

Black Women's Health Study



BOSTON UNIVERSITY
SCHOOL OF MEDICINE



HOWARD UNIVERSITY
COLLEGE OF MEDICINE

January 2003 Newsletter



News from the Black Women's Health Study

**WORKING TOGETHER TO IMPROVE
THE HEALTH OF BLACK WOMEN**

THE HEALTH EFFECTS OF RACISM: RESULTS FROM THE BWHS

The first study from the BWHS focusing on the effect of racism and racial discrimination on health has just been published in the November 2002 issue of the journal *Epidemiology*. African-American babies are more often born prematurely (early or preterm) than white babies, and premature babies have more health problems than full-term babies. Our analysis of BWHS data examined the relationship of experiences of racism to premature birth. It was based on answers to questions on experiences of racism supplied by BWHS participants on the 1997 questionnaire, and information supplied on births on the 1997 and 1999 questionnaires. Our analysis suggests that experiences of racism may increase the risk of premature birth. There has been very little previous research on this question. The BWHS will continue to be an important contributor on the effects of racism on preterm birth and other health outcomes as well.

For updates and information on publications from the BWHS, visit our website at

www.bu.edu/bwhs

You can also complete your health questionnaire on-line.



BWHS LOTTERY

By the time you receive this newsletter, the 20 winners of \$500 prizes in the BWHS will have been chosen. The winners were chosen from among all BWHS participants who completed the 2001 BWHS health questionnaire. We will contact the lucky winners by mail and telephone. If your address is different from the one on this newsletter, be sure to let us know by e-mail at bwhs@slone.bu.edu or by telephone at 1-800-786-0814 or 617-734-6006. If you have changed your telephone number recently, be sure to let us know that also.

Comments from Dr. Lynn Rosenberg, Principal Investigator, BWHS:

MORE ANSWERS ON “HORMONE REPLACEMENT THERAPY” RESULTS FROM THE WOMEN’S HEALTH INITIATIVE

The eagerly awaited results of a randomized trial of hormone replacement therapy, the Women’s Health Initiative (WHI), have just been published. We reviewed the benefits and risks of long-term use of hormone replacement therapy in the January 2002 BWHS Newsletter. Based on the evidence available at that time, most of which came from nonrandomized studies, our bottom line was that long-term use has serious health risks and that these risks could well outweigh the benefits. The WHI results show that risks outweigh the benefits for estrogen taken with a progestin, but results are not in yet for estrogen taken alone.

The WHI is a large study assessing several issues, including the health effects of taking hormone replacement therapy. Dr. Lucile Adams-Campbell, a leader of the BWHS, is also a leader of the WHI. She directs a WHI site located at Howard University Cancer Center. In the WHI, women with a uterus (womb) were given either estrogen plus progestin (E+P) in the form of PremPro or a placebo (an inactive substance). Women with hysterectomies were given either estrogen alone (E) or a placebo. The plan was for the women to take these medications or placebos for 8 years. However, after about 5 years, based on the recommendation of the safety board overseeing the study, the E+P part of the study was ended and women taking E+P were advised to stop. **For women taking E+P, the risks (more breast cancer, heart attacks, strokes, blood clots in the legs and lungs) outweighed the benefits (fewer hip fractures and colon cancers).** Altogether, there were 8 more breast cancers, 7 more heart attacks, 8 more strokes, and 18 more clots in the lungs and legs per 10,000 women per year among E+P users than among placebo users. There were 6 fewer colorectal cancers and 5 fewer hip fractures per 10,000 women per year in E+P users than among placebo users. Thus, the WHI has made it clear that “hormone replacement therapy” is not a “replacement” for a woman’s own hormones. In recognition of this, the National Institutes of Health now refers to treatment with estrogens and progestins as “menopausal hormone therapy” rather than “hormone replacement therapy.”

In the past, doctors often recommended that women take E or E+P to prevent heart attacks. The WHI results indicate that E+P does not prevent heart attacks, but rather increases the likelihood of having one. The WHI investigators and the American Heart Association have recommended against beginning or continuing to use E+P to prevent heart attacks.

The E part of the WHI is continuing and results will be available in about 3 years. Should women continue to take E for many years? Evidence from nonrandomized studies indicates that E use causes clots in the legs and lungs, gallbladder disease and possibly breast cancer and ovarian cancer, and that it may reduce colon cancer and fracture occurrence. E causes cancer of the uterus if taken without a progestin by women who have a uterus. If E is shown to prevent heart attacks in the WHI, then possibly E might prevent more serious illness altogether than it causes. However, I think the benefits of drugs taken by healthy women to prevent illness should far outweigh the risks. In addition, there are many ways to prevent heart attacks (stopping smoking, exercise, weight loss, control of hypertension, and cholesterol) and fractures (exercise, drugs that build bone, safety measures to prevent falls) that have little in the way of serious side effects. Thus, my bottom line is the same as before—extreme caution in the long-term use of E alone.

Happy New Year

PUBLIC POLICY, SOCIAL ACTION, AND THE BWHS

This past summer, senior BWHS investigators Dr. Julie Palmer and Dr. Lynn Rosenberg attended a meeting of the Avery Institute for Social Change. The Institute was founded by Byllye Avery, an African-American activist who has spent her life fighting to improve the health and lives of African-American women. She is a recipient of a MacArthur “genius” award, an award given to persons who have made an impact on society, in politics, the arts, sciences, or other areas. Before founding the Institute, Byllye founded the National Black Women’s Health Project some years ago and created programs targeted to African-American women. Perhaps some of you participate in her program of walking for health.

At the meeting, there was discussion of what contribution the BWHS could make to the health of black women. The research findings from the study will be useful to participants and other black women on a personal level. But there is much more. We all know that there are huge disparities in health, access to health care, and treatment by the health care system. However, hard evidence of these disparities and of the adverse health effects of racism and other stresses on African-Americans is needed to open the eyes of the larger society and gain support for change. For example, babies born prematurely have more health problems than full-term babies, and the rate of premature birth is higher among African-Americans than among white Americans. The BWHS has just published results based on information that you supplied, suggesting that experiences of racism in day-to-day life may increase the rate of premature birth. *Thus, the BWHS and its participants, by providing that data, are key fighters in the effort to bring about political and social change.*