HORMONE THERAPY (HT) FOR MENOPAUSE

Now that we know it is safe for you to take hormones, based on the check list developed by the Endocrine Society, the topic changes to questions such as "what are the benefits and risks of HT?", "which hormone, what type, dose and route", "for how long, when and how to stop it"?

What are the benefits of taking hormone therapy

HT has been conclusively shown to **improve menopausal symptoms** (night sweats and hot flushes leading to poor sleep and fatigue) and quality of life, to increase bone density and hence **minimize the risk of developing osteoporosis**, and to **decrease the risk of getting colon cancer.** It is likely to decrease the risk of heart disease if started at the right age (less than 60), decrease the chance of getting type 2 diabetes and an overall less chance of mortality (dying).

What are the risks of taking hormone therapy?

Breast cancer risk is increased (**after 3-5 years**, and probably mostly linked to a progesterone seldom used nowadays called **Provera**). **The risk of blood clot in the legs and lungs as well as gallbladder diseases is also increased but mainly with oral estrogens** (as compared to transdermal estrogen, such as gels, patches and creams). **Uterine cancer can be increased if the right type and dose of progesterone is not taken concurrently** (unless there was a previous hysterectomy). The association with ovarian cancer, stroke and dementia is less clear, but HT probably neither increase nor decrease the risks, if given wisely.

Does the type, dosage or route of HT matter?

Absolutely. The majority of HT we use are **bio-identical**, which have a similar molecular structure to a woman's own body hormones (they can be Health Canada approved, or compounded in the local pharmacy, both extracted from soy plants), and **non-bioidentical**, of which some are natural (phytoestrogens such as in soy, conjugated equine estrogens available from horse's urine), or synthetic, which are similar to the ones used in the birth control pills. **The bioidentical, Health Canada approved, are the preferred ones.**

The **route** can be **transdermal** (through the skin), or **oral**. The former is preferable, but more expensive. **The dosage is extremely important**. We usually start with the lowest dose, and increase it until the desire effects are achieved, with no or minimal side effects (I call this the **Goldilocks' approach**, not too hot, not too old, **just right!).** We usually have to review your progress **monthly**, adjust the amount, the type or the route, and once the amount is 'just right', then periodic **yearly** assessment and review are recommended. If there is a new situation, such as a new health condition, or if there is sudden bleeding, a full assessment is mandatory.

The 3 common questions and major source of confusion amongst women are:
1. **I want some something 'natural' or 'bioidentical'.** They are not synonymous, as we can have many 'natural' products that are not bioidentical. Premarin (from horses urine) is natural!!
2. I want the cream my friend is using called BiEst. This is a cream made at the local pharmacy. It is not approved by Health Canada because of the lack of long term safety studies. It is very difficult to conduct a rigorous scientific study where each pharmacy makes hormones in their

own labs. I am not opposed to it, and some women feel better when they take it, but I always start with the Health Canada approved bioidenticals first.

3. **My friend is using the cream to remain young and to prevent diseases of old age, but she has no menopausal symptoms!** At the moment, HT is prescribed to help control menopausal symptoms, such as hot slushes, night sweats and poor sleep (**symptoms management**). There is a school of thought (**anti-aging**) about using HT in women who have minimal or no symptoms of menopause, to remain vital and young looking, and to 'prevent diseases' such as heart conditions and osteoporosis (**disease prevention**). This is not mainstream yet, because, the safety of taken HT for a long time is uncertain.

How long should I take them, and how to stop?

Most women have no trouble stopping HT. Studies report that 40 to 50 % of women who start HT stop within one year, and 65 to 75 % stop within two years, often by themselves. But women who abruptly discontinued HT are more likely to develop moderate to severe sweats and flushes again (56 versus 22 %). Hence, most physicians **taper** RT gradually over 6-12 months. As hot flashes last on average 4 years, the usual approach it to take HT for 3-5 yrs. **"The lowest dose for the shortest period of time"** is the common recommendation. Having said that, 10-15% of women have trouble stopping it, even after 5-10 years. It is fine to continue, as long as the check list parameters continue to show safety.

OTHER CONSIDERATIONS

It is a good principle in **preventative medicine** to be ahead of any disease by implementing screening tests. For example, most women around menopause should be up to date with:

General Health screening: blood pressure, diabetes, osteoporosis, thyroid (if necessary)

Cancer screening:

- **Cervical cancer:** pap test, every 3 years, or as recommended by the BC Cancer Agency.
- **Breast cancer:** mammograms every 1-2 years, depending on risk factors, after 40 or 50.
- **Colon cancer:** colonoscopy every 5-10 years after age 50.

STD screening: if necessary (new partner), there are blood tests and vaginal swabs.

Contraception: depending on the age and circumstances, some women still need protection.

Menstrual periods abnormalities: is common in the transition phase. Proper diagnosis is vital.

Concerns about sex: painful sex, safe sex, decrease libido

Various other link issues: Incontinence of urine (and stools), prolapse of the uterus.

Although I can assess of the above, other issues such as mental health, vaccinations, weight issues and evaluation of other diseases are in the realm of your Family Physician (FP), not a gynecologist.

ROLE OF FAMILY PHYSICIAN

Because the FP provides a more comprehensive service than a gynecologist, it is important to have your FP involved through this phase of your life. Sometimes, after the initial evaluation, the FP will take over the management of menopause, but I will be happy to provide periodic evaluations (it may require a new referral). The ideal is 'complementary' work between a FP and a gynecologist with both having a role to play in your care.