

# The Women's Health Research Program

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## What's new in the literature in women's health?

### Faecal incontinence is not uncommon amongst women in the community

Dr Roslin Botlero has recently reported just how common faecal incontinence is amongst women living in the Australian community. This research was part of her PhD undertaken within the Women's Health Research Program. She found as many as one in five non-institutionalised adult women experience faecal incontinence, with loose faecal incontinence being more common than well-formed faecal incontinence and both types being more common in older women. She also found that loose faecal incontinence was significantly associated with urinary incontinence and that this was independent of age and weight. The findings were from a questionnaire based study involving 444 women previously recruited from the community for an earlier women's health research project. The average age of the women in the study was 59 years with a range from 26 to 82 years.

These findings document how common this potentially socially debilitating condition is. Faecal incontinence can lead to considerable embarrassment and can significantly affect a woman's daily activities and quality of life. Affected women should be aware that this is not an uncommon problem and should speak to their doctor about assessment and management. Interventions are available including dietary



modification, bowel retraining and pelvic floor exercises.

*Botlero R, Bell RJ, Urquhart D, Davis SR Prevalence of faecal incontinence and its relationship with urinary incontinence in women living in the community. Menopause 2011 Jun;18(6):685-9*

### Breast cancer rates and decline in HRT use

In July 2002 the first publication of the Women's Health Initiative Study reported a link between HRT use and breast cancer. Subsequently it was noted that breast cancer rates in the US declined, particularly for women aged 50 to 69 years and for hormone sensitive tumours. It was then concluded by many that this decline was due to women of this age ceasing their HRT.

Most recently a study of non-Hispanic white women in the US has been

undertaken to determine whether the decrease in breast cancer incidence rates indeed persisted through 2007<sup>1</sup>.

The researchers found no change overall in breast cancer rates between 2003 and 2007. However, for non-Hispanic white women there was an increase of 2.7 per cent per year in oestrogen sensitive breast cancers seen for those aged 40 to 49 years, and from 2006 to 2007 a 4.8 per cent increase in the incidence rate for women ages 60 to 69. It has been suggested that the initial decline in breast cancer rates after the publication of the Women's Health Initiative Study was not simply due to women stopping HRT but also because women were less likely to have a mammogram as they were no longer seeing their doctor to have HRT prescribed. Consistent with



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this, US National Health Interview Survey data has shown that mammography rates increased through to 2000, but fell between 2000 and 2005 (when rates of breast cancer diagnosis also declined) and then subsequently increased in parallel with increased rates of breast cancer diagnosis<sup>2</sup>. One conclusion from these two studies might be that the reduction in breast cancer observed between 2002 and 2004 may not simply have been due to women stopping HRT but rather a consequence of change behaviour, such as women not having mammograms when they were no longer taking HRT and did not perceive breast cancer to be such risk.

1. DeSantis C, Howlader N, Cronin Ka, Jemal A. Breast cancer incidence rates in U.S. women are no longer declining. *Cancer Epidemiol Biomarker Prev* 2011 20:733-9
2. Breen N, Gentleman JF, Schiller JS. Update on mammography trends: comparisons of rates in 2000, 2005 and 2008. *Cancer* 2011 117:2209-18

### Cranberries vs Antibiotics to Prevent Urinary Tract Infections: A study in premenopausal women

It is not uncommon for women to drink cranberry juice or take cranberry extract to ward off urinary tract infections (UTIs). The active components in cranberries believed to prevent bacterial urinary infections are plant polyphenols known as type-A proanthocyanidins.

In a study published in the Archives of Internal Medicine this year, 221 premenopausal women with a background of recurrent UTIs were randomly allocated to receive either cranberry capsules or the antibiotic trimethoprim-sulfamethoxazole twice a day. After 12 months the antibiotic therapy was associated with fewer women experiencing a symptomatic urinary tract infection (mean number of women with a symptomatic UTI in the antibiotic treatment group 1.8 versus 4.0 in the cranberry treated

group). However, the women taking the antibiotics were significantly more likely to have antibiotic resistant bacteria found in their urine and faeces. Hence the benefit of antibiotic therapy over cranberry capsules was at a cost of potential emergence of antibiotic resistant strains of bacteria.

