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Premarin advertisement.

[s.l.]: [s.n.], 1970

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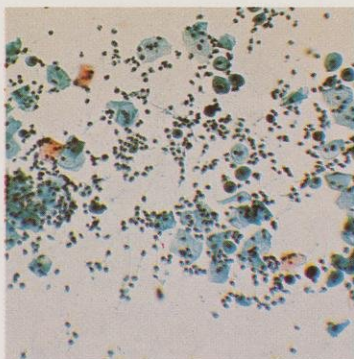
ESTROGEN DEFICIENCY IN EVIDENCE:

POST- MENOPAUSAL BONE DEGENERATION

You see patients with:

- osteoporosis
- low back pain
- compression fractures
- "dowager's hump"

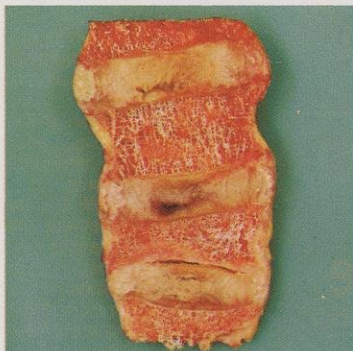
Today, about one of every four postmenopausal women shows clinical manifestations of osteoporosis.^{1,2} Bone demineralization may appear as early as two years after the menopause and actual vertebral compression as soon as six years after.³ Although theories of etiology continue to vary, a large number of investigators consider estrogen depletion to be a major factor in the genesis of postmenopausal osteoporosis.¹⁻⁷



Vaginal cytogram of postmenopausal woman. Shows absence of superficial cells, suggesting decided estrogen depletion.*



Medical illustrator's representation of difference in cortical thickness of osteoporotic bone versus normal bone.



Pathologic specimen showing collapsed vertebrae.**



Advanced osteoporosis revealed by lateral x-ray of spine. Bone compression fracture is also present.**

Premarin (Conjugated Estrogens Tablets, U.S.P.) helps alleviate osteoporotic bone pain... helps retard bone changes

Estrogen replacement therapy remains an effective means of helping to relieve low back pain associated with osteoporosis and to retard or prevent further premature degenerative bone changes.^{1,3-8}

Clinically, PREMARIN has often been shown to provide significant or even complete relief of low back pain and discomfort^{3,5}... to help prevent or retard the early development of deforming and disabling sequelae such as compression fractures,^{3,5} "dowager's hump"⁹ and loss of height.³⁻⁵ PREMARIN imparts a general "sense of well-being" in the large majority of patients.¹⁰


Start her on Premarin... keep her on Premarin

PREMARIN therapy can usually be of benefit to the estrogen deficient woman at any stage. During the menopause, it promptly relieves flushes and sweats, and helps control associated emotional symptoms too. Continued in the postmenopause, it helps retard the development of osteoporosis, "dowager's hump," as well as urogenital atrophic changes. In the elderly patient with compression fractures, it helps prevent further height loss, and also helps relieve low back pain and discomfort often associated with osteoporosis.

*Case report on file, Medical Department, Ayerst Laboratories, New York, N.Y.

**Photograph on file, Medical Department, Ayerst Laboratories, New York, N.Y.

Simple method for confirming estrogen status—turn next page.



therapy for all stages
of estrogen deficiency

PREMARIN[®]
(CONJUGATED
ESTROGENS TABLETS, U.S.P.)

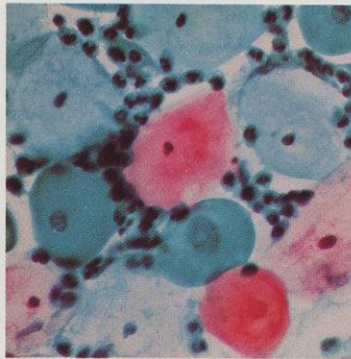
containing natural
estrogens exclusively

Ayerst

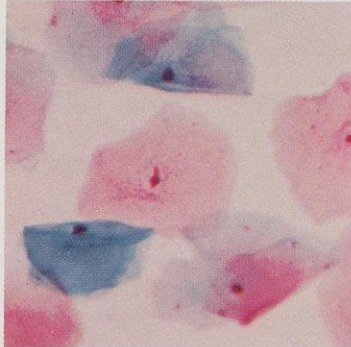
(See last page of advertisement for Brief Summary.)

ESTROGEN DEFICIENCY IN EVIDENCE:

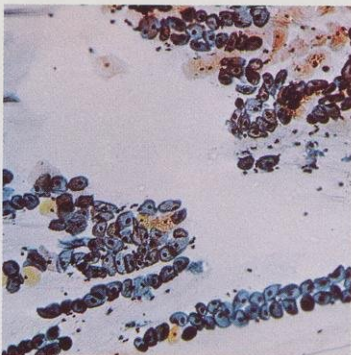
Simple vaginal smears help determine estrogen status, confirm diagnosis



BEFORE. Vaginal cytogram of postmenopausal woman, age 55. Shows medium level of superficial cells, indicating estrogen deficiency.*



AFTER. Same patient after treatment with estrogen—50% increase of superficial cells.*



BEFORE. Vaginal cytogram of postmenopausal woman, age 47. Shows virtual absence of superficial cells, indicating decided estrogen depletion.*



AFTER. Same patient after treatment with estrogen—50% increase of superficial cells.*

Can be taken routinely at same time as Pap smear

The procedure is fast, uncomplicated, inexpensive. Cells from midportion of the lateral vaginal wall are transferred to a slide or to the other half of the slide used for Pap smear, and a fixative is applied to slide. Determinations are a readily available laboratory service.

