

New video aims to solve "the puzzle of menopause"

A new video is now available that aims to educate women and their doctors about perimenopause and dispel some prevalent misconceptions about it. Dr. Jerilynn Prior, a professor of endocrinology at the University of British Columbia who produced the video, wants to "turn on its head" the notion that estrogen levels drop in perimenopausal women. She says the opposite is true, with estrogen levels rising up to 30% in women before menopause.

"This misconception that physicians have is what makes it tough for women," said Prior. "For years, women have been asking questions about midlife that their doctors couldn't answer. I've been trying for at least 5 years to teach doctors about this change."



Prior: new tool for menopausal women

Prior said hormonal changes can start to occur up to 15 years before menopause, beginning as early as the late 30s for some women. She thinks active follicle-stimulating hormones cause the ovaries to go into "over-drive" during perimenopause, resulting in fluctuations in progesterone and estrogen.

The video comes with a diary that women can use to track their signs and symptoms. They are then encouraged to share the diary with their doctors to distinguish signs and symptoms due to estrogen from those related to progesterone. This will result in a more informed discussion about the most appropriate estrogen/progesterone dosage required for treatment of the symptoms over the menstrual cycle. Prior would like to see more perimenopausal women visiting family doctors instead of specialists. In the video, she discusses perimenopause with 4 women and explains how to use the diary. Information recorded in it includes details about menstrual cycles, breast tenderness, fluid retention, hot flashes and psychological changes such as mood swings and loss of interest in sex.

The Puzzle of Menopause video is available for \$35 from the BC Endocrine Research Foundation, 380 – 575 West 8th Ave., Vancouver BC V5Z 1C6; 604 875 5922. Tax receipts will be issued.

Don't be late, vaccinate

Complacency and misinformation about vaccine safety is threatening the vaccination rate of Canadian children, the Canadian Public Health Association warns. The CPHA, along with Health Canada, the CMA and 8 other national organizations, is sponsoring National Immunization Week from Oct. 25–29.

"Because we don't see many of these diseases we forget how devastating they can be," said Mary Appleton of the Canadian Immunization Awareness Program. Complacency about the need to keep vaccinations up to date leaves many children unprotected. "We run the risk of epidemics," she says. "Just 1 infected visitor could send thousands of unprotected children to hospital." Public health crises due to low immunization rates are already a reality. England experienced a pertussis epidemic between 1977 and 1979, when immunization rates fell to 25%. During that time 100 000 unprotected people became ill, and 100 died. Physicians can direct parents seeking more information about vaccinations to www.ciap.cpha.ca.

Potential for 250 tests

(Continued from page 935)

an internal standard particle, which are labelled with different fluorescent dyes. The RAMP reader measures fluorescence intensity at 2 different points, and the ratio of the test values to internal standard values is then determined to obtain the analyte concentration. This internal checkpoint cancels out any inherent variabilities

in retesting, such as ambient temperature. After about 5 minutes, the results are displayed digitally on the unit; they can be downloaded to a printer. The goal is to keep the unit, which weighs about 4 kg, "very user friendly and portable" says Radvak.

RAMP may eventually perform about 250 different tests. Response Biomedical plans to market 12 tests over the next 5 years, including cardiac marker, myoglobin and hepatitis B tests. Pilot manufacturing will be-

gin at the end of 1999, followed by clinical trials in Vancouver hospital laboratories and 2 US locations. The company hopes to receive approval from the US Food and Drug Administration in the fall of 2000 and then begin full-scale manufacturing. Health Canada approval will be sought once the manufactured product is in hand. The unit will likely cost about \$1000, with each test costing between \$15–\$30. — Heather Kent, Vancouver