

Latest Recommendations for Hormone Replacement Therapy

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ABSTRACT

Menopause is an area of increasing importance. Menopause management and hormone replacement therapy have had their share of popularity and downward trends. At the peak of its popularity came the WHI trial resulting in a lot of confusion and worry leading to the diuse of HRT. However the recent guidelines published by the British Menopause Society have put HRT in perspective.

Keywords: Menopause, Hormone replacement therapy, Estrogen.

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Criteria for Diagnosis of Menopause

1. Cessation of menses for 12 months.
2. Appearance of menopausal symptoms—Hot flushes and night sweats.
3. Vaginal cytology showing maturation index of at least 10/85/5.
4. Serum FSH and LH > 40 μ /ml—thrice at weekly interval.
5. Serum estradiol < 20 pg/ml.

History of HRT

With the increasing life span of women, more and more women will live beyond menopause. As much as one third of the life span of women will be spent in the post-menopausal period. The role of estrogen in menopausal symptoms especially vasomotor symptoms is significant. The use of estrogen was originally advocated for the treatment of troublesome symptoms of menopause.¹

The use of estrogen nearly doubled in USA between 1960 and 1975 after release of a best-selling book, which asserted that estrogen replacement made women feel younger and prevented certain diseases. This was followed by a fall in estrogen use after the publication in 1975 of two clinical studies that reported that estrogen treatment significantly increased the risk of endometrial cancer. Use of estrogen rebounded in 10 years time. It was attributed to some new studies, which demonstrated that the addition of progestin to estrogen protected the endometrium against

endometrial cancer. The Women's Health Initiative (WHI) clinical trials were initiated in 1992, but in 2002 revealed some unexpected results.¹⁻⁴

The results showed that, Premarin in combination with a progestin was not significantly better than placebo for survival or for the overall prevention of chronic disease in postmenopausal women. In the WHI estrogen and progestogen study, a small increase in breast cancer risk was found after 5 years of HRT use - the increase was of about 1 extra case per 1,000 women per year. This resulted in a significant fall in premarin use, almost of the order of 50%. The Million Women Study on 2003 also raised concerns regarding breast cancer risk for women on long-term HRT. Findings from the WHI in 2002 and the Million Women study in 2003 made use of HRT controversial, despite the known benefits. The confusion that followed led to the debacle in HRT use and almost halted the HRT use.¹⁻⁵

Recently, the WHI and MWS studies have been criticized, with experts saying there were key flaws, which limit the ability of the studies to establish a causal link between HRT and breast cancer.^{4,5}

Types of Hormone Replacement Therapy⁶

- Estrogen-only HRT—prescribed for women who have had a hysterectomy with removal of ovaries.
- Cyclical (sequential) HRT—prescribed for women who have menopausal symptoms but are still menstruating. Cycles may be monthly, with an estrogen + progestogen dose at the end of the menstrual cycle for 2 weeks, or a daily dose for 2 weeks every 13 weeks.
- Continuous HRT—prescribed for postmenopausal women. Continuous estrogen plus progestogen is administered.

Hormone Replacement Therapy Guidelines—Key Points

Released by British Menopause Society

A panel of experts reviewed and re-analyzed the WHI and MWS studies, as well as other relevant trials. The new guidelines offers a detailed review of the available evidence to help make the best possible decisions, as well as providing menopausal women with a balanced and accurate hormonal replacement therapy.⁶

Nick Panay, Chair of The British Menopause Society is the lead author of the recommendations.^{6,7}

1. After receiving sufficient information from her health professional to make a fully informed choice, each woman should decide whether to use HRT.
2. The clinician should individualize the HRT dosage, regimen, and duration and reassess risks and benefits annually.
3. One of the main indications for HRT in postmenopausal women is relief of vasomotor symptoms, which are most effectively relieved by estrogen.
4. If menopausal symptoms persist, the benefits of HRT usually outweigh the risks. Therefore, the duration of HRT usage should not be subject to arbitrary limits.
5. When prescribed to women younger than 60 years, HRT has a favorable benefit/risk profile.
6. Women with premature ovarian insufficiency must be encouraged to use HRT, at least until the average age of the menopause.
7. If women older than 60 years opt for HRT, they should start with lower doses, preferably via the transdermal route.
8. Routine management of all women in the menopause transition and beyond should include optimization of diet and lifestyle.
9. Pharmacological alternatives to HRT may include selective serotonin reuptake inhibitors such as fluoxetine and paroxetine for vasomotor symptoms, venlafaxine, gabapentin and possibly clonidine.

10. Phytoestrogens offer some benefits for symptom relief and on the skeletal and cardiovascular system.

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