



Menopause

Beyond the hype, here's the workup

BY CHRISTINE M. DERZKO, MD

Both arms of the Women's Health Initiative (WHI) on whether hormone replacement therapy could prevent disease were stopped early. The study on combined estrogen and progestin therapy (HRT) was terminated in July 2002, after 5.2 years, because a predetermined threshold of excess breast cancer had been reached. The report indicated that the long-term risks of the treatment outweighed the benefits. As a result, up to 40% of women on HRT discontinued their medication; at least 25% of these women subsequently restarted it. The estrogen-only therapy (ET) arm ended after seven years in March 2004 because of an increase in strokes. After more than 20 research papers, analyses for the HRT group remain incomplete; data on the ET group are just beginning to emerge, and they're really quite reassuring! To address the confusion, several official bodies presented their guidelines last fall for the prescribing physician. These differ considerably from the tone of both medical reporting and media hype.

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Menopausal categories

- premature menopause — age less than 45 years
 - newly menopausal — ages 50-59 years
 - older menopausal — ages 60 and up
- Contraception is indicated until after a year of amenorrhea.

WHI study highlights

- set-up — continuous combined HRT in asymptomatic subjects, average age 63
- primary conclusion — HRT shouldn't be started in older women to prevent cardiovascular disease (CVD), stroke or dementia
- results shouldn't be extrapolated to younger, symptomatic, newly menopausal patients, or to those with premature ovarian failure
- ET and HRT remain the most effective treatments for menopausal symptoms, compared to alternative natural and non-hormonal therapies
- risks for HRT — rare, i.e. $\leq 1/1000$
- risks for ET — virtually no adverse events for newly menopausal women, average treatment 7.3 years
- lower doses and other preparations, as well as alternate routes of therapy, need consideration
- extended use (> 5 years for HRT) — appropriate if:
 - the woman is aware of the risks
 - menopausal symptoms — hot flashes, insomnia, lethargy, depressed mood, vaginal dryness and urogenital atrophy — are otherwise intolerable
 - osteoporosis can't be treated with other anti-resorptive medications, particularly in symptomatic women

Prescription for healthy living

Regardless of age:

- a healthy, well-balanced diet, appropriate to the patient's weight
- weight loss, gain or maintenance, as need be
- fitness routine — 30 mins/day walking; plus weight bearing/resistance, mobility and flexibility exercises
- smoking cessation
- moderate consumption of alcohol and caffeine
- stress reduction
- assessment of depression
- discussion of marital/relationship issues
- practice of safe sex
- address problems of sexual dysfunction
- use of seat belts when driving, helmets when bicycling or rollerblading
- proper immunizations, especially flu shots

Effects of hormone therapy

Estrogen/progesterone (E+P) vs estrogen only (E), as per WHI study results:

- stroke — E+P: \uparrow (rare $\leq 1/1000$)
E: ages 50-60 no change, age > 70 slightly \uparrow
- hip fractures — E+P: \downarrow , E: \downarrow
- CVD — E+P: \uparrow
E: ages 50-59 \downarrow , age > 60 no \uparrow
- invasive breast cancer — E+P: \uparrow
E: no \uparrow , non-significant trend to \downarrow
- deep vein thrombosis — \uparrow for both
- colorectal cancer — E+P: \downarrow
E: ages 50-59 \downarrow , 60-69 no change, 70-79 \uparrow
- global index — E+P: \uparrow , E: no \uparrow
- mortality — no \uparrow for either

Symptoms specific to menopause

- vasomotor disturbances
- insomnia
- depressed mood
- urogenital atrophy, including dyspareunia
- sexual dysfunction, loss of libido
- arthralgias/myalgias, including rheumatoid and osteoarthritis

(For more information, see *The Sexual Body, Parkhurst Exchange* Mar. 2005, p. 19.)

Menopause workup

Personal and family history:

- osteoporosis
- cardiovascular disease — hypertension, hyperlipidemia, thromboembolism, factor V Leiden mutation
- diabetes mellitus/metabolic syndrome
- breast and/or ovarian cancer
- colon polyps or cancers
- other cancers

Testing:

- breast screening/mammography
- bone densitometry
- lipid profile, glucose, thyroid-stimulating hormone
- colon cancer screen — stool test for occult blood; colonoscopy recommended, particularly for those with a family history of polyps or colon cancer

HRT

- limit use to symptomatic women
- give the lowest possible dose that adequately treats the patient's symptoms
- prescribe for the shortest possible time
- add progestin (either medroxyprogesterone or progesterone) only for individuals with an intact uterus
- periodically take the patient off therapy, with the treatment re-instituted if symptoms recur, even beyond the five-year period suggested in 2002

References available upon request