Ignored Your Bone Health? It's Not Too Late To Take Action!

Surgeon General's Report Calls for Americans To Maintain Healthy Bones

(NAPSA)—Eight million women are affected by osteoporosis, the second most prevalent health problem in post-menopausal women today. Another 22 million women have low bone mass. Many of these women—and still others—have estrogen deficiency, putting them at increased risk for fractures. The immobility that often follows a fracture is one of the main reasons women enter nursing homes, yet many Americans are unaware that their bone health is in jeopardy.

The first-ever Surgeon General's Report on the state of osteoporosis and bone health in the United States was released, warning the nation that by 2020, half of all Americans over age 50 will be at risk for fractures from osteoporosis or low bone mass if no immediate action is taken by individuals at risk, doctors, health systems and policymakers. "A woman needs to pay attention to her bones early in life because her bone density peaks in her thirties. But it's never too late to take preventive measures," said Dr. Bruce Ettinger, Clinical Professor of Medicine, University of California, San Francisco. "Even women in their fifties and sixties need to pay particular attention to their lifestyle and take additional preventive action if she is at risk."

New Patch Effective in Post-Menopausal Women

Millions of women at risk for post-menopausal osteoporosis now have a new option to help prevent osteoporosis: a once-a-week patch roughly the size of a dime, delivering 14 micrograms of estrogen. The patch, called Menostar®, is now available in U.S. pharmacies for post-menopausal women at significant risk for osteoporosis. Nonestrogen medication should be carefully considered. Only Menostar provides low estradiol blood levels in the physiological range

for post-menopausal women to prevent bone loss.

New prize-winning research awarded 1st prize at the American College of Obstetricians and Gynecologists meeting, called the ULTRA study, shows that post-menopausal women can increase their bone mineral density by using this new transdermal therapy. This once-weekly patch delivers a micro-dose of estrogen so low that it can be used without a daily or monthly progestin. A 14-day course of progestin is recommended every six to 12 months for women with a uterus.

"Women who were in our study used a transdermal patch that was designed to give them back just enough estrogen to get them closer to what they should have for their age, in contrast to traditional hormone therapy for post-menopausal vasomotor symptoms which raises estradiol levels toward the premenopausal range," said Dr. Ettinger, lead ULTRA study investigator.

New advancements in the prevention of crippling bone loss are drastically needed and research, like the ULTRA study, provides a low dose which help doctor's individualize treatment.

Risk factors for osteoporosis include low estrogen levels, low bone mineral density (BMD), previous fracture, small frame (low body mass index), Asian or Caucasian, smoking, alcohol intake and family history.

For full U.S. prescribing information and additional information on Menostar and osteoporosis, visit www.menostar-us.com.

About Menostar®

Close clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when indicated, should be undertaken to rule out malignancy in all cases of undiagnosed persistent or recurring abnormal vaginal bleeding. Endometrial sampling at yearly intervals or as clinically indicated is recommended. The use of unopposed estrogen in women with a uterus can increase the risk of endometrial hyperplasia and cancer.

Estrogens with and without progestins should not be used for the prevention of cardiovascular disease.

Estrogens with or without progestins should be prescribed at the lowest effective doses and for the shortest duration consistent with treatment goals and risks for the individual woman.

Estrogens and estrogen/progestin therapy should not be used in individuals with any of the following conditions: undiagnosed abnormal genital bleeding; known, suspected or history of cancer of the breast; known or suspected estrogen-dependent neoplasia; blood clots; stroke or myocardial infarction; known or suspected pregnancy; and liver dysfunction or disease. Menostar should not be used in patients with known hypersensitivity to its ingredients. Most common side effects in the clinical trial were arthralgia (12%), leukorrhea (11%), application site reactions (9%), and cervical polyps (6%).