



*The Great Menopause  
Debate- what's the latest  
and has the dust settled?*

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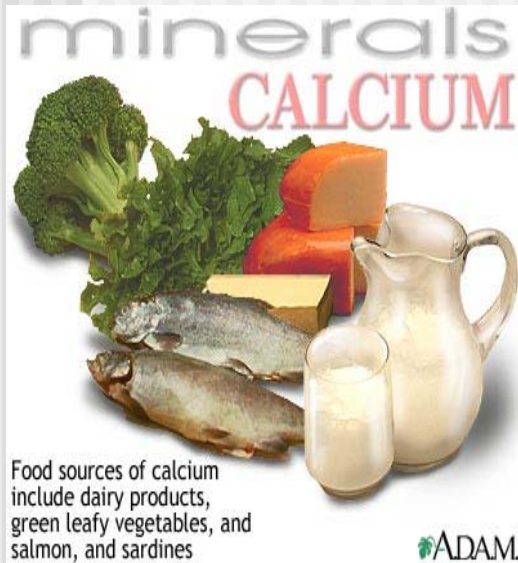
# Even before we get to HRT...

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- **Stop smoking** (menopause 2 years earlier)
  - More frequent flushes
  - 1-4 cigarettes per day doubles heart disease risk
  - Increased risk for osteoporosis
  - Effects on skin
    - Makes HRT less effective
- **Avoidance of flush “triggers”**
- **Weight bearing exercise**

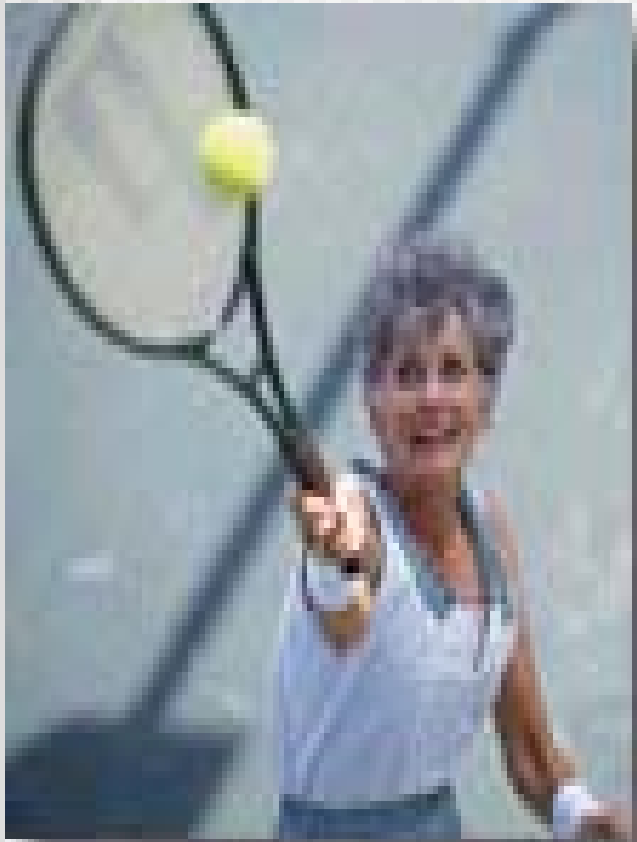
# Calcium and Vitamin D

- Need 3-4 servings daily
- Calcium is ingested in the diet in a limited number of calcium rich foods
  - Dairy products (300-350 mgs per serve) including low fat products
  - Fish with ingested bones (250-350 mgs per serve)
  - Spinach, tahini, almonds, tofu (50-100 mgs per serve)
  - Fortified products available-soy milk, orange juice, some breads
  - Calcium supplements
- Vit D available through adequate sun exposure and/or supplements