It has been suggested that the cranberry capsules used in this study did not contain a sufficiently high concentration of type-A proanthocyanidins, and therefore the effectiveness of cranberry to prevent UTIs should not be judged on the basis of the findings in this study. Presently research is under way to ascertain the most effective dose of cranberry extract for the prevention of recurrent urinary tract infections.

Beerepoot MA, Ter Riet G, Nys S, et al. Cranberries vs Antibiotics to Prevent Urinary Tract Infections: A Randomized Double-blind Noninferiority Trial in Premenopausal Women. *Arch Intern Med* 2011;171:1270-8.

## Get involved in research

### Landmark healthy ageing study seeks volunteers

Healthy Australians aged 70 and over are being called to participate in the largest disease prevention trial ever undertaken in the country. Called ASPREE, (ASPIrin in Reducing Events in the Elderly) the study will determine if daily low-dose aspirin can delay or prevent a heart attack or stroke, the onset of dementia and certain cancers, such as bowel cancer in older people. It will also weigh the potential benefits and risks of the drug, which have never been done before in this age group.

People who have had a heart attack or stroke are often prescribed aspirin to reduce the risk of having a repeat event. However, the ASPREE study is asking a different question about the preventive role of aspirin: should all healthy older people, who have not had such an event, take aspirin? If ASPREE shows that aspirin is overall beneficial, millions of older people around the world will be advised by their doctors to start taking the drug. If ASPREE shows aspirin is not beneficial, healthy older people taking aspirin may be doing so unnecessarily.

Participation in the study is easy. ASPREE volunteers undergo some preliminary tests and if eligible, they take one small tablet each day for five years. Once a year, the participant's medical records are reviewed

and clinical assessments are undertaken looking at physical and cognitive ability.

Half of the participants take aspirin and the other half take a placebo (dummy) tablet, but nobody knows who has taken which tablet until the end of the trial. This 'blinded' study design minimises bias and ensures the best quality information.

The study will recruit 19,000 healthy people aged 70 or over, including 12,500 from Australia and 6,500 from the USA.

### How many participants are currently in ASPREE?

Over 3500 Australians are in the ASPREE study with almost 500 new participants enrolled each month across metropolitan, regional and rural areas of Victoria, Tasmania and the ACT.

### Why is healthy ageing important?

Over the next 30 years the number of Australians aged over 70 will increase rapidly. ASPREE is one of the first large trials to investigate ways to help keep older Australians well and independent for longer.

### We need you in ASPREE!

ASPREE is open to females and males aged 70 and over (no one is too old!) who:

- Have not had a heart attack or stroke
- Do not have a bleeding tendency and are not allergic to aspirin
- Are not anaemic

- Are not on warfarin or other blood thinning medications
- Do not have dementia
- Are able-bodied and willing to take an aspirin or a placebo for five years
- Want to make a significant contribution to the medical care of ageing Australians

### How to become involved

If you, or someone you know, is healthy, aged 70 and over, living in Victoria, Tasmania or the ACT and interested in participating in ASPREE, call (toll free) **1800 728 745** or speak to your GP. More information is available on [www.aspree.org](http://www.aspree.org)

ASPREE is an international study led by Monash University in Australia and the Berman Center in the USA. It is funded by the USA National Institute on Aging (NIA), the Australian National Health and Medical Research Council (NHMRC) and the Victorian Cancer Agency (VCA). All clinical trials in Australia must comply with national ethics standards. ASPREE has been approved by several Human Research Ethics Committees, including Monash University, the Universities of Tasmania and Melbourne, ACT Health, Barwon Health, Goulburn Valley Health and the Royal Australian College of General Practitioners.

