
Focus on Health

SPECIAL EDITION
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A new intrauterine device (IUD) called Mirena is now available. It is effective for 5-10 years, but even more exciting than contraception is its potential as part of hormone replacement therapy for perimenopausal women.

Progesterone is given to women who are taking estrogen replacement for two reasons – protection against uterine (endometrial) cancer and prevention of abnormal uterine bleeding. Women who have had hysterectomies do not need to take progesterone unless the surgery was done for endometriosis.

The major complaint of women who are on estrogen replacement therapy and progesterone is continued periods. A dosage of oral or transcutaneous progesterone sufficient to suppress periods gives a blood level of progesterone high enough to produce side effects in many women (weight gain, fatigue, mood swings, depression). A progesterone producing IUD (Mirena) stops periods completely by one year in between 80-90% of women by delivering the progesterone directly where it is needed in the

uterus, with the production of very low blood levels producing little or no systemic side effects.

The cost of the Mirena plus insertion (done in the office) is \$595. It has been used in Europe for ten years with excellent results, and should decrease markedly the surgery being done in this country (hysterectomies, endometrial ablations, D & C's) for abnormal bleeding in the perimenopausal (35-60) age range. Early investigations indicate the Mirena IUD will also likely benefit patients with endometriosis, adenomyosis, and fibroids.

As part of the professional services I feel should be provided by me to my patients, screening of the voluminous medical literature has become more and more important. Please read this now if you have time before I see you, so that we can further discuss whichever topic especially interests you.

Perhaps you have seen an item that I have not included in this list or have not seen myself. If so, feel free to bring it to my attention.

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