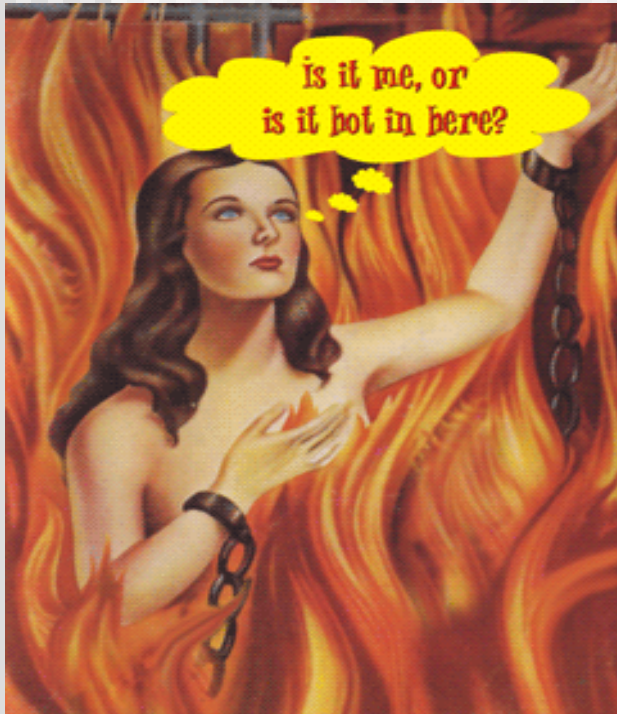
# HRT- In the Beginning..

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- *“When you see a woman of 50 looking like 30, or a woman of 60 looking and acting like 40, chances are that she is one of the lucky ones who have benefited from the new techniques of menopause prevention ... at 50 such women still look attractive in tennis shorts or sleeveless dresses.”*  
*Dr Robert Wilson, Science Digest June 1966*
- Only later-emphasis on symptom relief and health benefits rather than youth preservation

# Menopausal Symptoms



*Apologies to Saint Joan*

- Early-1-4 years (80% of women)
  - Night sweats
  - Hot flushes
  - But- 25% of women still have symptoms at 10 years and 10% of women have for life
- Mid-3 years plus
  - Vaginal and Urinary symptoms
- Late- 5 years plus
  - Bone loss- osteoporosis and fractures



# HRT-Clouds on the Horizon...

- In 1995 a large US Study suggested increased risk of Breast cancer in HRT users
- In 1997 an analysis a number of studies also demonstrated an increased risk of breast cancer in HRT users
- In 1998-Another study showed increased risk of sudden death in the first year of use when women with known heart disease started on HRT



# Women's Health Initiative Study - (Combined Arm) - JAMA July 2002

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- 16,608 women using HRT containing both oestrogen and progestogen
- For every 10,000 taking HRT there were an extra
  - 7 heart attacks
  - 8 strokes
  - 8 clots in the lung
  - 8 breast cancers
- For every 10,000 taking HRT there were
  - 6 fewer bowel cancers
  - 5 fewer hip fractures ( and similar reduction in spinal fractures)

# Short term CHRT use - Breast Cancer Risk

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- **No** study so far has demonstrated evidence for risk with less than 5 years use

# Breast Cancer Risk

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- Women on oestrogen alone (post hysterectomy) <sup>1</sup>
  - No increase in breast cancer risk seen up to 10 years
  - Small increase risk seen at 20 years of use- 8 extra cases of breast cancer per 10,000 women

# Relative Risks for Breast Cancer put into perspective

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- RR 1.26 if on HRT for >5 years
- RR 2.0 if more than 2 alcoholic drinks day
- RR 2.0 if age at menopause >55 yrs
- RR 2.6 if family history of breast cancer
- RR 3.0 if first pregnancy >30 years

# Use of HRT by Australian Women

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- At the time WHI published in 2002
  - 30% of Australian women over 50 who *could* be using HRT were choosing to do so <sup>1</sup>
  - Average use was 7 years
  - Only 2/3 of women with proven osteoporosis were using HRT
- Following publication of the WHI study usage dropped to 10% but returned to 20% by 12 months later <sup>2</sup>

1. MacLennan, AH et al, *Climacteric* (2002);5(4): 351-6

2. MacLennan AH et al. *Climacteric* (2004);7(2): 138-42

# How long should a woman take HRT?



- After 4-5 years on HRT it is reasonable to try tapering the dose and attempting to stop
- Usually easier in the cooler months
- If long-term use required continue therapy with lowest effective dose

