P-423

EFFECTS OF LOWER DOSE ESTROGEN/PROGESTIN THERAPY ON METABOLIC PROFILE, CLIMATERIC SYMPTOMS, WEIGHT AND BODY MASS INDEX. F. Ayala A, M. Reyes, M. Castaneda D, A. Morales M, O. Vidal, J. Vazquez M. University Center of Reproductive Medicine, Hospital Universitario, UANL, Monterrey, NL, Mexico.

OBJECTIVE: To evaluate the effects of hormone therapy with 1 mg 17b estradiol and 0.125 mg trimegestone administered orally on glicemia, lipid profile, Blatt-Kupperman scale, MenQOL scale, body weight and body mass index in healthy postmenopausal women.

DESIGN: Prospective, descriptive.

TABLE. Means and mean differences in measured variables before and after therapy

Variable	Baseline (mean)	After 6 months (mean)	Difference (baseline-6 months)	*P* value
BK Scale	40	8	32	<0.0001
MenQOL scale	78.3	5.3	73.4	<0.0001
Satisfaction degree	64.1	86.5	−22.5	<0.0001
Triglycerides	128.9	168	−36.06	0.007
Total cholesterol	201.3	200.2	1.44	0.715
LDL-cholesterol	119.5	117.7	1.57	0.655
HDL-cholesterol	54.1	51.1	2.6	0.058
Blood glucose	92.1	92.8	−0.5	0.64
Body weight	66.6	65.6	1	0.203
BMI	27.3	26.9	0.41	0.225

t Student test.

MATERIALS AND METHODS: Sixty eight healthy postmenopausal women, with intact uterus, between 45 and 55 years old recieved lower dose estrogen progestin hormone therapy. Blood glucose, lipid profile, body weight, body mass index, Blatt-Kupperman scale score, MenQOL scale score and satisfaction degree were measured at tha begining of the study and after six months of therapy. Paired t student test was used.

RESULTS: Mean age of the patients included was 50.8 (±3.08) years. After six moths of treatment no difference was observed in metabolic profile parameters but triglycerides ($P<0.007$). Climateric indexes improved ($P<0.0001$) as well as satisfaction degree ($P<0.0001$) (Table 1).

CONCLUSIONS: There was an important improvement in climateric index with low dose estrogen/progestin therapy measured by Blatt-Kupperman and MenQOL scales. There was a significant increase in triglycerides after six months of treatment. No changes were observed in body weight, body mass index, blood glucose and other parameters in lipid profile.

Supported by: Wyeth.

P-424

INCREASED CHANCES OF PREGNANCY INDUCED HYPERTENSION, GESTATIONAL DIABETES AND PREMATURE BIRTHS IN EGG DONATION RECIPIENTS. G. Fassolas, L. Semiao, A. L. Sgarbi, M. Riboldi, A. Massaguer, E. Motta. Huntington Reproductive Medicine, Sao Paulo, SP, Brazil.

OBJECTIVE: An increasing number of women are delaying childbirth until an age when their fertility has significantly declined. Oocyte donation provides the opportunity for these women to successfully conceive. However, most investigators have noted an increased rate of obstetric and perinatal complications in women who got pregnant at or beyond the edge of reproductive age. In this study, we aim to assess the chances of pregnancy induced hypertension (PIH), gestational diabetes, premature births and abortions in egg donation recipients.

DESIGN: Retrospective case-control study.

MATERIALS AND METHODS: Women who had standard indication for oocyte donation were matched with an egg donor whose cycle was synchronized with that of the potential recipient, prior to the donor's undertaking ovarian hyperstimulation and transvaginal ultrasound-directed follicle aspiration. The recipients who got pregnant in this ovodonation program from 2002 to 2006 were included in Group A. Overall information on pregnancy, delivery and puerperium were collected from medical files and personal interviews and the outcomes were compared with those of infertility patients at similar age to donors and that had pregnancies (group B). Association between groups and complications were assessed by Chi-square test and chances of developing associated complications were calculated by binary logistic regression. Levels of $P \leq 0.05$ were considered significant.

