Menopause and Hormone Therapy:

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Introduction:

Menopause is defined as the permanent cessation of menstruation (1 year after your last period), and is therefore a retrospective diagnosis. Thus 1 year after your last period you are now described as postmenopausal. Remember your period does not just end suddenly and therefore you will experience a change in your cycle (e.g. less frequent and even more bleeding). This is the perimenopausal period and represents the transitional period from normal periods to no periods at all.

The average age is 51.4 years, but this can happen anytime between 45-52 years. Menopause under the age of 45years is referred to as premature menopause (affects about 1% of women).

Menopause represents the end of ovulation (i.e. egg production) and a decrease in female hormones, estrogen and progestogen, and thus you will begin to feel a range of biological symptoms.

What are the common symptoms experienced in the menopause?

- Hot flashes
- Vaginal dryness
- Urinary symptoms such as frequency, sudden desire to void (urgency), bladder infections
- Loss of libido
- Mood swings

Facts about treatment of menopausal symptoms:

- Lifestyle recommendations (diet, exercise, stop smoking, limit alcohol intake) are first considered since the use of hormone therapy (HT) is part of the treatment plan.
- HT is tailored to your symptoms
- A detailed personal and family history as well as your medical history is taken before commencing HT.
- Women who commence HT should at least have an annual gynaecological consultation to include a physical examination and update your doctor about any relevant new medical and physical changes
- Dosage for HT is started at the lowest effective dose

What are the most common health concerns and how are they treated?

Hot flashes and night sweats:

These symptoms are commonly referred to as ‘vasomotor symptoms’. They are the most common complaints and is most times the primary reason for consultation. Up to 80% of women are affected and these symptoms may begin in the ‘peri-menopause period’. They usually last for 6 months -2 years, and improve over time. Women, who are obese, smoke, previously removed their ovaries (surgical menopause) and those who lead a sedentary lifestyle are at increased risk. The reason this happens is thought to be related to the estrogen withdrawal which then results in a resetting of the thermoregulatory zone in the brain.

How do you treat?

Light clothing, exercise, weight loss and air conditioning is recommended as first line intervention prior to prescription drugs. Oral hormone therapy and transdermal estradiole (E2) have been shown to decrease the frequency and severity. The use of oral contraception in the peri-menopause period is recommended. The use of progestogen treatment alone is also effective.

Depending on your risk profile your doctor might recommend other prescription drugs that are non-hormonal.

Alternatives to medical treatment: There is some evidence to support acupuncture and Vit E (800 iu/day), but the use of phytoestrogens (plant derived estrogens), have not been shown to be superior to placebo treatment.

Vaginal dryness and Urinary symptoms:

Also a very common complaint which include urinary problems like burning (dysuria), infections, urgency and frequency as well as incontinence

This is usually attributed to the change in the vaginal ph-becomes more alkaline.

Treatment:T here are several vaginal estrogen preparations in the form of creams, rings and tablets on the market-discuss these options with your doctor.

Osteoporosis:

There is a rapid loss of bone at the time of menopause which continue for about 5-7 years. Spine bone density decreases by about 15-30%, and thus a bone-mineral density test is done to screen for high risk women.

Risk factors for osteoporosis include the following:

- Non-modifiable-age, ethnicity (asian / white), family history, early menopause, prior ovary removal
- Modifiable-low body weight, decrease calcium and Vitamin D intake, smoking, sedentary lifestyle
- Medical conditions- anovulation during reproductive years (maybe due to eating disorder/excessive exercise),hyperparathyroidism, hyperthyroidism, chronic renal disease, corticosteroid use

A bone mineral density (BMD) test is usually recommended by your doctor to screen for osteoporosis – timing is based on whether you have additional risk factors or not. The T-scores are important on the BMD test.

T scores - < -1 (normal)

-between -1 and -2.5(low bone mass- osteopenia)

-< -2.5 (osteoporosis)

Treatment:

- Calcium (1200-1500mg/day) and Vit D (1000IU/day)
- No smoking
- Increase exercise
- Strategies to prevent fall (grab bars in showers and hip-protectors)
- Medical-when you have been diagnosed to have osteoporosis or have a decreased bone mass with additional risk factors. Hormone therapy is effective for treating and preventing osteoporosis especially if started soon after menopause. Other drugs called the bisphosphonates maybe prescribed such as fosamax/fosavance etc. Special instructions will be given to you by your doctor on how to ingest these. Another group of drugs referred to as SERMS (selective estrogen receptor modulators) may also be prescribed after consultation with your doctor.

Cardiovascular disease (CVS):

This is the leading cause of death among women. Again the risk factors include age, family history, smoking, obesity, sedentary lifestyle and medical conditions such as diabetes, hypertension and raised cholesterol

Hormone therapy has been shown to have beneficial effects to prevent CVS disease by having a beneficial effect on lipid metabolism and direct actions on blood vessels. But recently important information with regards to the timing of commencing HT has emerged following a study called the women's health initiative study (WHI). There were several points to consider before putting the use of HT in perspective, but essentially medical experts have concluded that initiation of HT between age 50-59 in healthy women decreases CVD risk. HT

therapy is not routinely recommended for the prevention of CVD disease in recently postmenopausal women.

Breast cancer:

Breast cancer is the commonest cancer in women. Risk factors include age, early menarche (onset of periods), late menopause, positive family history and prior breast disease. The association between the use of HT and breast cancer is controversial, and it is currently thought that lifestyle factors such as obesity and alcohol confer greater risk and that estrogen exposure might rather behave as a promoter of existing breast cancer than an initiator.

Therefore it is advised that screening mammography be performed annually and breast self examination done regularly. The timing of mammography should be discussed with your gynaecologist.