Finally, women in all ethnic groups who report hot flashes and night sweats or aches and pains are more likely to use CAM.

We are continuing our investigations into more specific types of CAM. Starting with the sixth SWAN visit, we asked more detailed questions about specific types and their reasons for use, which we will be analyzing in the near future.

From the NIH Program Office

We are delighted that you are reading this newsletter and are interested in finding out about SWAN's most recent discoveries. SWAN has been in the field for ten years - evidence of your dedication to SWAN and the health and vitality of our generation. The generous contribution of your time demonstrates your willingness to give of yourself in a special way which will also benefit the generations to come.

The National Institutes of Health (NIH) is delighted about the fine work that our esteemed investigators, project directors and clinical site staff have done and the remarkable progress that SWAN has made. Funding is not easy to come by these days, but the commitment to SWAN that NIH has made for learning about women's health and aging at midlife is paying off handsomely with important new understandings to benefit the public's health.

SWAN is a very special study with a special community of women that is rich in diversity, generosity and loyalty – many women from a large array of different backgrounds whose participation provides a wide perspective on women's experiences and health as the years have passed.

SWAN is gaining new insights everyday about symptoms, quality of life, conditions such as sleep disorders, depression, obesity, problems concentrating and thinking and risks for diseases of aging such as diabetes, heart disease and osteoporosis. The information that SWAN is gathering, analyzing and publishing will help us better understand the roles played by genetics, environmental influences, diet, alcohol consumption, physical activity, smoking, and personal attitudes and beliefs.

After all these years, we are still so pleased that you decided to join the study and that you have given and continue to give of yourself. Thank you for your time and your commitment to helping us learn how we might all age gracefully and in the best of health.

Sincerely,
Sherry Sherman, Ph.D.
Program Officer, National Institute on Aging
National Institutes of Health

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“Your hormones are out of balance. We need to get more of them over to the other side.”