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Health Really Matters™

MENOPAUSE (2)

Hormone therapy has been controversial recently but can still be an important tool in improvising menopausal symptoms.



The 1997 Women's Health Initiative (WHI) study was to last until 2005 and designed to evaluate the use of hormone therapy in preventing future disease. In the study were over 25,000 healthy post-menopausal U.S. women (ages 50 to 79--average 63). Most participants took either a placebo (no drug) or a combination of estrogen (0.625mg of conjugated equine estrogens) and progesterone (2.5mg of medroxyprogesterone). This study was not designed to evaluate HT in the treatment of menopause symptoms.

The researchers halted the study in May 2002 because instead of preventing osteoporosis and heart disease, there was actually an increase in heart disease and breast cancer. However, this increase did not occur until after 4-5 years. Because of this study, long-term use of HT is history. Short-term use of less than 5 years still has a good safety profile and has a place in menopause treatment.

Signs of Menopause

HORMONE THERAPY (HT)

The Women's Health Initiative (WHI) study had a real impact on the use of HT. Before 2002, HT was routinely given for women seeking help through menopause, with the belief that continuing indefinitely was beneficial. When the WHI study released results that showed HT caused a greater risk of breast cancer, blood clots, heart attacks and strokes, use of HT declined dramatically. Is there still a role for HT in treating menopause symptoms? Yes. Remember, the WHI was not a study looking at treatment of menopause symptoms, but a study looking at disease prevention in otherwise healthy women with little or no symptoms. So why are hormones so useful?

When the ovaries no longer produce adequate amounts of hormones, HT can temporarily boost the body with either estrogen alone or in combination with progesterone to help reduce the symptoms of menopause. This can act as a useful "bridge" to allow the body to adjust to the lower hormone levels seen after menopause

In women with an intact uterus, progesterone is given along with an estrogen. Without the progesterone, there is an increased risk of cancer of the endometrium, the lining of the uterus. For women who have had their uterus removed, often only estrogen is given but there is more evidence that progesterone, either by itself or combined with the estrogen, may be useful in this setting also.

The positive side of the WHI study is that we know short-term use of HT to treat menopause symptoms is generally safe.

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Non-hormonal Treatments

There are a number of non-hormonal medications that can be used to reduce hot flashes. These include a class of antidepressant drugs called SSRIs which include such drugs as *paroxetine (Paxil®)* and *citalopram (Celexa®)*. These seem to have a success rate of about 60% in reducing hot flashes. However, some of these medications do have side effects of decreased libido and sexual dysfunction.

Clonidine (Dixarit®) is a drug used to treat high blood pressure but it does have a pronounced effect on reducing hot flashes. *Gabapentin (Neurontin®)* is an antiseizure medication that has shown some benefit in treating hot flashes.

HERBAL THERAPIES are sometimes tried before other forms of therapy are started. Black cohosh is one herbal product that has been associated with menopause for years. Many women have used it but there have been mixed reviews about its efficacy. Its safety in breast cancer patients has not been established and there were some reports of liver toxicity. Trying the product for six months should be safe. Choose standardized products (standardized to 1mg of active ingredient, 27-desoxyaceteine).

RED CLOVER: No real evidence that this works. Yam products by themselves are not proven effective. Dong quai has been used for women with menstrual problems but no proof it helps with symptoms of menopause.

MASSAGE THERAPY: Some women find massage a helpful method to reduce stress and promote relaxation. Menopause can be a trying time for some and massage with special attention to lower back and abdominal areas can be helpful. Yoga has also been claimed to be helpful in these situations.

BENEFITS OF HORMONE THERAPY (HT)

HT may help to relieve hot flushes, night sweats and vaginal dryness as well as other symptoms. If vaginal dryness is the main problem, a low-dose estrogen vaginal cream is a better choice than using oral estrogen. HT might also improve sleeping, mood swings and the ability to concentrate. Estrogen is proven to increase bone density and slow down the process of osteoporosis, but other drugs are safer and more effective for long-term use.

Who should not be treated with HT? HT should not be prescribed if any of these situations exist: pregnancy, active cancer, stroke or heart attack in the past year, active liver disease and any undiagnosed vaginal bleeding.

Any history of blood clots, migraine headaches, high cholesterol in the family, chronic liver problems, previous ovarian, breast or uterine cancer, gall bladder disease or endometriosis should be evaluated by your physician before considering HT. The risks of therapy will need to be weighed against any potential benefits.

Women who are many years past menopause are at greater risk of heart disease and may not be good candidates for HT with an estrogen.

BIO-IDENTICAL HORMONE THERAPY

Many women have been looking for alternatives to conventional HT. Bio-identical hormone therapy is one option that is growing in popularity.

The initial oral estrogens were extracts from pregnant mares (eg. *Premarin®*), and this was the gold standard for decades (it was first marketed in the early 1940s). An example of a traditional progestin is medroxyprogesterone (*Provera®*). These molecules are structurally close but not identical to the estrogens and progesterone in the human body.

Gradually our knowledge of hormone chemistry and the ability to produce hormones that are structurally identical have evolved to the point where now there are many products available that exactly match the hormones in our bodies. There are five of them in use now: estradiol, estrone, estriol, progesterone and testosterone. Some patented bio-identical forms of estradiol are available in the form of patches (all estrogen patches on the Canadian market are bio-identical), tablets (*Estrace®* or *Ogen®*), and a progesterone capsule called Prometrium®.

There are also custom-made bio-identical hormone products. They are usually prepared by pharmacists into a cream to be applied on the skin, or as oral capsules or lozenges. Some examples of compounded estrogens are Tri-est and Bi-est containing combinations of estriol, estradiol and estrone. Progesterone creams can also be prepared. These products are available only by prescription.

Like traditional hormone therapies, bio-identical hormones need to be assessed by your physician to ensure they are safe for you, and the benefits need to be weighed against possible risks. Pharmacies where these products are prepared can often provide resources on this topic to you and your health care practitioners.

SUMMARY:

Education about menopause is very important. Those who know what to expect from menopause and make educated choices, can live a healthier and happier life after menopause.