# What about the Perimenopause?

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- Hot flushes can be a problem even before periods stop
- Unpredictable bleeding a problem when HRT is used in women who are still ovulating irregularly
- May still require contraception
- Use of low dose Pills and vaginal rings now common in the perimenopause- provided no risk factors
- Combination Mirena and oestrogen is likely to be an increasingly used option for perimenopause and beyond

# Alternatives to Oral HRT

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- Gels, Patches, Nasal sprays
- More constant levels-may lead to less side effects
- May be better choice in higher risk women though evidence limited
- Some studies also suggest constant dose may also be useful in those resistant to oral therapy

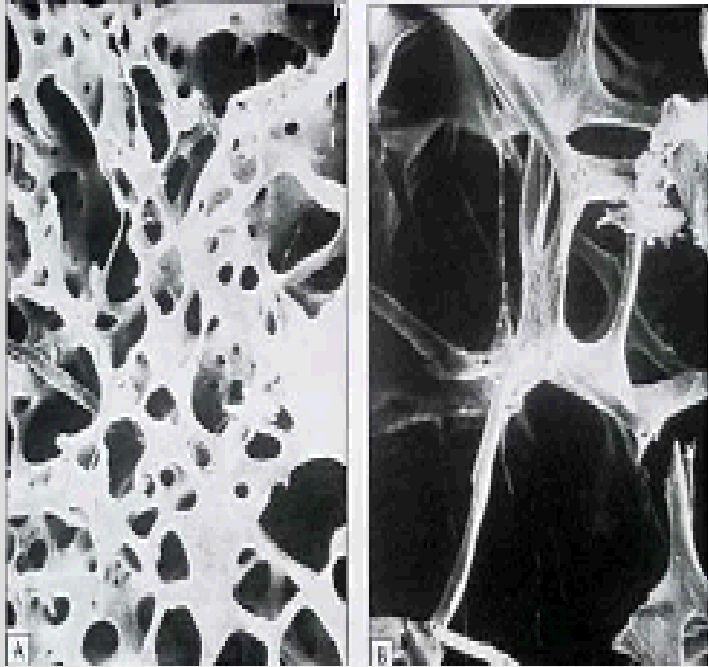
# What about Women who can't use HRT?

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- Some drugs commonly used for treating depression have been shown to reduce the incidence of hot flashes by about 60%
- Useful option in women following breast cancer-even works with Tamoxifen
- Some medications used to treat high blood pressure and epilepsy also may reduce the number of hot flashes

# Alternatives for Bone Maintenance

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- Evista (Raloxifene)
  - May make flushing worse
  - Better effect at spine than hip
- Bisphosphonates (Fosamax, Actonel, Bonviva)
  - These drugs reduce bone reabsorption
  - Treatment of choice for post menopausal women with osteoporosis

# Androgens for Women



- Androgen levels fall from age 35 on-not suddenly at menopause
  - Increasing use of androgen therapy for libido and “well-being” in menopausal women despite conflicting evidence of cause and effect <sup>1</sup>
  - No long term safety data-need for informed consent
  - Side effects include acne, excess body hair, mood changes, voice changes
1. Davies S et al Androgen levels and Self-reported Sexual Function in women. JAMA 2005;294:91-06

# Androgens for Libido?

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- May be useful in small number of women
- Don't forget relationship factors
- Many studies have shown that sexual satisfaction is closely correlated with satisfaction with the relationship. *Richters et al 2003*
- **Love is blind...** but marriage restores its sight *Lichtenberg 1764*

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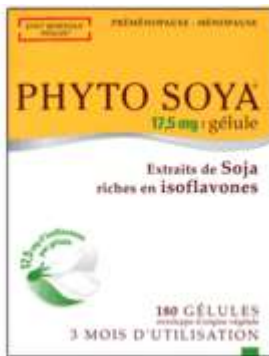
# Vaginal Oestrogen