RESULTS: Seventy five recipients had pregnancies during the studied period and were included on group A. Their age was higher (42 ± 0.52 years old; Mean ± SE) than women on group B (n = 74; 29 ± 0.35 years old). No complications other than pregnancy induced hypertension (PIH), prematurity, and gestational diabetes were significant associated to any group. Occurrence of PIH (R n = 12; C n = 5) was associated to group A. Recipients had 3.45 more chances of developing PIH than controls. Group A (n = 9) tended to be associated to gestational diabetes ($P=0.07$) and they have 3 times more chances of developing this endocrinopathy than B (n = 4; $P=0.08$). The chances of premature births were higher in group A (n = 18) than in group B (n = 11) (odds ratio=2.43; $P=0.046$) and abortion was not associated to neither groups.

CONCLUSIONS: The risk of PIH and premature labor is higher in oocyte donation pregnancies, but the perinatal outcomes are favorable, thus egg donation recipients should be warned about risks and monitored for these complications.

Supported by: None.

P-425

DOCUMENTED RELIEF OF VULVOVAGINAL ATROPHY SYMPTOMS USING A RESPONDER ANALYSIS. J. A. Simon, H. Hait, K. Z. Reape. Department of Obstetrics and Gynecology, Geroge Washington University School of Medicine, Washington, DC; Duramed Research, Inc., Bala Cynwyd, PA.

OBJECTIVE: To evaluate the effect of synthetic conjugated estrogens, B, 0.3-mg tablets (SCE-B, ENJUVIA™) on the proportion of patients reporting reduction or complete elimination of vulvovaginal atrophy (VVA) symptoms.

DESIGN: In a multicenter, double-blind, placebo-controlled clinical trial, 125 postmenopausal females with VVA were treated with SCE-B 0.3 mg daily for up to 12 weeks.

MATERIALS AND METHODS: Patients rated 6 symptoms (vaginal dryness, irritation/itching, soreness, difficulty passing urine, dyspareunia, bleeding after intercourse) on a 4-point scale (none, mild, moderate, severe, or not applicable). For each of the 6 symptoms, the proportion of patients who reported each symptom as moderate or severe at baseline with a reduction in severity to mild or none by the end of treatment was determined for both treatment groups. Also, comparison of the proportion of patients reporting complete elimination of the symptom (severity rating of "none") by the end of treatment was performed.

RESULTS: A more favorable proportion of SCE-B patients compared with placebo reported improvement in each symptom, with strong statistical significance seen for vaginal dryness ($P<.0001$) and dyspareunia ($P=.0005$). For each symptom considered moderate or severe at baseline, the proportion of SCE-B patients with complete elimination of the symptom was consistently greater than for placebo, with statistical significance observed for dryness ($P<.0001$), irritation ($P=.0002$), difficulty passing urine ($P=.002$), and dyspareunia ($P=.0089$).

CONCLUSIONS: Responder analyses demonstrated a beneficial effect of SCE-B 0.3 mg daily compared with placebo in the proportion of patients reporting a reduction in severity or complete elimination of moderate-to-severe symptoms of VVA.

Supported by: None.

P-426

PAST USE OF ORAL CONTRACEPTIVES AND HORMONE REPLACEMENT THERAPY IN WOMEN WITH ANGIOGRAPHIC CORONARY ARTERY DISEASE: A CASE-CONTROL STUDY. M. F. Silva de Sá, R. B. Pavão, J. A. Marin-Neto, C. S. Vieira. Department of Gynaecology and Obstetrics, University of São Paulo, Ribeirão Preto School of Medicine, Ribeirão Preto, São Paulo, Brazil; Cardiology Division, Department of Internal Medicine, University of São Paulo, Ribeirão Preto School of Medicine, Ribeirão Preto, São Paulo, Brazil.

OBJECTIVE: To evaluate the relationship between past use of hormone replacement therapy (HRT)/ oral contraceptives (OC) and angiographic coronary artery disease (CAD).

DESIGN: A case-control study.