Or, with one of the newer, single, rapid stains, evaluation may be routinely made in the physician's office while the patient is conveniently available for management.

Degree of estrogen deficiency reflected by percentage of superficial cells

The fewer mature superficial cells, the greater the degree of estrogen deficiency. Smears from menopausal patients have a lower percentage than those from normal premenopausal women, which characteristically show an abundance of mature superficial cells. Typical smears from later menopausal/postmenopausal patients usually reveal an absence of superficial cells.

*Case report on file, Medical Department, Ayerst Laboratories, New York, N.Y.

Post-treatment smears reflect clinical response of vaginal epithelium to exogenous estrogens

A reliable index to effectiveness of therapy is reappearance of superficial cells. This response can invariably be correlated within a short period of time with clinical improvement by subsidence of inflammation and disappearance of vaginitis (in the absence of pathogenic organisms), by reappearance of protective vaginal flora and increased local resistance to infections.

Exfoliative cytology, according to Davis,¹¹ provides the most nearly exact hormonal assessment of any of several methods.

The most widely prescribed estrogen

PREMARIN is a natural estrogen containing the complete estrogen complex. PREMARIN meets all of the specifications of the United States Pharmacopeia (Edition XVIII) for conjugated estrogens. Clinical use over a period of nearly 30 years has shown it to be both effective and well accepted by patients.

It imparts a "sense of well-being," is remarkably well tolerated, and virtually free from side effects.

BRIEF SUMMARY. (For full prescribing information, see package circular.)

PREMARIN®

(Conjugated Estrogens Tablets, U.S.P.)

Indications: PREMARIN provides specific replacement therapy in the management of estrogen deficiency states, notably in the menopause and postmenopause.

Precautions: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).

Failure to control breakthrough bleeding or unexpected recurrence is an indication for curtailage.

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.

Dosage and Administration: Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. In the following cycle, the dosage level which was employed for hemostasis should be used for daily administration. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free. (See Precautions.)

Menopause (natural or artificial)—PREMARIN 1.25 mg. daily, cyclically. Adjust dosage upward

or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Many clinicians favor continuing cyclic estrogen replacement therapy throughout the postmenopause as a protective influence against accelerated degenerative changes at the cellular level.

Postmenopause—(If uterus is intact the patient is considered postmenopausal from one year after cessation of menstruation to end of life span.) If the presenting symptoms are those of the menopause, see above for dosage. As a protective measure against premature degenerative changes in bone and cellular metabolism (e.g. atrophic vaginitis, osteoporosis), give PREMARIN daily and cyclically. Adjust dosage to lowest effective but subbleeding level.

*Estrogen Deficient Atrophic Vaginitis, Kraurosis Vulvae, and Pruritus Vulvae—*1.25 mg. to 3.75 mg. daily, or more, cyclically—depending on the tissue response of the individual patient.

How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.). No. 865—Each purple tablet contains 2.5 mg. No. 866—Each yellow tablet contains 1.25 mg. No. 867—Each red tablet contains 0.625 mg. No. 868—Each green tablet contains 0.3 mg.

Bottles of 100 and 1,000. The 1.25 mg. potency also available in unit dose package of 100.

References: 1. Davis, M. E., Lanzl, L. H., and Cox, A.B.: *Obstet. Gynec.* 36:187 (Aug.) 1970. 2. Dunn, A. W.: *Geriatrics* 22:175 (Nov.) 1967. 3. Wallach, S., and Henneman, P. H.: *J.A.M.A.* 171:1637 (Nov. 21) 1959. 4. Greenblatt, R. B.: *New Eng. J. Med.* 272:305 (Feb. 11) 1965. 5. Gordan, G. S.: *Texas Med.* 57:740 (Sept.) 1961. 6. Davis, M. E., Strandjord, N. M., and Lanzl, L. H.: *J.A.M.A.* 196:219 (Apr. 18) 1966. 7. Riggs, B. L., et al.: *J. Clin. Invest.* 48:1065 (June) 1969. 8. Rogers, J.: *New Eng. J. Med.* 280:364 (Feb. 13) 1969. 9. Wilson, R. A., and Wilson, T. A.: *J. Amer. Geriat. Soc.* 11:347 (Apr.) 1963. 10. Trammont, C. B.: *Geriatrics* 21:212 (Nov.) 1966. 11. Davis, M. E.: *The Physiology and Management of the Menopause*, in Marcus, S. L., and Marcus, C. C. (Eds.): *Advances in Obstetrics and Gynecology*, Baltimore, The Williams & Wilkins Company, 1967, vol. 1, p. 427.

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natural estrogen
therapy for all stages of
estrogen deficiency

PREMARIN®
BRAND OF CONJUGATED
ESTROGENS TABLETS, U.S.P.

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