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- Effect on vaginal skin only- minimally absorbed
- Safe to use even in women who may not be suitable for HRT
- Come in creams and tablets- vaginal tablets less “messy”
- Positive effect on vaginal lubrication, comfort during sex and risk of vaginal inflammation
- Should be used prior to Pap testing in all menopausal women not on HT
- Urinary effects more controversial

# Other Options for Vaginal Dryness....



- Lubricants
  - Water-based
  - Oil-based
- Replens
  - Non-hormonal vaginal moisturiser
- Phyto soya vaginal gel
  - Small trials promising-Firm evidence for benefit pending

# Alternatives for Libido



- Alternative therapies claiming to increase female libido and improve sexual functioning include:
  - Muira Puama
  - Tibulus Terrestris
  - Ginko Biloba
  - Black Cohosh
  - Horny Goat Weed (Yin Yang Huo)
  - Maca
- No good clinical evidence for the effectiveness of any of these preparations with regards to libido
- Topical creams also available containing irritants such as menthol and designed to be applied to the clitoris prior to sex

# Natural Therapies-Soy

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- Soy products-contain isoflavones and other phyto oestrogens
  - Positive effects on cholesterol and triglyceride levels
  - Less convincing effects on flushes particularly after 6 weeks
  - Concerns re negative effects in breast cancer survivors
  - No of beneficial effects on bones

# Natural Therapies-Red Clover

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- Red Clover contains a number of different -marketed in Australia as **Promensil**
- There are 5 available studies looking at efficacy for vasomotor symptoms- giving a total of 400 subjects
- Overall there was no significant improvement and cannot be recommended as an effective treatment for menopausal symptoms

1. Knight D et al. *Climacteric* (1999); 2: 79-84

2. Baber R et al. *Climacteric* (1999); 2: 85-92

3. Jeri et al. *Female Pat* (2002); 27: 35-37

4. Tice et al. *JAMA* (2003); 290: 207-14

5. Vandaweyer et al. *Maturitas* (2002); 42: 187-93

# Natural Therapies-Remifemin



*Cimifugia racemosa*

- Remifemin (Black cohosh)- 3 trials have shown evidence of reduction in hot flushes and sweats-50-60%
- **Not** a phytoestrogen-no effect on breast tissue
- Higher dose often needed
- Commonest side effects headache and indigestion
- Rare cases of hepatitis- packs now carry a warning
- Sometimes used in conjunction with Hypericum where mood symptoms and issue

# Bio-identical (Natural) Hormone Therapy



- Bio-identical-same hormones as body produces
- Made from saponins (fatty sterols) found in plants such as yam and soy-"natural", "plant-based"
- Pharmacological HRT containing oestradiol could equally claim to "bio-identical"
- Delivered as troches or transdermal creams and claimed to be individually tailored to the woman's biology
- Expensive-\$80-100 a month

# Bio-identical Hormone Therapy- what's in it?

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- Usually a number of oestrogens
  - Oestriol, oestrone, oestradiol
- Natural progesterone
  - Absorption through skin poor-concerns re endometrium
  - **Not** effective on its own for vasomotor symptoms <sup>1</sup>
- Some clinicians add androgens (typically testosterone and DHEA)

# Bio-identical Hormone Therapy- does it work?

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- Alleviates menopausal symptoms
- Uses less potent oestrogens=less short term side effects
- Alleviates genitourinary symptoms
- ? Bone Density-small oestriol trials show no effect

# Bio-identical Hormone Therapy- is it safe?

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- Generally promoted as “natural” and safe -most women think it has no associated risks
- **No** long term studies have been done- no data re heart disease or cancer risk
- Increasing reports of uterine cancer in users

# Other Natural Therapies



足陽明胃經之圖

- No evidence of efficacy in small trials looking at:
  - Dong Quai
  - Evening Primrose Oil
- Chinese Herbs
  - Different treatment paradigm
  - One small Australian study showed no effect over placebo <sup>1</sup>

1. Davis et al. MJA ( 2001); 174: 68-71

# Any Questions?

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